

SUMMARY OF PROCEEDINGS

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

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

Regular Meeting
Thursday, 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.

Members Present: Jennifer Ansolabehere, PHN; Satya Arya, MD; Danielle C Colayco, PharmD, MS; Allen Kennedy; Philipp Melendez, MD; Chan Park, MD; Maridette Schloe MS, LSSBB; Martha Tasinga, MD, CMO

Members Absent: Felicia Crawford, RN

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

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

STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

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

COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Committee Members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a]) **NO ONE HEARD.**
- 3) Announcements – **NONE**
- 4) Closed Session – **N/A**
- 5) CMO Report - **Dr. Martha Tasinga gave overview of our Pay for Performance (P4P) Program to the committee.**
 - **Kern Health Systems (KHS) has updated its Pay for Performance Program (P4P) for 2019, providing incentives to qualified KHS practitioners who provide preventative and chronic care health services to their assigned members. KHS practitioners will be incentivized on 15 different measures through the P4P program. The measures are a combination of HEDIS measures and Health Plan defined measures. Measures 1 through 14 follow the basic structure of the HEDIS measures (less the continuous enrollment criteria.) KHS is responsible for reporting to the State of California Department of Managed Care. Measure 15, the Initial Health Assessment, is a Health Plan defined measure that is a requirement in the contract between KHS and DHCS.**

CA-6) QI/UM Committee Summary of Proceedings November 15, 2018 – RECEIVED
AND FILED
Melendez-Arya: All Ayes

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

- October 2018
- November 2018
- December 2018

CA-8) Pharmacy TAR Log Statistics 4th Quarter 2018 – RECEIVED AND FILED

Arya-Kennedy: All Ayes

- October 2018
- November 2018
- December 2018

9) QI Focus Review Report 4th Quarter 2018 – APPROVED

Arya-Park: All Ayes

- 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 – RECEIVED AND FILED

Arya-Kennedy: All Ayes

CA-11) QI SHA Monitoring Report 4th Quarter 2018 – RECEIVED AND FILED

Arya-Kennedy: All Ayes

Kaiser Reports

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

Arya-Kennedy: All Ayes

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

VSP Reports

13) VSP Reports

Arya-Park: All Ayes

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

Member Services

14) Grievance Operational Board Update - APPROVED

- 4th Quarter 2018

Arya-Melendez: All Ayes

15) Grievance Summary Reports – APPROVED

- 4th Quarter 2018

Arya-Melendez: All Ayes

CA-16) Call Center Report – RECEIVED AND FILED

- 4th Quarter 2018

Arya-Melendez: All Ayes

Provider Relations

CA-17) Recredentialing Report – RECEIVED AND FILED

- 4th Quarter 2018

Arya-Melendez: All Ayes

CA-18) Board Approved New Contracts – RECEIVED AND FILED

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

Arya-Melendez: All Ayes

CA-19) Board Approved Providers Reports – RECEIVED AND FILED

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

Arya-Melendez: All Ayes

CA-20) Access Monitoring Report 4th Quarter 2018 – RECEIVED AND FILED

Arya-Melendez: All Ayes

Disease Management

21) Disease Management 4th Quarter 2018 Report – APPROVED

Melendez-Arya: All Ayes

CA-22) Diabetes Prevention Program PowerPoint – RECEIVED AND FILED

Arya-Melendez: All Ayes

Policies and Procedures

23) QI/UM Policies and Procedures – APPROVED

- 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

Melendez-Arya: All Ayes

Health Education Reports

CA-24) Health Education Activity Report 4th Quarter 2018 – RECEIVED AND FILED

Melendez-Arya: All Ayes

UM Department Reports

25) Combined UM Reporting 4th Quarter 2018 – APPROVED

Arya-Park: All Ayes

**Meeting adjourned by Dr. Martha Tasinga, M.D., C.M.O. @ 8:02 A.M.
to Thursday, May 23, 2019**

AMERICANS WITH DISABILITIES ACT (Government Code Section 54953.2)

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

SUMMARY OF PROCEEDINGS

PHYSICIAN ADVISORY COMMITTEE MEETING

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

Wednesday, February 6, 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.

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

COMMITTEE RECONVENED

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

Members Absent: Ashok Parmar, M.D.

Meeting called to order at 7:03 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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- CA-3) Minutes for KHS Physician Advisory Committee meeting on December 5, 2018 – APPROVED
Patel-Amin: All Ayes

ADJOURNED TO CLOSED SESSION @ 7:04 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 7-0, THE COMMITTEE APPROVED PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING AND RE-CREDENTIALING.**
 - **8 cases for PRV # 006260, were reviewed by contracted medical review vendor AMR, and were discussed by committee. They were all determined not to be medically necessary. The cases were selected, not random.**
 - **Dr. Tasinga's recommendation is to not allow PRV # 006260 to perform such procedures, and to follow previously adopted criteria for vein ablation procedures to only be performed by a vascular surgeon.**

COMMITTEE RECONVENED TO OPEN SESSION @ 8:00 A.M.

- **All remaining items (5-12) held until next meeting – committee members had to leave at 8:00 AM, and quorum was no longer present.**

- 5) Approval of guidelines developed and approved by the American Pain Society of various pain syndromes – DISCUSSION AND APPROVE
<http://americanpainsociety.org/education/guidelines/overview>
- 6) Scope of Practice – DISCUSSION AND APPROVE
- 7) Supervision of Mid-Levels – DISCUSSION AND APPROVE
- 8) Review Policy 3.10-P Alcohol and Substance Abuse Treatment – RECEIVE AND FILE
- 9) Review Policy 3.13-P EPSDT Supplemental Services and Targeted Case Management (TCM) – RECEIVE AND FILE
- 10) Review Policy 3.14-P Mental Health Services – RECEIVE AND FILE
- 11) Review Policy 3.42-P Nursing Facility Services and Long Term Care – RECEIVE AND FILE
- 12) Review VSP Medical Data Collection Report and Diabetic Exam Reminder Effectiveness Report – RECEIVE AND FILE

MEETING ADJOURNED BY DR. MARTHA TASINGA, M.D., C.M.O. @ 8:01 A.M.
TO WEDNESDAY, MARCH 6, 2019 AT 7:00 A.M.

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

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SUMMARY OF PROCEEDINGS

PHYSICIAN ADVISORY COMMITTEE MEETING

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

Wednesday, March 6, 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.

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COMMITTEE RECONVENED

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

Members Absent: Hasmukh Amin, M.D.

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

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

STAFF RECOMMENDATION SHOWN IN CAPS

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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]) **NO ONE HEARD.**
- CA-3) Minutes for KHS Physician Advisory Committee meeting on February 6, 2019 – APPROVED
Parmar-Egbikuadje: All Ayes

ADJOURNED TO CLOSED SESSION @ 7:04 A.M.

CLOSED SESSION

- 4) Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) – **BY A VOTE OF 7-0, THE COMMITTEE APPROVED PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING AND RECREDENTIALING.**
- It was noted that for new provider PRV051470, his probationary requirements do not allow for supervision of midlevels.
 - Alan inquired the number of grievances on the recredentialing report for provider PRV002087. Dr. Tasinga informed the committee that all grievances are reviewed monthly at QI and reported at recredentialing; however, a more detailed process is anticipated in the coming months as the new Director of Quality has extensive experience and background in the grievance process.

COMMITTEE RECONVENED TO OPEN SESSION @ 7:20 A.M.

- 5) Approval of guidelines developed and approved by the American Pain Society of various pain syndromes – DISCUSSION AND APPROVE
<http://americanpainsociety.org/education/guidelines/overview>
- **NO APPROVAL, DISCUSSION ONLY AND ITEM # 5 HELD - Dr. Parmar commented that there are approximately 4-5 pain society guidelines that have different philosophies. He asked if we still use Milliman criteria; as this is felt to be the most appropriate of guidelines. Dr. Tasinga asked Dr. Parmar to send her the guidelines he may have for a comparison of our current guidelines. Item to be brought back to future meeting.**
- CA-6) Review Policy 3.10-P Alcohol and Substance Abuse Treatment – RECEIVED AND FILED
- CA-7) Review Policy 3.13-P EPSDT Supplemental Services and Targeted Case Management (TCM) – RECEIVED AND FILED
- CA-8) Review Policy 3.14-P Mental Health Services – RECEIVED AND FILED
- CA-9) Review Policy 3.21-P Family Planning Services & Abortion – RECEIVED AND FILED
- CA-10) Review Policy 3.24-P Pregnancy and Maternity Care – RECEIVED AND FILED
- CA-11) Review Policy 3.42-P Nursing Facility Services and Long Term Care – RECEIVED AND FILED
- CA-12) Review Policy 3.90-P Diabetes Prevention Program – RECEIVED AND FILED
- 13) Review VSP Medical Data Collection Report and Diabetic Exam Reminder Effectiveness Report – APPROVED
Hair-Patel: All Ayes
- **Dr. Hair commented to the committee on the ineffectiveness of the VSP report and the numbers we review are only based on VSP's projected diabetic enrollment.**

MEETING ADJOURNED BY DR. MARTHA TASINGA, M.D., C.M.O. @ 7:46 A.M.
TO WEDNESDAY, APRIL 3, 2019 AT 7:00 A.M.

**AMERICANS WITH DISABILITIES ACT
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Quarter/Year of Audit	2019
Month Audited	January
Total TAR's for the month	3284
	100%
APPROVED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	75/75
Date Stamped	75/75
Fax copy attached	75/75
Decision marked	75/75
DENIED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	62/62
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 - Reviewed & Returned in 1 business day	11/11
Date Stamped	11/11
Fax copy attached	11/11

Quarter/Year of Audit	2019
Month Audited	February
Total TAR's for the month	2956
	100%
APPROVED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	75/75
Date Stamped	75/75
Fax copy attached	75/75
Decision marked	75/75
DENIED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	46/46
Initially Denied - Signed by Medical Director and/or Pharmacist	46/46
Letter sent within time frame	46/46
Date Stamped	46/46
Fax copy attached	46/46
Decision marked	46/46
Correct form letter, per current policies used	46/46
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

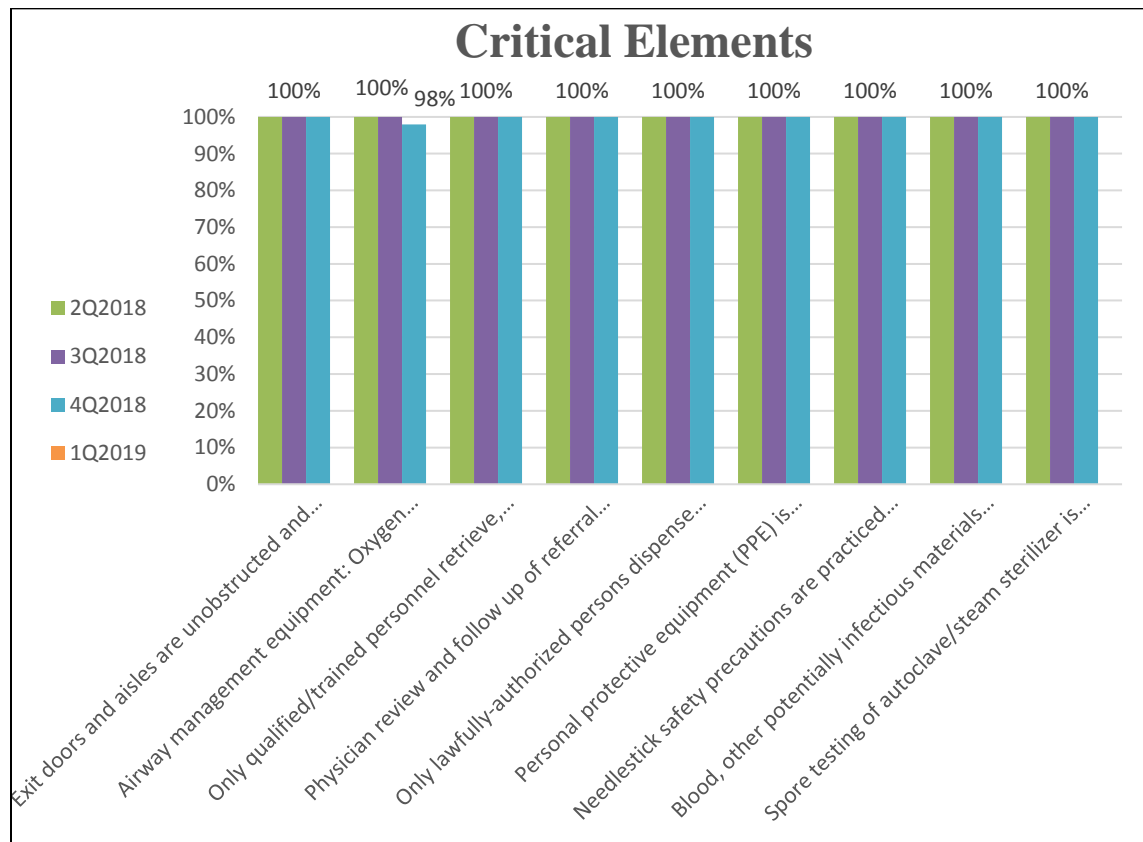
Quarter/Year of Audit	2019
Month Audited	March
Total TAR's for the month	3287
	100%
APPROVED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	69/69
Date Stamped	69/69
Fax copy attached	69/69
Decision marked	69/69
DENIED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	70/70
Initially Denied - Signed by Medical Director and/or Pharmacist	70/70
Letter sent within time frame	70/70
Date Stamped	70/70
Fax copy attached	70/70
Decision marked	70/70
Correct form letter, per current policies used	70/70
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	16/16
Date Stamped	16/16
Fax copy attached	16/16

Kern Health Systems

Focus Review Summary Report – Q1 2019

Critical Elements Reviews: Due to HEDIS no Focus Reviews were performed in 1st Quarter 2019.

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 with one exception. The one area with an opportunity for improvement in 4th Quarter 2018 was related to airway management equipment being appropriate and present on site. Correction Action Plans (CAPs) were issued and the deficiencies were corrected.

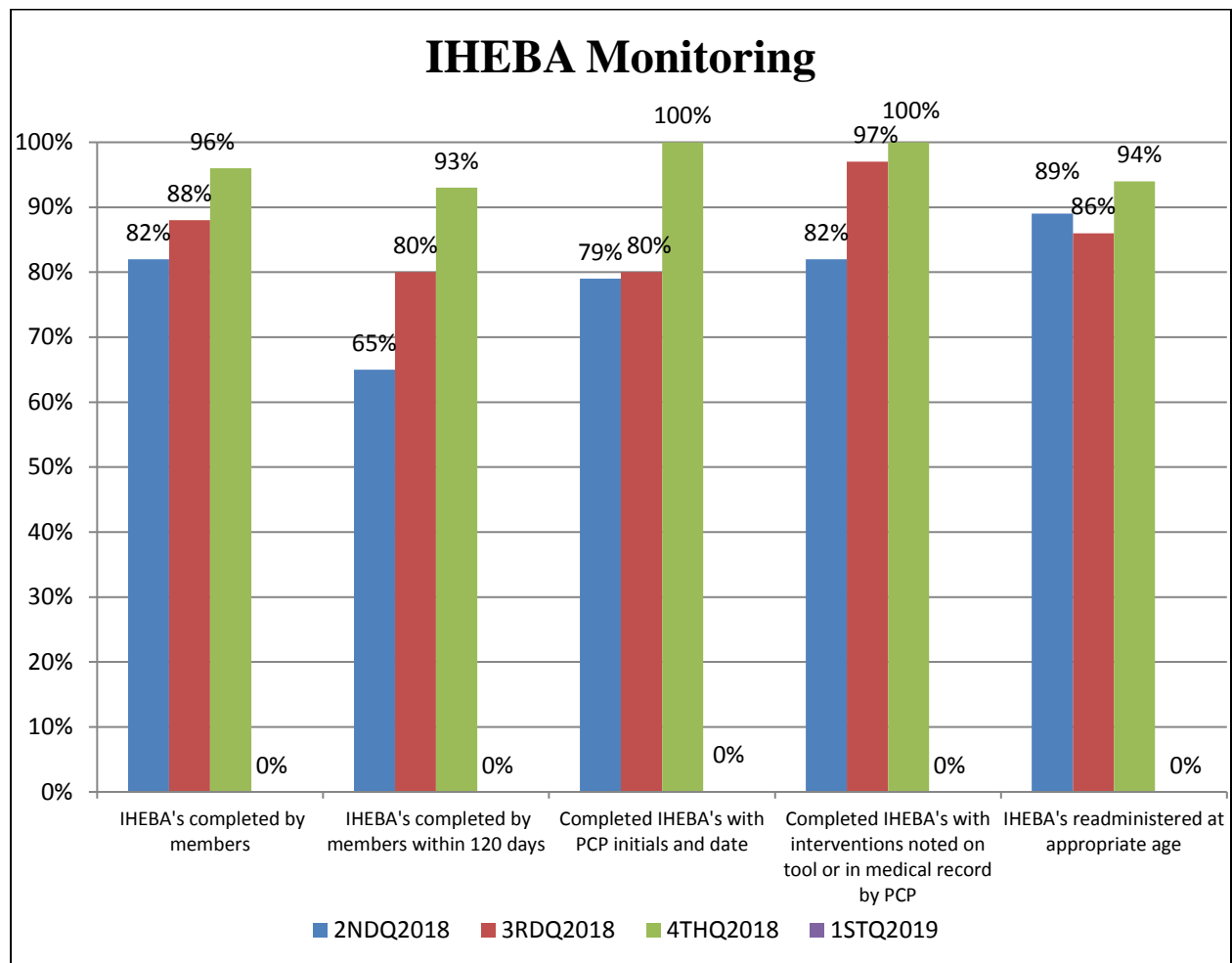
Kern Health Systems

Focus Review Summary Report – Q1 2019

IHEBA Reviews: No IHEBA records were reviewed in 1st Quarter 2019 due to HEDIS, but in 4th Quarter 2018 63 charts were reviewed from seven (7) providers. The areas for improvement noted were:

- IHEBA’s Completed by Members
- 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. The minimum performance level (MPL) is 80%. The 4th quarter showed improvement for all IHEBA measures and surpassed the MPL.

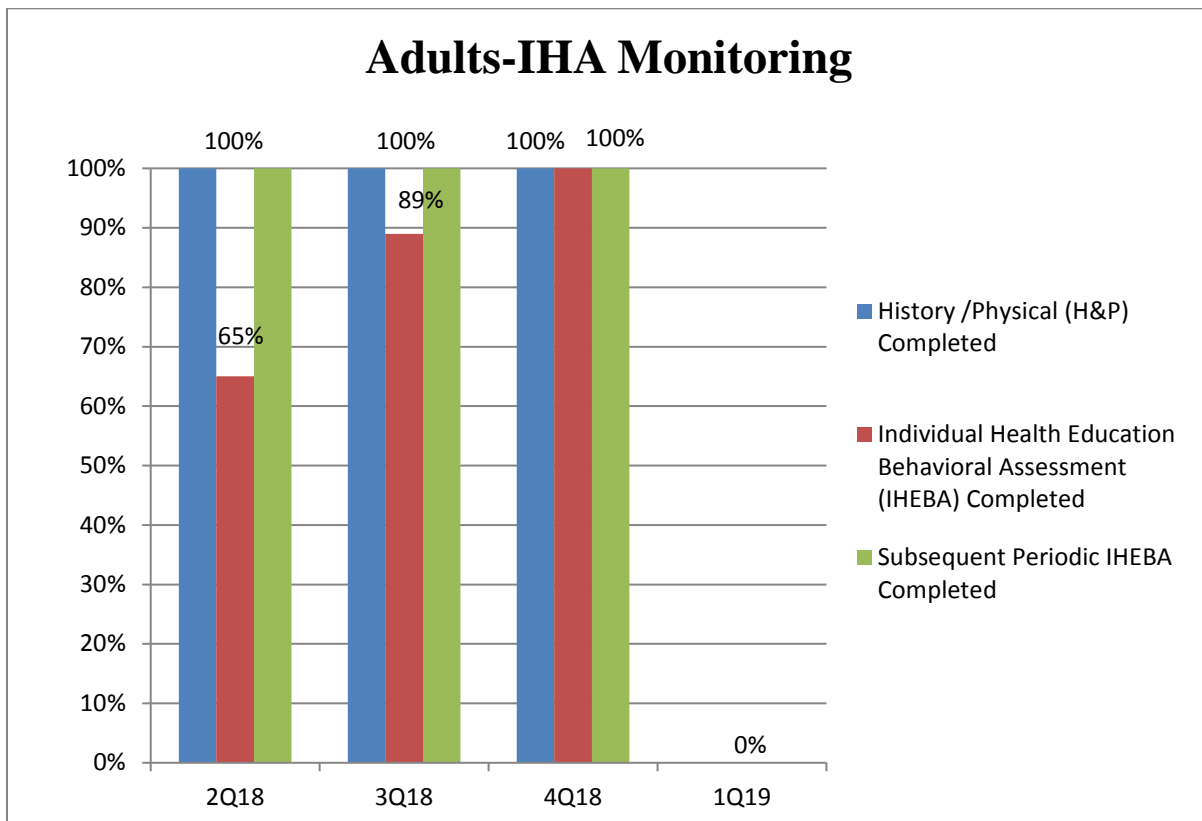


Kern Health Systems

Focus Review Summary Report – Q1 2019

Initial Health Assessment Reviews: No IHA records were reviewed in 1st Quarter 2019 because of HEDIS, but out of the seven (7) providers evaluated in 4th Quarter 2018 there were fifteen (15) Adult records reviewed. The providers scored 100% in all areas.

SUMMARY: An Initial Health Assessment (IHA) must be provided to each member within 120 days of enrollment. As PCP's receive their assigned panels, the Practitioner's office should contact members to schedule an IHA to be performed within the 120 day time limit. If the practitioner/staff is unable to contact the member, he/she should contact KHS Member Services Department for assistance. Contact attempts and results are documented by both the PCP and Member Services staff. The MPL is 80% for this measure.



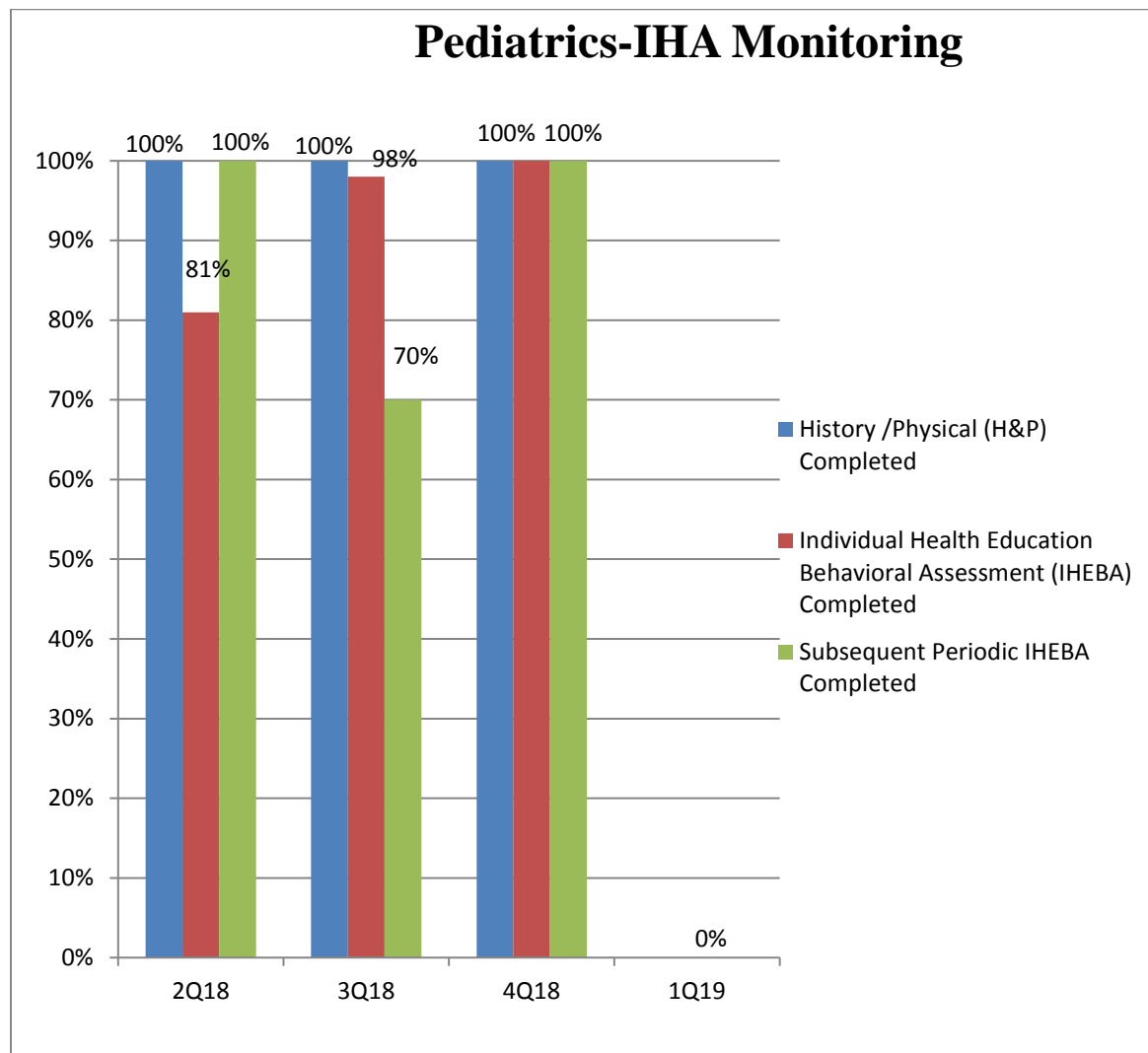
While the Staying Healthy Assessment has been the area in most need of improvement historically for the Adult IHA completion rate, there has been steady improvement since the 2nd quarter of 2018 with 100% compliance for all measures in the 4th Quarter of 2018.

Kern Health Systems

Focus Review Summary Report – Q1 2019

Both adult and pediatric providers perform H&Ps during the initial health assessment (IHA). The initial IHEBA/Staying Health Assessment (SHA) should be performed during the IHA.

In 1st Quarter 2019 no Pediatric records for focus reviews were evaluated because of HEDIS. However, in 4th Quarter 2018 there were seven (7) providers evaluated and ten (10) charts were reviewed. All seven 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 and there has been steady improvement.



Kern Health Systems Site Review Summary Report – Q1 2019

Disciplinary Involvement: Quality Improvement and Provider Relations

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

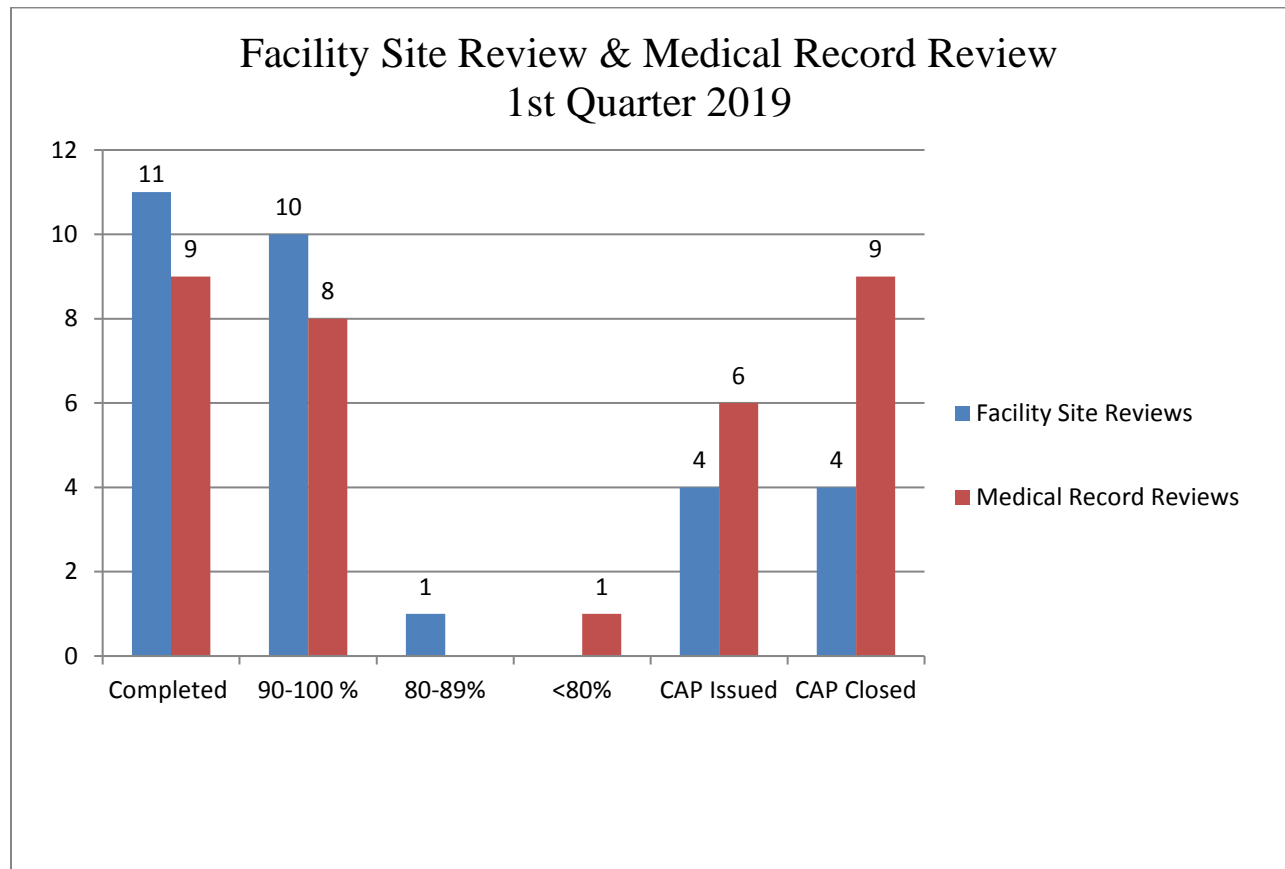
Department: Quality Improvement

Monitoring Period: January 1, 2019- March 31, 2019

A total of Eleven (11) Office Site Reviews were completed in the 1st Quarter of 2019. Out of the eleven (11) completed, six (6) were Initial Reviews and five (5) were Periodic Reviews.

A total of nine (9) Medical Record Reviews were completed in the 1st Quarter of 2019. Five (5) were Initial Medical Record Reviews, and four (4) were Periodic Medical Record Reviews.

There were four (4) Facility Site Review CAPs issued and six (6) Medical Record Review CAPs issued. Four (4) Full Site Review CAPs were closed, and nine (9) Medical Record Review CAPs were closed.



Kern Health Systems

Site Review Summary Report – Q1 2019

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 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 is to 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 does not need 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 – Q1 2019

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. Needle stick 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

- No documentation of checking of medication expiration dates yielding expired meds found in site
- Provider and Staff education
- One spore testing

Top Medical Record Review Deficiencies

- Outreach efforts for missed appointments
- Immunizations
- SHA's
- Vision and Hearing Screening
- STI Screening and Chlamydia Testing
- Cervical Cancer Screening

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.

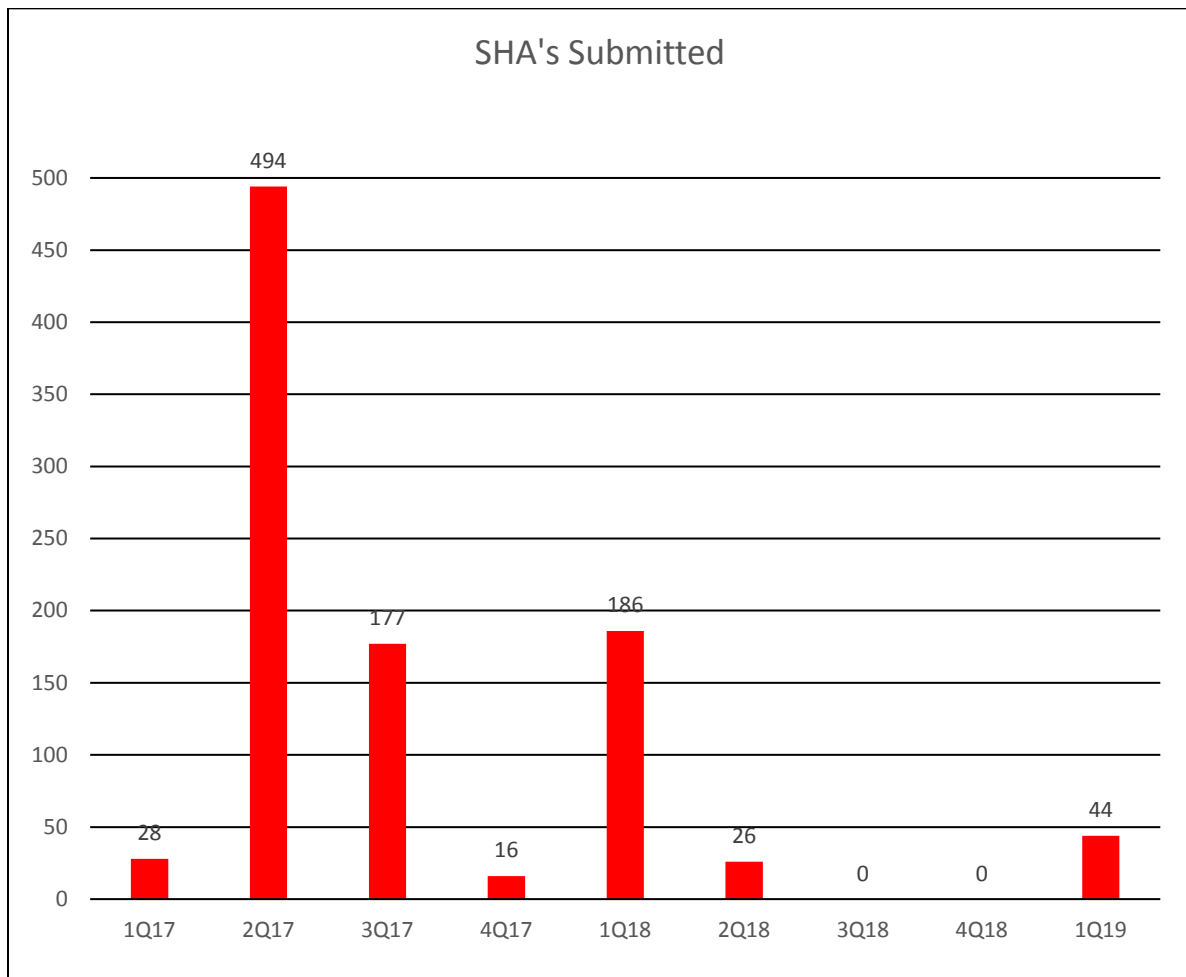
Kern Health Systems

Staying Healthy Assessments Monitoring – Q1 2019

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 number of P4P and HEDIS 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 at the end of HEDIS. Due to staffing changes in the 3rd Quarter of 2018, SHAs for the 3rd and 4th quarters were not tracked. Tracking resumed in the 1st Quarter of 2019 when HEDIS season began.





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	August	4,743	190	176	366
	September	557	27	25	52
	October	598	22	19	41
	November	770	41	9	50
	December	853	49	5	54
2019	January	8,557	213	0	213
	February	8,910	151	0	151
	March	265	1	0	1
Totals		25,253	694	234	928

LTM Effectiveness* : 4 %

12-Month Effectiveness (Oct 2017 - Sep 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: May, 2018 through April, 2019
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:	24,510	
Diabetes?:	1,208	4.9%
Diabetic Retinopathy:	133	.5%
Glaucoma:	169	.7%
Hypertension:	969	4.0%
High Cholesterol	368	1.5%
Macular Degeneration:	28	.1%

Estimated Number of Cases

Total Members:	244,487	
Diabetes?:	5,352	2.2%
Diabetic Retinopathy:	470	.2%
Glaucoma:	894	.4%
Hypertension:	23,608	9.7%
High Cholesterol	36,577	15.0%
Macular Degeneration:	289	.1%

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

Grievance Report

- The DMHC requires KHS Management report/review quarterly grievances with the KHS Board of Directors.

Category	Q1 2019	Trend	Issue	Q4 2018	Q3 2018	Q2 2018
Access to Care	41		Appointment Availability	32	59	42
Coverage Dispute	14		Authorizations and Pharmacy	12	21	37
Medical Necessity	228		Questioning denial of service	240	267	297
Other Issues	9		Miscellaneous	10	7	1
Quality of Care	29		Questioning services provided. All cases forwarded to Quality Dept.	22	30	27
Quality of Service	6		Questioning the professionalism, courtesy and attitude of the office staff. All cases forwarded to PR Department	3	2	3
Total Grievances	327			319	386	407



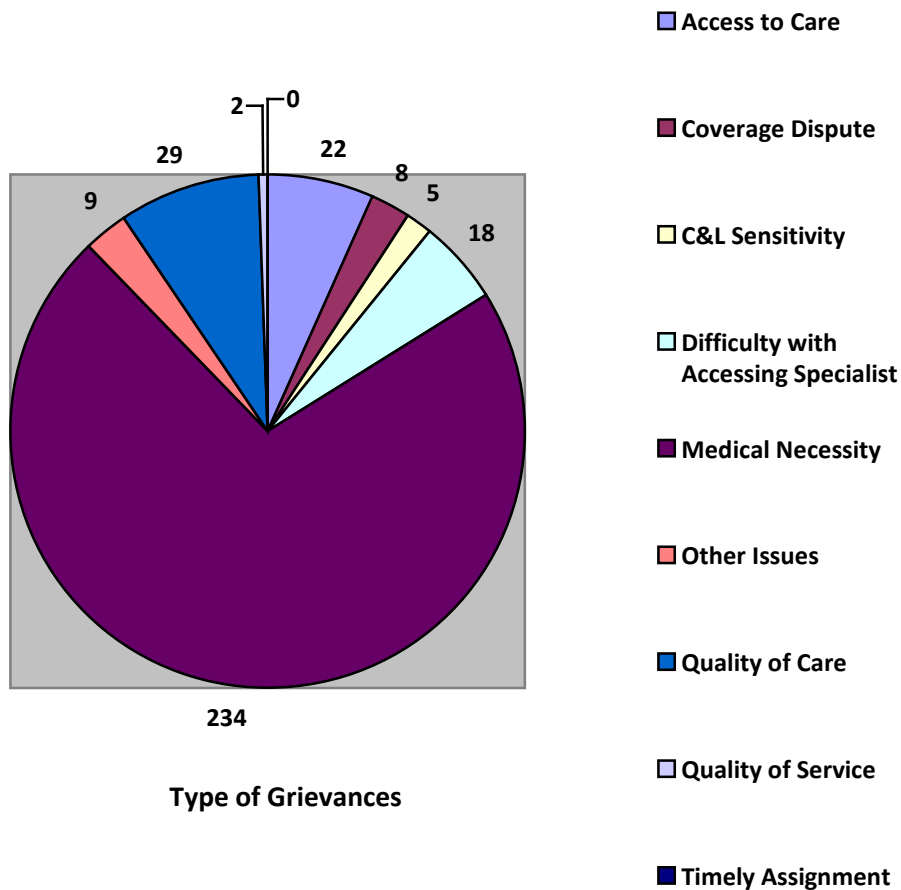
Additional Insights-Grievance Detail

Issue	1st Quarter Grievances	Upheld Plan Decision	Overtured Ruled for Member	Still Under Review
Access to Care (PCP)	23	9	3	11
Coverage Dispute	14	8	1	5
Specialist Access	18	7	7	4
Medical Necessity	228	124	45	59
Other Issues	9	7	0	2
Quality of Care	29	15	7	7
Quality of Service	6	3	2	1
Total	327	173	65	89



1st Quarter 2019 Grievance Summary

Issue	Number	In Favor of Health Plan	In favor of Enrollee	Still under review
Access to care	22	18	4	0
Coverage dispute	8	7	1	0
Cultural and Linguistic Sensitivity	5	3	2	0
Difficulty with accessing specialists	18	10	8	0
Medical necessity	234	176	57	1
Other issues	9	8	1	0
Quality of care	29	21	8	0
Quality of service	2	0	2	0
Timely assignment to provider	0	0	0	0



Grievances per 1,000 Members = 1.28

During the first quarter of 2019, there were three hundred and twenty seven grievances received. Eighty two cases were closed in favor of the Enrollee, two hundred and forty four cases were closed in favor of the Plan, and one case is still under review. Three hundred and twenty six cases closed within thirty days, and one was pending. Seventy eight cases were received from SPD (Seniors and Persons with Disabilities) members. One hundred and eleven cases were received from Medi-Cal Expansion members.

1st Quarter 2019 Grievance Summary

Access to Care

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

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

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

Coverage Dispute

There were eight grievances pertaining to a Coverage Dispute issue. Seven of the cases closed in favor of the Plan. One of the cases closed in favor of the Enrollee. The following is a summary of these issues:

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

Two members complained about the denial of a referral authorization request. One case closed in favor of the Plan and the decisions were upheld after it was determined that the requests were appropriately denied as the requested services were not a covered benefit or the requested providers were not contracted under KFHC. One case was found in favor of the Enrollee. Upon review of additional new documentation, it was determined medical necessity was met for and the denial was overturned.

Cultural and Linguistic Sensitivity

There were five grievances pertaining to Cultural and Linguistic Sensitivity. Three case closed in favor of the Plan. Two cases closed in favor of the Enrollee. The following is a summary of these issues:

Two members complained about the lack of a Spanish speaking interpreter for a scheduled appointment. One case closed in favor of the Plan after it was determined the member did not request a Spanish speaking interpreter during appointment. One case closed in favor of the Enrollee after it was determined a Spanish speaking interpreter was not provided during appointment.

1st Quarter 2019 Grievance Summary

Two members complained about a lack of interpreting services when attempting to schedule an appointment. One case closed in favor of the Plan after it was determined a Spanish speaking provider was available. One case closed in favor of the Enrollee after it was determined the provider did not provide, nor offer, interpreting services.

One member complained about a lack of interpreting services when attempting to get assistance at the pharmacy. This case closed in favor of the Plan after it was determined a Spanish speaking staff assisted the member.

Difficulty with Accessing a Specialist

There were eighteen grievances pertaining to Difficulty Accessing a Specialist. Ten cases closed in favor of the Plan. Eight cases closed in favor of the Enrollee. The following is a summary of these issues:

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

Nine members complained about the wait time to be seen for a specialist appointment. Six of the cases closed in favor of the Plan after the responses indicated the member was seen within the appropriate wait time for an appointment. Three of the cases closed in favor of the Enrollee after the response indicated the member may not have been seen within the appropriate wait time for an appointment.

One member complained about telephone access with a specialist's office. The case closed in favor of the Enrollee after the response indicated the office may not have provided appropriate telephone access.

Medical Necessity

There were two hundred and thirty four grievances pertaining to Medical Necessity. One hundred and seventy six of the cases were closed in favor of the Plan. Fifty seven of the cases closed in favor of the Enrollee. One case is still open at the time of reporting. The following is a summary of these issues.

One hundred and ninety members complained about the denial or modification of a referral authorization request. One hundred and thirty eight of the cases were closed in favor of the Plan as it was determined that there was no supporting documentation submitted with the referral authorization requests to support the criteria for medical necessity of the requested specialist or DME item and the denials were upheld. Three out of the one hundred and thirty eight upheld cases were modified. Fifty one cases were closed in favor of the Enrollee as it was determined medical necessity was met and the denials were overturned. One case is open at the time of reporting.

1st Quarter 2019 Grievance Summary

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

Other Issues

There were nine grievances pertaining to Other Issues. Eight of the cases closed in favor of the Plan. One case closed in favor of the Enrollee. The following is a summary of these issues:

One member complained that they felt the long term care facility in which they were placed was not sanitary and they felt neglected by the staff. This case closed in favor of the Plan as the response from the hospital indicated the member was provided with appropriate services.

One member complained they received damaged glasses from an optometry office and a replacement was not provided. This case closed in favor of the Plan after the response from the provider indicated the parent chose to take the glasses as they were and did not return to the office as instructed if they were not. The member was advised to return to the office for replacement.

One member complained they paid out of pocket for glasses and the optometrist refused to bill VSP. This case closed in favor of the Enrollee after the response from the provider acknowledged they were unaware of service would be covered by the insurance. This has been reported to VSP for provider education and/or training for proper member services.

One member complained that the urgent care provider was asking inappropriate questions about same sex relationships. This case closed in favor of the Plan after the response from the provider denied the claims of asking inappropriate questions. The provider was instructed and educated on how to handle sensitive issues in the future with more tact and sensitivity.

One member complained that her gynecologist was going to charge her in order to submit a referral authorization request for an imaging study. This case closed in favor of the Plan after the response from the provider indicated the member requested imaging for fertility, which is not covered by the Plan; therefore, she may have to pay for the procedure out of pocket.

One member complained that that they felt a pharmacy staff member discriminated against them due to not submitting a TAR in a timely manner. This case closed in favor of the Plan after the response from the provider indicated the member was advised the pharmacy would request information from the prescribing provider and once that was received, they would submit a TAR to KFHC.

One member complained that vehicle driven by Lyft driver began to move while getting out of the vehicle while using crutches, which caused the member to fall and injure themselves. This case closed in favor of the Plan as Lyft is only a curb to curb service and

1st Quarter 2019 Grievance Summary

drivers are not expected to assist members entering/exiting vehicle. A request was submitted to block all future pairings between the member and the driver.

One member complained that they felt she was discriminated against by the staff at a provider's office for not scheduling their children for the same appointment. This case closed in favor of the Plan after the response from the provider indicated member's parent was informed the office policy was to schedule only one new patient sibling at a time per provider.

One member complained that they felt discriminated against by a provider for not accepting member as a patient due to medical conditions. This case closed in favor of the Plan after the response from the provider indicated the provider was not taking new patients at this time.

Quality of Care

There were twenty nine grievances involving Quality of Care issues. Twenty one cases were closed in favor of the Plan. Eight cases were closed in favor of the Enrollee. The following is a summary of these issues:

Twenty members complained about the quality of care received from a Primary Care Provider (PCP). Fourteen cases were closed in favor of the Plan after it was determined that the provider or their staff provided the member with the appropriate care. Six cases closed in favor of the Enrollee after review of all medical documents and written responses received indicated that the care received may have been below standard.

Eight members complained about the quality of care received from a specialty provider. Seven cases were closed in favor of the Plan after it was determined that the specialist provided the member with the appropriate care. One case closed in favor of the Enrollee after review of all medical documents and written responses received indicated that the care received may have been below standard.

One member complained about the quality of care received from providers staffed by a hospital. The case closed in favor of the Enrollee after review of all medical documents and written response received indicated that the care received may have been below standard.

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

Quality of Service

There were two grievances pertaining to Quality of Service. Both cases closed in favor of the Enrollee. The following is a summary of this issues:

One member complained about the service they received from a provider. This case was closed in favor of the Enrollee after the written response was reviewed and it was determined that the member may have received below standard service.

1st Quarter 2019 Grievance Summary

One member complained about the service they received from a provider. This case was closed in favor of the Enrollee after the written response was reviewed and it was determined that the member may have received below standard service. The member was advised to follow up with their primary insurance for additional assistance.

Timely Assignment to Provider

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

Kaiser Permanente Grievances

During the first quarter of 2019, there were twenty five grievances and appeals received by KFHC members assigned to Kaiser Permanente. All twenty five cases were closed in favor of the Enrollee.

Access to Care

There was one grievances pertaining to Access to Care. The following is a summary of this issue:

One member complained about the excessive wait time to be seen for an appointment. This case closed in favor of the Enrollee.

Coverage Dispute

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

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

Medical Necessity

There were no grievances pertaining to Medical Necessity received this quarter.

Quality of Care

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

Two members complained about the care they received from their providers or non-clinical staff. Both cases were closed in favor of the Enrollee.

Quality of Service

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

1st Quarter 2019 Grievance Summary

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

KERN HEALTH SYSTEMS
1st Quarter 2019
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

Report Date: April 2, 2019

Department: Provider Relations

Monitoring Period: January 1, 2019 through March 31, 2019

Population:

Providers	Credentialed	Recredentialed
MD's	23	40
DO's	2	3
AU's	0	0
DC's	0	0
AC's	0	0
PA's	6	5
NP's	10	7
CRNA's	1	0
DPM's	0	2
OD's	0	0
ND's	0	0
RD's	1	0
BCBA's	7	7
Mental Health	8	4
Ocularist	0	1
Ancillary	4	17
OT	0	0
TOTAL	62	86

Specialty	Providers Credentialed	Providers Recredentialed	Providers Sent to PAC	Providers Not Approved
Acupuncture	0	0	0	0
Allergy & Immunology	0	0	0	0
Anesthesiology / CRNA	1	1	2	0
Audiology	0	0	0	0
Autism / Behavioral Analyst	8	7	15	0
Cardiology	0	2	2	0
Chiropractor	0	0	0	0
Colon & Rectal Surgery	0	0	0	0
Critical Care	0	0	0	0
Dermatology	2	2	4	0
Emergency Medicine	4	3	7	0
Endocrinology	0	0	0	0
Family Practice	12	6	18	0
Gastroenterology	0	3	3	0
General Practice	3	1	4	0
General Surgery	7	0	7	0
Genetics	0	0	0	0
Gynecology	0	0	0	0

KERN HEALTH SYSTEMS
1st Quarter 2019
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

Specialty	Providers Credentialed	Providers Recredentialed	Providers Sent to PAC	Providers Not Approved
Gynecology/Oncology	0	0	0	0
Hematology/Oncology	1	1	2	0
Hospitalist	0	0	0	0
Infectious Disease	0	0	0	0
Internal Medicine	4	5	9	0
Mental Health	8	4	12	0
Mid Wife	0	0	0	0
Naturopathic Medicine	0	0	0	0
Neonatology	0	0	0	0
Nephrology	0	1	1	0
Neurological Surgery	0	0	0	0
Neurology	1	2	3	0
Obstetrics & Gynecology	1	4	5	0
Ocularist	0	1	1	0
Occupational Therapy	0	0	0	0
Ophthalmology	1	0	1	0
Optometry	0	0	0	0
Orthopedic Surgery / Hand Surg	1	2	3	0
Otolaryngology	0	0	0	0
Pain Management	0	0	0	0
Pathology	1	0	1	0
Pediatrics	0	2	2	0
Physical Medicine & Rehab	1	0	1	0
Plastic Sugery	0	0	0	0
Podiatry	0	2	2	0
Psychiatry	1	1	2	0
Pulmonary	0	1	1	0
Radiation Oncology	0	0	0	0
Radiology	2	14	16	0
Registered Dieticians	1	0	1	0
Rheumatology	1	0	1	0
Sleep Medicine	0	0	0	0
Thoracic Surgery	0	0	0	0
Vascular Medicine	0	0	0	0
Vascular Surgery	0	1	1	0
Urology	0	2	2	0
KHS Medical Directors	0	0	0	0
TOTAL	61	68	129	0

KERN HEALTH SYSTEMS
1st Quarter 2019
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	0	0	0
Dialysis Center	0	0	0	0
DME	1	0	1	0
Hearing Aid Dispenser	0	1	1	0
Home Health	0	1	1	0
Home Infusion/Compounding	0	0	0	0
Hospice	1	0	1	0
Hospital	0	0	0	0
Laboratory	0	0	0	0
Lactation Consultant	0	0	0	0
MRI	0	0	0	0
Ocular Prosthetics	0	1	1	0
Pharmacy	2	4	6	0
Pharmacy/DME	0	0	0	0
Physical / Speech Therapy	0	1	1	0
Prosthetics & Orthotics	0	0	0	0
Radiology	0	0	0	0
Skilled Nursing	0	3	3	0
Sleep Lab	0	1	1	0
Surgery Center	0	0	0	0
Transportation	0	3	3	0
Urgent Care	0	2	2	0
TOTAL	4	17	21	0

Defer = 0

Denied = 0

Kern Health Systems
Board Approved Effective 3/01/19

Legal Name	Specialty	Address	PRV	Pay to PRV	Effective
Slamat Ali dba: Slamant Ali MD PC / Bakersfield Kidney Center	Nephrology	8605 Camino Media Suite 300 Bakersfield, CA 93311	PRV037408	PRV049390	3/1/2019
August David Accetta, MD	OB/GYN	9730 Brimhall Rd #1, Bakersfield Ca 93312	PRV011010	PRV011010	3/1/2019
Kathleen E. Huggins dba: Simply Mama	DME	2705 McMillan Avenue Suite 130 San Luis Obispo, CA 93401	PRV050721	PRV050721	3/1/2019

Kern Health Systems
Board Approved Effective 4/01/19

Legal Name	Specialty	Address	PRV	Contract Effective Date
American Hospice Care	Hospice	930 Oak Street, Ste B, Bakersfield, CA 93304		4/1/2019
Kilimanjaro Pharmacy, Inc	Pharmacy	2345 Highway 46 Ste a Wasco CA 93280		4/1/2019

Kern Health Systems
Board Approved Effective 3/01/19

	A	B	C	D	E	F
1	NAME	LEGAL NAME AND ADDRESS	SPECIALTY	Provider #	Pay To #	Effective
2	Simply Mama	Kathleen E. Huggins dba: Simply Mama 2705 McMillian Avenue Ste. 130 San Luis Obispo CA 93401	DME Supplier (Breast Pumps)	PRV050721	PRV050721	Yes Eff 3/1/19
3	Gupta, Parul MD	Central California Foundation for Health Delano Women's Medical Clinic 1201 Jefferson Street Delano CA 93215	OB/GYN	PRV006879	PRV005653	Yes Eff 3/1/19
4	Murphy, Monica MD	Komin Medical Group 1150 Lerdo Highway Ste. C Shafter CA 93263	Family Practice	PRV050566	PRV013620	Yes Eff 3/1/19
5	Reed, Dorian PA	Priority Urgent Care * All Locations 4821 Panama Lane Ste. A-C Bakersfield CA 93313	Emergency Medicine	PRV033450	PRV044694 PRV038192	Yes Eff 3/1/19
6	Al Nahlawi, Basma MD	Telehealthdocs Medical Corporation *All Locations 2215 Truxtun Ave Ste. 100 Bakersfield CA 93301	Rheumatology	PRV048324	PRV036952	Yes Eff 3/1/19
7	Baber, Robert PA-C	Clinica Sierra Vista (CSV) Walk-In Clinics 2400 Wible Road Ste. 14 Bakersfield 2000 Physicians Blvd Bakersfield	Family Practice	PRV048497	PRV000002	Yes Eff 3/1/19
8	Berger, Keith BCBA	California Psychcare, Inc. 624 Commerce Drive Unit E Palmdale CA 93551	Behavior Analyst / Qualified Autism Services Provider	PRV049871	PRV011225	Yes Eff 3/1/19
9	Casavant, Tyler PA-C	Priority Urgent Care *All Locations 4821 Panama Lane Ste. A-C Bakersfield CA 93313	Emergency Medicine	PRV037758	PRV044694 PRV038192	Yes Eff 3/1/19
10	Corner, Karissa BCBA	Holdsambeck & Associates, Inc. 2535 16th Street Ste. 215 & 210 Bakersfield CA 93301	Behavior Analyst / Qualified Autism Services Provider	PRV050567	PRV031922	Yes Eff 3/1/19
11	Coronado, Felipe PA-C	LA Laser Center PC 5600 California Avenue Ste. 101 & 103 Bakersfield CA 93309	Dermatology	PRV046529	PRV013922	Yes Eff 3/1/19
12	Cuellar, Cynthia NP-C	Omni Family Health 655 S Central Valley Hwy Shafter CA 4131 Ming Avenue Bakersfield CA 4600 Panama Ln Ste. 102B Bakersfield CA	Family Practice	PRV048063	PRV000019	Yes Eff 3/1/19
13	Esmail Khan Ghasri, Rojin NP-C	Kern County Hospital Authority 1111 Columbus Street Bakersfield CA 93305	Internal Medicine	PRV047422	ALL KM	Yes Eff 3/1/19
14	Farber, Karlyn BCBA	California Spectrum Services 901 Tower Way Ste. 304 & 306 Bakersfield CA 93309	Behavior Analyst / Qualified Autism Services Provider	PRV050568	PRV031975	Yes Eff 3/1/19
15	Gaitanis, Alexander MD	Rio Bravo Oncology Inc. 4500 Morning Drive Ste. 105 Bakersfield CA 93306	Oncology	PRV048874	PRV035588	Yes Eff 3/1/19

Kern Health Systems
Board Approved Effective 3/01/19

	A	B	C	D	E	F
16	Grewal, Mandip PsyD	Omni Family Health 210 N Chester Avenue Bakersfield CA 4151 Mexicali Drive Bakersfield CA 4131 Ming Avenue Bakersfield CA	Psychology	PRV048235	PRV000019	Yes Eff 3/1/19
17	Grinfeld, Ana BCBA	Center for Autism & Related Disorders Inc 5300 Lennox Avenue Ste. 100 Bakersfield CA 93309	Behavior Analyst / Qualified Autism Services Provider	PRV048500	PRV032083	Yes Eff 3/1/19
18	Hartsock, Eunice NP-C	Omni Family Health 210 N Chester Avenue Bakersfield CA 1022 Calloway Drive Bakersfield CA 4600 Panama Ln Ste. 102B Bakersfield CA	Family Practice	PRV048321	PRV000019	Yes Eff 3/1/19
19	Hashemi, Mohammad MD	Majid Rahimifar, MD, Inc. Db: Bakersfield Neuroscience & Spine Institute 2601 Oswell Street Ste. 101 Bakersfield CA 93306	Orthopedic Surgery	PRV050569	PRV000205	Yes Eff 3/1/19
20	Huynh, Annie NP-C	Priority Urgent Care *All Locations 4821 Panama Lane Ste. A-C Bakersfield CA 93313	Family Practice	PRV008148	PRV044694 PRV038192	Yes Eff 3/1/19
21	Jeffcoach, David MD	Kern County Hospital Authority KM - 1700 Mt Vernon Avenue Bakersfield CA 93306	General Surgery & Critical Care Surgery	PRV047761	ALL KM	Yes Eff 3/1/19
22	Kennedy, Samantha PhD	California Spectrum Services 901 Tower Way Ste. 304 & 306 Bakersfield CA 93309	Psychology & Behavior Analyst / Qualified Autism Services Provider	PRV050570	PRV031975	Yes Eff 3/1/19
23	Locke, Angela PA-C	Adventist Health Comm Ctr - Tehachapi 105 West E Street Tehachapi CA 93561	Family Practice	PRV050427	ALL SITES	Yes Eff 3/1/19
24	Long, Jennie BCBA	California Psychcare, Inc. 4500 California Avenue Ste. 101 Bakersfield CA 93309	Behavior Analyst / Qualified Autism Services Provider	PRV050571	PRV011225	Yes Eff 3/1/19
25	Macanas, Jesus NP-C	Central California Foundation for Health Delano Prompt Care Clinic 1201 Jefferson Street Delano CA Wasco Medical Plaza 2300 7th Street Wasco CA	Family Practice	PRV048877	PRV005653 PRV005640	Yes Eff 3/1/19
26	McConnell, Courtney PsyD	Omni Family Health 4900 California Ave Ste. 100B Bakersfield 655 S Central Valley Hwy Shafter 277 E Front Street Buttonwillow	Psychology	PRV048876	PRV000019	Yes Eff 3/1/19
27	Mitchell, Donte BCBA	Holdsambeck & Associates, Inc. *All Locations 2535 16th Street Ste. 215 & 210 Bakersfield CA 93301	Behavior Analyst / Qualified Autism Services Provider	PRV050572	PRV031922	Yes Eff 3/1/19
28	Park, Brian K. MD	Renaissance Imaging Medical Assoc Inc *All Locations 44105 W 15th Street Ste. 100 Lancaster CA 93534	Diagnostic Radiology	PRV048901	PRV000324	Yes Eff 3/1/19

Kern Health Systems
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	A	B	C	D	E	F
29	Reed, Michael PA	Omni Family Health 1022 Calloway Drive Bakersfield 4151 Mexicali Drive Bakersfield 4600 Panama Lane Ste. 102B Bakersfield 210 N Chester Avenue Bakersfield	Psychiatry	PRV047844	PRV000019	Yes Eff 3/1/19
30	Reyes, Elizabeth RD	Clinica Sierra Vista (CSV) 815 Dr. Martin Luther King Jr. Bakersfield 301 Brundage Lane Bakersfield	Registered Dietician	PRV048873	PRV000002	Yes Eff 3/1/19
31	Rizk, Magued MD	Omni Family Health 1022 Calloway Drive Bakersfield 4151 Mexicali Drive Bakersfield 4600 Panama Lane Ste. 102B Bakersfield 210 N Chester Avenue Bakersfield	Family Practice	PRV035791	PRV000019	Yes Eff 3/1/19
32	Samra, Rajdeep LCSW	Integral Psychological Consulting Services 5251 Office Park Drive Ste. 201 Bakersfield CA 93309	Clinical Social Worker	PRV050573	PRV000365	Yes Eff 3/1/19
33	Schmidt, Peter BCBA	California Psychcare, Inc. 4500 California Avenue Ste. 101 Bakersfield CA 93309	Behavior Analyst / Qualified Autism Services Provider	PRV050574	PRV011225	Yes Eff 3/1/19
34	Schmidt, Yao MD	Premier Pathology Laboratories, Inc. 263 N Pearson Drive Ste. 108 Porterville CA 93257	Pathology	PRV049763	PRV029338	Yes Eff 3/1/19
35	Sidhu, Ritam MD	GMA Healthcare Providers 9500 Stockdale Highway Ste. 203 Bakersfield CA 93311	Internal Medicine	PRV044126	PRV000386	Yes Eff 3/1/19
36	Tun, Kyaw DO	Kern Radiology Medical Group *All Locations 2301 Bahamas Drive Bakersfield CA 93309	Diagnostic Radiology & Neuroradiology	PRV049479	ALL SITES	Yes Eff 3/1/19
37	Varghese, Sibichan LCSW	Omni Family Health 4900 California Ave Ste. 100B Bakersfield 4600 Panama Lane Ste. 102B Bakersfield 4151 Mexicali Drive Bakersfield 4131 Ming Avenue Bakersfield	Clinical Social Worker	PRV044352	PRV000019	Yes Eff 3/1/19
38	Venturina, Arturo MD	North Kern South Tulare Hospital District dba: Gloria Nelson Center for Women & Children 1500 6th Avenue Delano CA 93215	Family Practice	PRV048674	PRV000319	Yes Eff 3/1/19
39	Yousuf, Uzma DO	GMA Healthcare Providers GMA Health Homes 3737 San Dimas Street Ste. 101 Bakersfield CA 93301	Family Practice	PRV049413	PRV044932	Yes Eff 3/1/19
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	A	B	C	D	E	F
1	NAME	LEGAL NAME AND ADDRESS	SPECIALTY	Provider #	Pay To #	Effective
2	American Hospice Care	American Hospice Care, Inc. 930 Oak Street Ste. B Bakersfield CA 93304	Hospice	PRV049427	PRV049427	Yes Eff 4/1/19
3	Kilimanjaro Pharmacy Inc	Kilimanjaro Pharmacy, Inc. 2345 Highway 46 Ste. A Wasco CA 93280	Pharmacy	PRV051472	PRV051472	Yes Eff 4/1/19
4	Dunn, James MD	Kern County Hospital Authority 1700 Mt Vernon Avenue Bakersfield CA 93306	General Surgery	PRV045859	ALL KM	Yes Eff 4/1/19
5	Sidhu, Jaipal MD	Gurmant P. Singh, MD Inc. 9610 Stockdale Highway Ste. D Bakersfield CA 93311	Physical Medicine & Rehab	PRV051470	PRV043898	Yes Eff 4/1/19
6	Ashouri, Anousheh MD	Hospitalist Medicine Physicians of California, Inc. Db: Sound Physicians of California 2615 Chester Avenue Bakersfield CA 93301	IM / Hospitalist	PRV011085	PRV014433	Yes Eff 4/1/19
7	Audelo, Ramon LCSW	Bakersfield City School District So. Chester Partnership Wellness Center 800 Ming Avenue Bakersfield CA 93307	Clinical Social Worker	PRV051474	PRV000469	Yes Eff 4/1/19
8	Beare, Matthew MD	Clinica Sierra Vista (CSV) 815 Dr. Martin Luther King Jr. Bakersfield 301 Brundage Lane Bakersfield	General Practice	PRV037471	PRV000002	Yes Eff 4/1/19
9	Castillo, Abundio FP-C	Priority Urgent Care 4821 Panama Ln Ste. A-C Bakersfield CA 93313 Additional Affiliation: Singh Family Medical Clinic 9900 Stockdale Highway Ste. 205	Emergency Medicine & Family Practice	PRV051384	PRV038192 PRV044694	Yes Eff 4/1/19
10	Douglas, Geoffrey MD	Kern County Hospital Authority 1700 Mt Vernon Avenue Bakersfield CA 93306	General Surgery	PRV050560	ALL KM	Yes Eff 4/1/19
11	Gamarra, Aldo MD	Adventist Health Medical Center Tehachapi 105 West E Street Tehachapi CA 93561	General Surgery / Surgical Critical Care	PRV042007	ALL SITES	Yes Eff 4/1/19
12	Geiger, Sarah NP	Omni Family Health 161 N Mill Street Tehachapi CA 93561 1133 N Chelsea St Ridgecrest CA 93555	General Practice & OB/GYN	PRV050244	PRV000019	Yes Eff 4/1/19
13	Handman, David MD	Kern County Hospital Authority 1700 Mt Vernon Avenue Bakersfield CA 93306	General Surgery / Surgical Critical Care	PRV048498	ALL KM	Yes Eff 4/1/19
14	Hawkins, Johnathon CRNA	Premier Anesthesia Medical Group 3200 21st Street Ste. 301 Bakersfield CA 93301	Certified Nurse Anesthetist	PRV010562	PRV000227	Yes Eff 4/1/19

Kern Health Systems
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	A	B	C	D	E	F
15	Jacobi, Joshua MD	Hospitalist Medicine Physicians of California, Inc. Dba: Sound Physicians of California 2615 Chester Avenue Bakersfield CA 93301	IM / Hospitalist	PRV009341	PRV014433	Yes Eff 4/1/19
16	Karukonda, Sree MD	Telehealthdocs Medical Corporation 2215 Truxtun Ave Ste. 100 Bakersfield 100 E North Street Taft CA 93268	Dermatology	PRV049657	PRV036952	Yes Eff 4/1/19
17	Katsman, Diana MD	Retina Institute of California 9500 Stockdale Highway Ste. 108 Bakersfield CA 93311	Ophthalmology	PRV047050	PRV000181	Yes Eff 4/1/19
18	Keith, Heather NP	West Side Health Care District 100 E North Street - Urgent Care Taft CA 93268	Emergency Medicine	PRV049286	PRV000306	Yes Eff 4/1/19
19	Leon, Alejandro LCSW	Infusion & Clinical Services Premier Health Home Program 5401 White Lane Ste. A Bakersfield CA 93309	Clinical Social Worker	PRV003959	PRV000002	Yes Eff 4/1/19
20	Morales-Board, Carmen NP-C	Central California Foundation for Health Delano Prompt - 1201 Jefferson Street Wasco Medical Plaza - 2300 7th Street	General Practice	PRV006963	PRV005653 PRV005640	Yes Eff 4/1/19
21	Ocampo, Jennifer NP-C	Omni Family Health 4600 Panama Ln Ste. 102B Bakersfield 1215 Jefferson Street Delano	Family Practice	PRV050564	PRV000019	Yes Eff 4/1/19
22	O'Connell, Daniel MD	Kern Valley Healthcare District RHC - 4300 Birch Street Ste. B Lake Isabella CA 93240	Neurology	PRV051473	PRV046034 PRV000247	Yes Eff 4/1/19
23	Panama Lane Health Center Pharmacy	Omni Family Health 4600 Panama Lane Ste. 102B Bakersfield CA 93313	Pharmacy	PRV050958	PRV050958	Yes Retro- Eff 3/1/19
24	Trujillo, Marsinah LMFT	Integral Psychological Consulting Services 5251 Office Park Drive Ste. 201 Bakersfield CA 93309	Marriage & Family Therapy	PRV051165	PRV000365	Yes Eff 4/1/19
25	Washowich, Camille NP-C	Kern County Hospital Authority 1700 Mt Vernon Avenue Bakersfield CA 93306	General Surgery	PRV049392	ALL KM	Yes Eff 4/1/19
26	Williams, Rachel MD	Grossman Medical Group, Inc. 420 34th Street Bakersfield CA 93301	General Surgery & Surgical Critical Care	PRV051471	PRV000405	Yes Eff 4/1/19



KERN HEALTH SYSTEMS

Provider Relations, Network Review Quarter 1, 2019

- **After Hours Calls**
- **Appointment Availability Survey**
- **Access Grievance Review (Q4 2018)**
- **Geographic Accessibility**
 - **DHCS Annual Network Certification - 2019**
- **Network Adequacy**
- **MY 2018 DMHC Timely Access Reporting**
- **Attachment A: *DHCS Network Certification Geographic Accessibility Analysis and Maps***



After Hours Calls

Quarter 1, 2019



After Hours Calls

Q1, 2019



Introduction

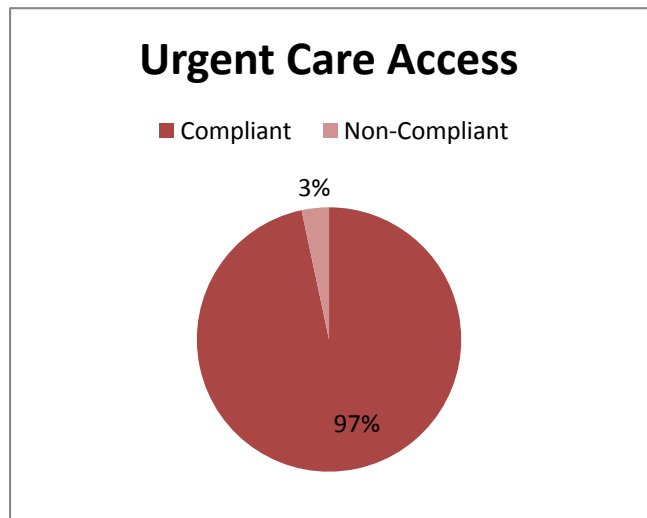
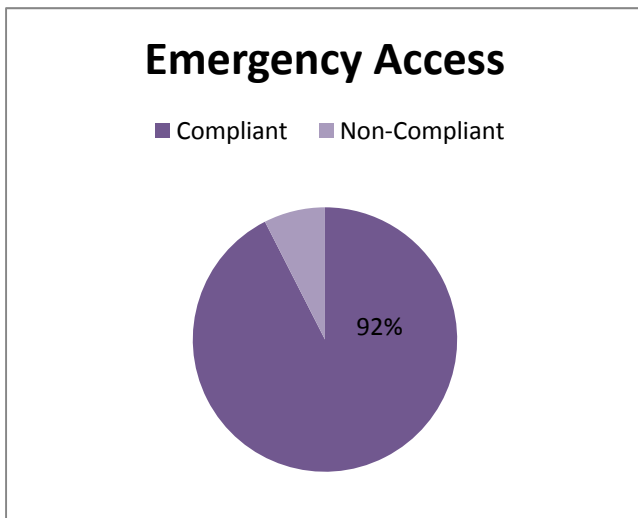
As required by the Department of Managed Health Care (DMHC) Health & Safety Code 1348.8, Kern Health Systems (KHS) uses an after-hours caller program to assess compliance with access standards for Kern Family Health Care (KFHC) Members. KHS policy requires that:

- 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

120 provider offices were contacted during Q1 2019. Of those offices, **111** were compliant with the Emergency Access Standards and **116** were compliant with the Urgent Care Access Standards.



After Hours Calls

Q1, 2019



Trending / Follow –Up / Outreach

The Plan reviewed the results of the Q1 2019 afterhours survey against the survey results of the prior quarter, Q4 2018.

The Plan found that two (2) of the provider groups were out-of-compliance with the urgent and emergent access standards during Q1 2019. These groups were newly contracted provider groups during that quarter. Upon contracting a new provider group the Plan provides an in-office orientation/training that covers compliance with regulatory after hours standards; a Plan Provider Relations Representative will reach out to these groups to provide additional training.

Five (5) of the provider groups were found to out-of-compliance with the emergent standard. These providers were not present in the prior quarters non-compliant reporting; the Plan considers these to be a singular instance of non-compliance. A Plan Provider Relations Representative will reach out to provide additional training to these provider groups.

Two (2) of the provider groups were found out-of-compliance with both the urgent and emergent access standards during Q1 2019; these two groups share a contact phone number and were also found to be out-of-compliance during Q4 2018. The Plan is having a Provider Relations Representative reach out to these groups to provide additional training as well collect an approximate date of remediation. The Plan will conduct additional calls to these providers after remediation to assure compliance with after-hours standards.



Appointment Availability Survey

Quarter 1, 2019



Appointment Availability Survey

Q1, 2019



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.

KHS also utilizes these quarterly calls to monitor contracted provider's **Phone Answering Timeliness**. KHS *Policy 4.30-P Accessibility Standards*, requires "contracted providers must answer or design phone systems that answer phone calls within six rings." In conducting the quarterly appointment availability, KHS staff count the rings prior to a provider answering to gauge compliance.

Appointment Availability Survey Results

A random sample of 15 primary care provider offices and 15 specialist offices were contacted during Q1 2019. 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 Q1 2019 the Plan's average wait time for a primary care appointment was **3.13 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 Q1 2019 the Plan's average wait time for a specialist appointment was **8.64 days**, and was found to be in-compliance with the 15 business day standard.

Phone Answering Timeliness Results (Q3 2018, Q4 2018, Q1 2019)

Utilizing the methodology outlined above, KHS initiated a phone answering timeliness survey component during the Q3 2018 monitoring period. The results for this quarter and two prior quarters are reported below, and will be reported quarterly moving forward.

During Q3 2018, all calls were answered within six rings or less, with an average **1.9 rings** before a call was answered. During Q4 2018, all but one call were answered within six rings or less, with an average **1.9 rings** before a call was answered. During Q1 2019, all calls were answered within six rings or less, with an average **1.6 rings** before a call was answered. The one provider office found to be out of compliance during Q4 2018 appeared to be due to a phone line issue and in conducting a follow up call during Q1 2019 the provider was found to be in compliance.



KERN HEALTH SYSTEMS

Access Grievance Review

Quarter 4, 2018



Access Grievance Review

Q4, 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 Q4 2019, thirty-two (32) access-related grievances were received and reviewed by the KHS grievance committee. In twenty-seven (27) of the cases, no issues were identified and were closed in favor of the plan. The remaining **five (5) 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 Q4 2019 Access Grievance Review meeting the five (5) cases that were closed in favor of the enrollee were reviewed against all access grievances received in the previous year.

Of the five (5) cases reviewed, three (3) grievances were classified as "Difficulty Accessing a Specialist"; two (2) of the grievances were for in-office wait time and one (1) was for appointment availability. 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 two (2) cases reviewed were classified as "Access to Care"; both of these grievances were for in-office wait time. Upon review of these grievances against grievances received in the previous year, the Plan did not identify any trends.

Corrective Action Plan Monitoring

The Plan currently has an ongoing Corrective Action Plan (CAP) for a provider who had previously received multiple access grievances, found in favor of the enrollee, for in-office wait time. That provider did not receive any access grievances, found in favor of the enrollee, for in-office wait time during Q4 2018, fulfilling one remediation activity outlined in the CAP. The provider's CAP is still ongoing and will continued to be reviewed through the Quarterly Access Grievance Review.



KERN HEALTH SYSTEMS

Quarter 4, 2018 Access Grievances Review Agenda

Date: 5/1/2019

Discussion:

1. Review access grievances for Q4, 2018
 - Identify any trends regarding access
 - Conduct file review for grievances closed in favor of the enrollee

2. Review Access Grievances for Q4, 2018 against last year of annual grievances
 - Identify any trends regarding access

Category	Provider	Total
Closed in Favor of the Enrollee		5
Difficulty Accessing Specialist		3
	Jacobo Physical Therapy - Chester Ave	1
	Jose Soto, MD	1
	Bradford Anderson, MD	1
Access to Care		2
	Mirna Chambi, MD	1
	Premier Health Home Program	1

Name	Title	Date
<i>[Signature]</i>	PR Network Analyst	5/1/2019
<i>[Signature]</i>	PR Manager	5/1/2019
<i>[Signature]</i>	PR Network Analyst	5/1/19
<i>[Signature]</i>	Cred. Supervisor	5/1/19



KERN HEALTH SYSTEMS

Geographic Accessibility

Quarter 1, 2019



Geographic Accessibility

Q1, 2019



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.

For all geographic areas in which the Plan does not currently meet the regulatory accessibility standard, The Plan monitors and maintains an alternative access standard that has been reviewed and approved by the DMHC or DHCS.

DHCS Annual Network Certification - 2019

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

As a part of the Annual Network Certification requirement outlined in APL 18-005 and 19-002, the Plan was required to submit geographic access analysis outlining compliance with the above-listed standards. For all zip codes in which the Plan was not compliant with the above standard, the Plan was able to submit alternative access standards to ensure compliance.

The Plan currently maintains a subcontract with Kaiser Permanente (KP) to provide services to a subset of KHS enrollees; DHCS Network Certification required KP contracted providers to be included in the geographic analysis conducted by the Plan. In reviewing the two plans combined provider data, KHS found that KP providers practice in the same geographic areas as KHS providers, and did not cause substantial change to KHS’ compliance with geographic accessibility standards.

Geographic Accessibility

Q1, 2019



The Plan completed required reporting in Q1 2019. Review of the Plan's requested alternative access standards is still on going with the DHCS, as is Plan's compliance with DHCS Network Certification reporting requirements.

For the purpose of this geographic accessibility analysis the Plan measured network compliance against regulatory standards, or the recently submitted, alternative access standards, for all provider types. During this quarterly review, the Plan found that it was in compliance with all regulatory accessibility standards or one of the recently submitted, alternative access standards. The geographic accessibility analysis and maps the Plan completed to fulfill DHCS Network Certification requirements and review current network geographic accessibility are included as *Attachment A* to the KHS Q1 2019 Access Monitoring Report.



KERN HEALTH SYSTEMS

Network Adequacy

Quarter 1, 2019



Network Adequacy

Q1, 2019



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 responses collected from Primary Care Providers to calculate the FTE for Primary Care Providers, and used 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**.

Network Adequacy

Q1, 2019



Full Time Equivalency Compliance Calculations

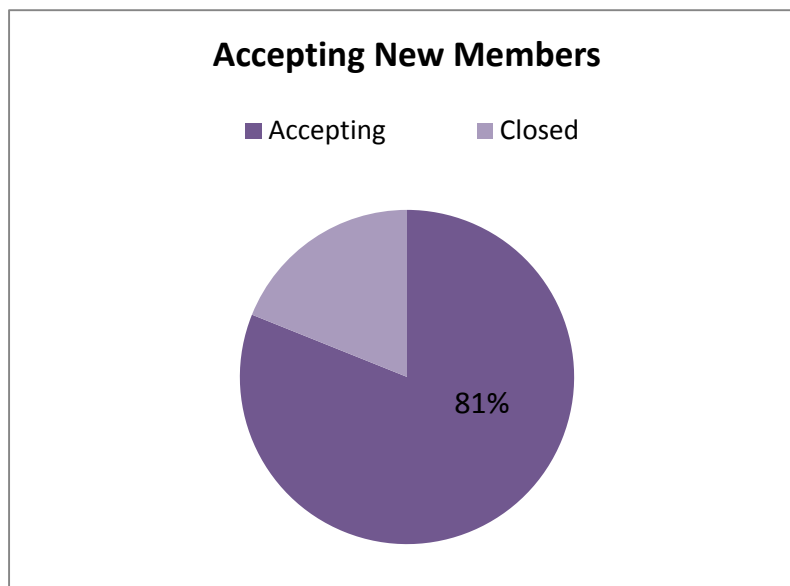
Of KHS' 254,786 membership at time of review, 8,510 were assigned and managed by Kaiser and did not access services through KHS' network of contracted providers; due to this, Kaiser managed membership is not considered when calculating FTE compliance.

As of the end of Q1 2019, the plan was contracted with 386 Primary Care Providers, a combination of 219 physicians and 167 mid-levels. Based on the FTE calculation process outlined above, with a 49.08% PCP FTE, KHS maintains a total of **148.47 FTE PCPs**. With a membership enrollment of 246,276 utilizing KHS contracted PCPs, KHS currently maintains a ratio of **1 FTE PCP to every 1658.79 members**; KHS is compliant with state regulations and Plan policy.

As of the end of Q1 2019, the plan was contracted with 1037 Physicians. Based on the FTE calculation process outlined above, with a 40.23% Physician FTE, KHS a total of **417.16 FTE Physicians**. With a total membership enrollment of 246,276 utilizing KHS contracted Physicians, KHS currently maintains a ratio of **1 FTE Physician to every 590.36 members**; KHS is compliant with state regulations and Plan policy.

Accepting New Members

In addition to the Full Time Equivalency Compliance review conducted above, the Plan monitors adequacy of its Primary Care Network by reviewing the count/percentage of Primary Care Providers (PCP) who are accepting new members. At the end of Q1 2019 the plan maintained a network of 386 Primary Care Providers, a combination of 219 physicians and 167 mid-levels. At the time of this review, 313 Primary Care Providers were accepting new members at a minimum of one Plan-contracted location, a combination of 164 physicians and 149 mid-levels. **The Plan calculated that 81% of the network of Primary Care Providers is currently accepting new members a minimum of one location.** The Plan will continue to monitor this percentage quarterly to ensure it maintains an adequate network of Primary Care Providers.





KERN HEALTH SYSTEMS

MY 2018 DMHC Timely Access Reporting



MY 2018 DMHC Timely Access Reporting



Introduction

As required by the Department of Managed Health Care (DMHC), and outlined in Kern Health Systems (KHS) policy *4.30-P Accessibility Standards, § DMHC Annual Timely Access Compliance Report* “On an annual basis KHS shall conduct and submit a Timely Access Compliance report to the Department of Managed Health Care (DMHC). KHS will employ the methodology, survey tool, and submission/templates for the appropriate measurement year as instructed by the DMHC.”

Measurement Year 2018 Timely Access Reporting

For Measurement Year (MY) 2018, the DMHC Timely Access Reporting was made up of two main components, an Annual Provider Network Report and an Annual Timely Access Compliance Report.

The Annual Provider Network Report consisted of seven reports designed to capture a snapshot of the Plan’s contracted network and service area as of December 31, 2018. The seven reporting areas were *PCPs, Specialists, Mental Health, Other Contracted Providers, Hospitals and Clinics, Service Area and Enrollment, and Telehealth*. The Plan utilized the DMHC required reporting forms to submit this information.

The Annual Timely Access Compliance Report required a submission of:

- A. Policy and Procedures
- B. Rate of Compliance - *Provider Appointment Availability Survey (PAAS)*
- C. Non-Compliance Data
- D. Policy and Procedures for Advanced Access
- E. Plan and Contractor Use of Triage, Telemedicine, Health I.T.
- F. Provider and Enrollee [Satisfaction] Surveys

As it had done the year prior, the Plan utilized internal staff to conduct the MY 2018 PAAS, employing the methodology, survey tool, and reporting templates for MY 2018 as required by the DMHC.

The Plan submitted all Timely Access Reporting requirements to the DMHC on March 29, 2019.

External Vendor Validation

Outlined in DMHC All-Plan Letter 18-002, the Department requires all plans to utilize an external vendor to validate a plan’s timely access data and conduct a quality assurance review of the health plan’s Timely Access Compliance Report prior to submission to the DMHC. For MY 2018, KHS engage Health Management Associates (HMA) to conduct the external validation. As a part of their data validation and quality assurance, HMA conducted a pre-survey review of the provider contact list, and post survey review of submission data, ensuring: networks were identified correctly, methodology utilized was consistent with DMHC guidelines, formatting of submission files was accurate and correct, survey was conducted during appropriate timeframes, and all data submitted appears accurate and correct.

MY 2018 DMHC Timely Access Reporting



Upon initial review of the data HMA identified five remediable findings KHS was able to correct prior to submission to the DMHC. The Plan made the recommended corrections and HMA reported “[t]he health plan had no non-remediable findings.”

MY 2018 PAAS Results

Per the DMHC MY 2018 PAAS Methodology, KHS surveyed four provider types: *Primary Care Providers, Specialists, Ancillary, and Non-Physician Mental Health*. Results of the survey were reported per provider type, and then within each provider type, per county.

The DMHC is still in the process of formulating an appropriate rate of compliance to compare plans’ results against.

Provider Survey Type	County	Number of Providers within County/Network	Rate of Compliance Non-Urgent Appointment within 15 Days	
Ancillary	Kern	47	100.00%	
Ancillary	Los Angeles	6	100.00%	
Provider Survey Type	County	Number of Providers within County/Network	Rate of Compliance Urgent Care Appointment with Prior Auth within 96 Hours	Rate of Compliance Non-Urgent Appointment within 10 Days
Non-Physician Mental Health Provider	Fresno	4	N/A	N/A
Non-Physician Mental Health Provider	Kern	75	75.76%	93.94%
Non-Physician Mental Health Provider	Los Angeles	7	66.67%	100.00%
Non-Physician Mental Health Provider	Santa Barbara	2	N/A	N/A
Non-Physician Mental Health Provider	Ventura	1	N/A	N/A
Provider Survey Type	County	Number of Providers within County/Network	Rate of Compliance Urgent Care Appointment with no Prior Auth within 48 Hours	Rate of Compliance Non-Urgent Appointment within 10 Days
PCP	Kern	208	92.93%	93.14%
Provider Survey Type	County	Number of Providers within County/Network	Rate of Compliance Urgent Care Appointment with Prior Auth within 96 Hours	Rate of Compliance Non-Urgent Appointment within 15 days
Specialist Physicians Combined	Kern	50	80.49%	97.56%
Psychiatry	Kern	23	25.00%	71.43%

MY 2018 DMHC Timely Access Reporting



Plan-to-Plan Arrangement Review – Kaiser Permanente

The Plan currently maintains a subcontract with Kaiser Permanente (KP) to provide full health plan services to a subset of KHS enrollees. KP contracted providers are not included as a part of the PAAS completed by KHS staff. KP is responsible for conducting their own PAAS as a part of their annual Timely Access Reporting to the DMHC. In their separate submissions to the DMHC, the two plans are able to link their data by reference, via the DMHC e-filing web portal.

As an oversight measure of our subcontract, KHS communicates with KP to ensure that their data will be submitted within the appropriate time frame and collects a copy of their complete Timely Access Reporting submission for review. The DMHC is still in the process of formulating an appropriate rate of to compare plans' results against.

Provider Survey Type	County	Rate of Compliance Non-Urgent Appointment within 15 Days	
Ancillary	Kern	100.00%	
Provider Survey Type	County	Rate of Compliance Urgent Care Appointment with Prior Auth within 96 Hours	Rate of Compliance Non-Urgent Appointment within 10 Days
Non-Physician Mental Health Provider	Kern	72.50%	85.00%
Provider Survey Type	County	Rate of Compliance Urgent Care Appointment with no Prior Auth within 48 Hours	Rate of Compliance Non-Urgent Appointment within 10 Days
PCP	Kern	69.44%	100.00%
Provider Survey Type	County	Rate of Compliance Urgent Care Appointment with Prior Auth within 96 Hours	Rate of Compliance Non-Urgent Appointment within 15 days
Specialist Physicians Combined	Kern	100.00%	83.33%
Psychiatry	Kern	90.00%	100.00%



**Attachment A: DHCS Network Certification Geographic Accessibility
Analysis and Maps**



RE: Annual Network Certification, Exhibit B-2 – Exhibit B-7 Access Summary
Kern Family Health Care, Kern County

The Plan conducted the following geographic accessibility maps and analyses using Quest Analytics Suite, the same program the Department of Managed Health Care uses to conduct their geographic access monitoring. For all following maps and analyses, the Plan mapped all enrollees based on Plan's membership address data; for enrollees in which the Plan does not maintain a physical address (PO BOX, homeless), address points for these enrollees were distributed throughout the zip code based on US Postal Service address data. Analysis was conducted using a time and distance measurement from the enrollee to the first closest contacted provider location. Compliance with accessibility standards was measured on enrollee location furthest from a Plan contracted provider.

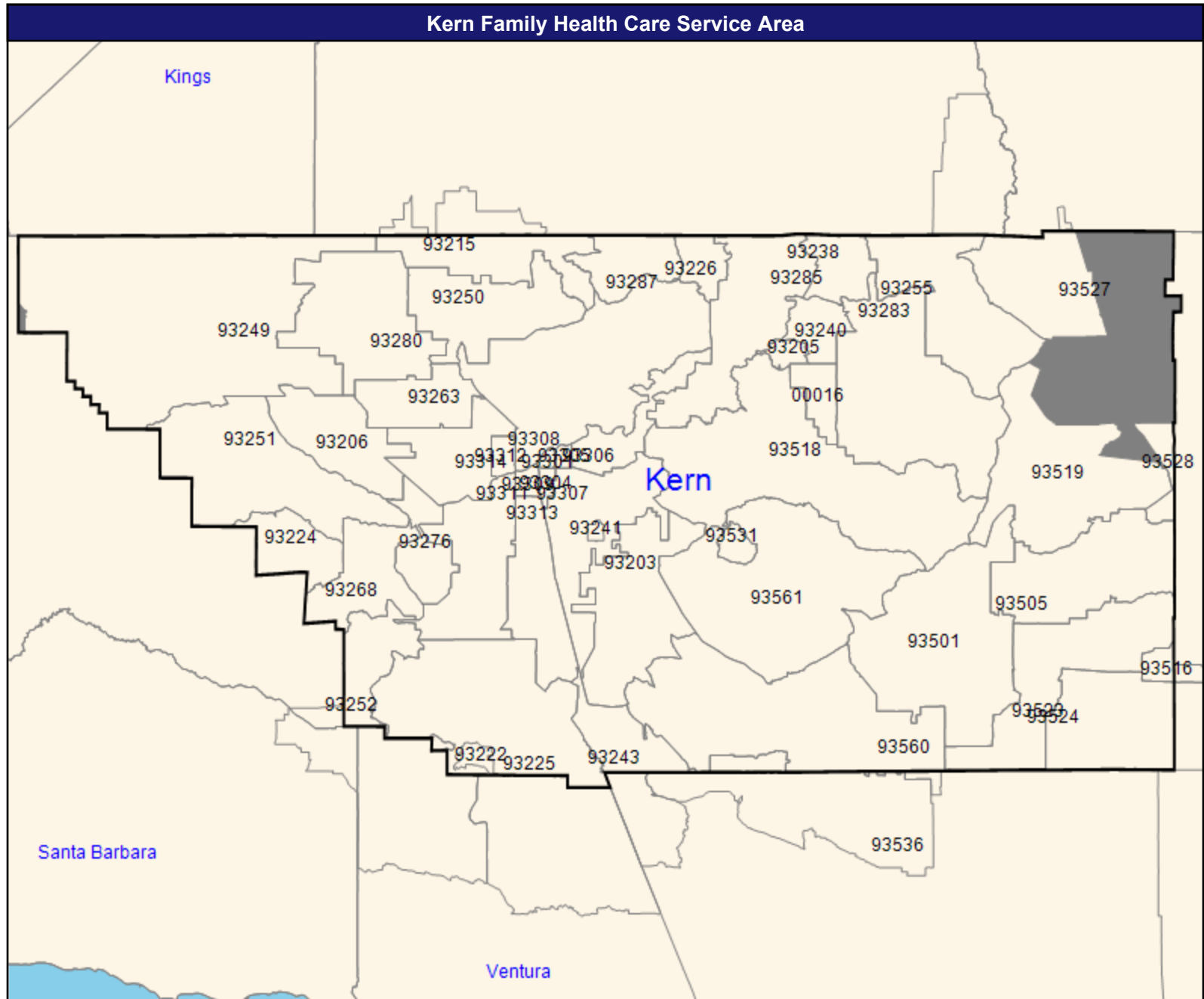
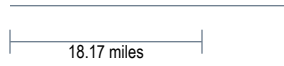
The yellow radius that is present on the following geographic maps is for illustration purposes only, and is a straight line radius of the applicable mileage standard. The radiuses used to conduct the geographic analysis are based on the Quest Analytics mapping measurement. The Quest Analytics mapping measurement methodology looks at the starting point of the measurement (enrollee location) and classifies the route as urban, suburban, or rural, and determines drive time based on these classifications and geographic intelligence.

In regards to Pediatric Core Specialists, the Plan maintains a network of specialist providers that see all ages, including children. The Plan attempts to contract with all available specialists to serve Plan enrollees, but due to the rural nature of the Plan's service area, there are few pediatric specialist providers that specialize specifically in the Pediatric Core specialties, as outlined in the DHCS' Taxonomy Crosswalk. For the purpose of the following Pediatric Core Specialist maps and analyses, the Plan has mapped specialist providers who have a "Yes" for the Sees Children Indicator in the 274 file submission.



Exhibit B-1
Kern Family Health Care Service Area

Kern Family Health Care Service Area



Excluded from MCP Service Area (Zip Codes 93554, 93555)

Kern Family Health Care Service Area (enhanced view)

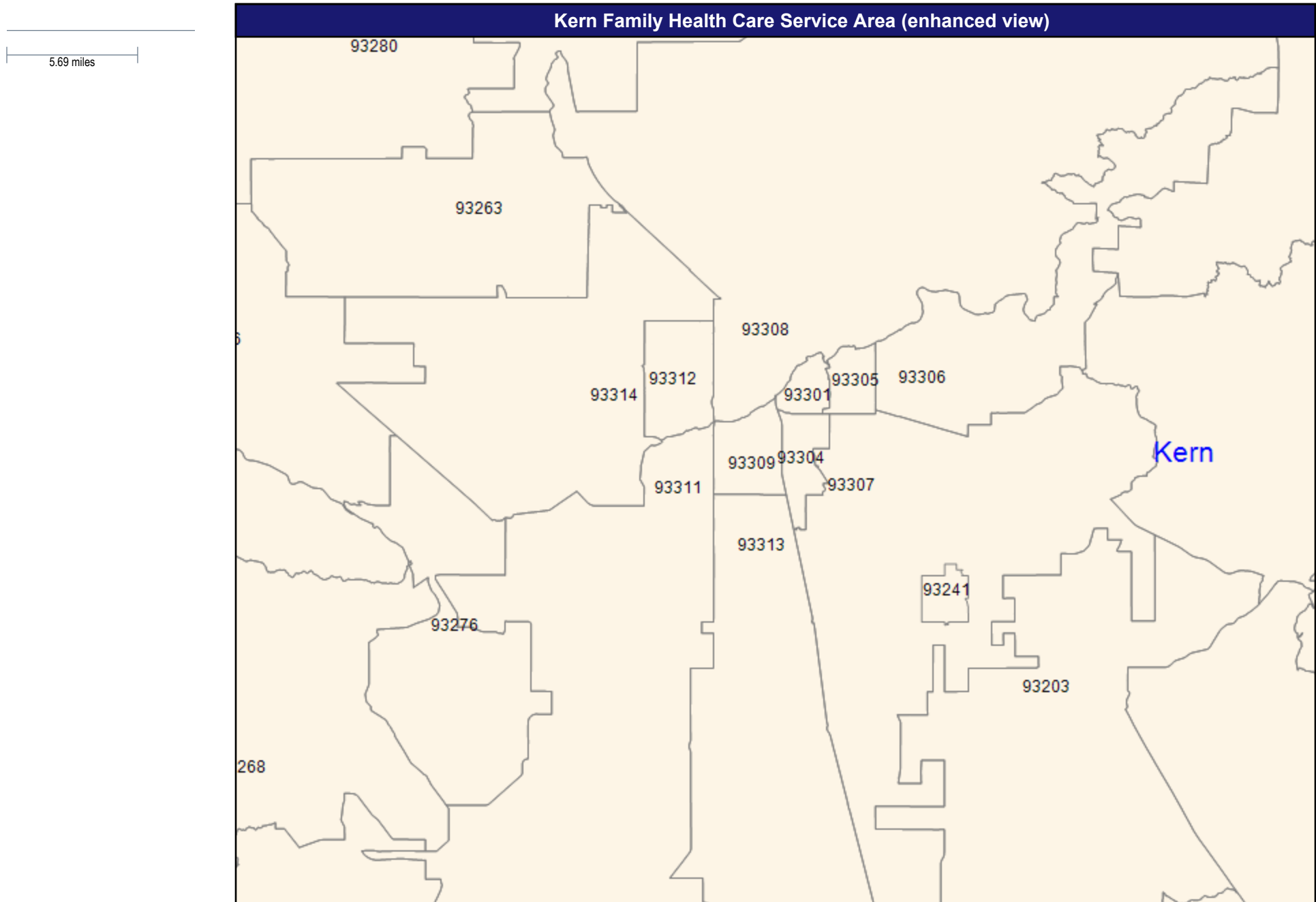




Exhibit B-3
Adult Cardiology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Adult Cardiology
 Member / Provider Groups
 Kern Enrollees
 Adult Cardiology Providers

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	19.4	27.3
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.4	1.8
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.2	0.2
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.2	0.2
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	5.0	8.6
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.1	3.1
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	16.9	18.9
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	17.0	24.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	23.6	25.8
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	3.4	6.0
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	26.9	29.3
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	6.6	9.3
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	19.8	24.0
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	12.6	13.7
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	4.7	5.1
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	6.1	8.6
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	2.2	4.4
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	0.9	0.9
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	0.9	1.8
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	0.7	0.7
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	9.4	10.2
Boron, CA	93516	479	1 in 45 miles or 75 mins	479	100.0	0	0.0	44.5	49.5
	93596	11	1 in 45 miles or 75 mins	11	100.0	0	0.0	43.6	49.0
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	21.3	23.2
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	24.9	27.1
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	30.5	33.2
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	32.3	35.2
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	34.5	37.6
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	8.6	9.3
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	0.3	0.3
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	5.1	7.2
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	40.4	44.6
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	28.3	33.9
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	32.2	35.1
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	35.4	43.4
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	26.7	29.1
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	18.7	20.4

Access Detail By Zip Code

Access Analysis
 Adult Cardiology
 Member / Provider Groups
 Kern Enrollees
 Adult Cardiology Providers

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	24.9	27.1
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	13.6	14.8
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	12.2	13.3
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	7.0	7.6
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	2.0	4.0
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	31.4	41.2
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	42.7	46.5
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	43.0	46.9
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	15.0	16.3
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	31.7	34.5
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	29.5	32.1
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	20.8	22.6
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	26.6	29.0
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	37.9	41.3
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	22.7	25.6
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	9.7	10.5
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	32.5	35.4
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	15.2	16.5
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	3.4	3.7
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	17.3	18.8
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	21.4	23.3
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	20.8	22.6
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	14.1	15.3
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	24.7	26.9
Grand Totals		253,317	1 in 45 miles or 75 mins	253,317	100.0	0	0.0	44.5	49.5

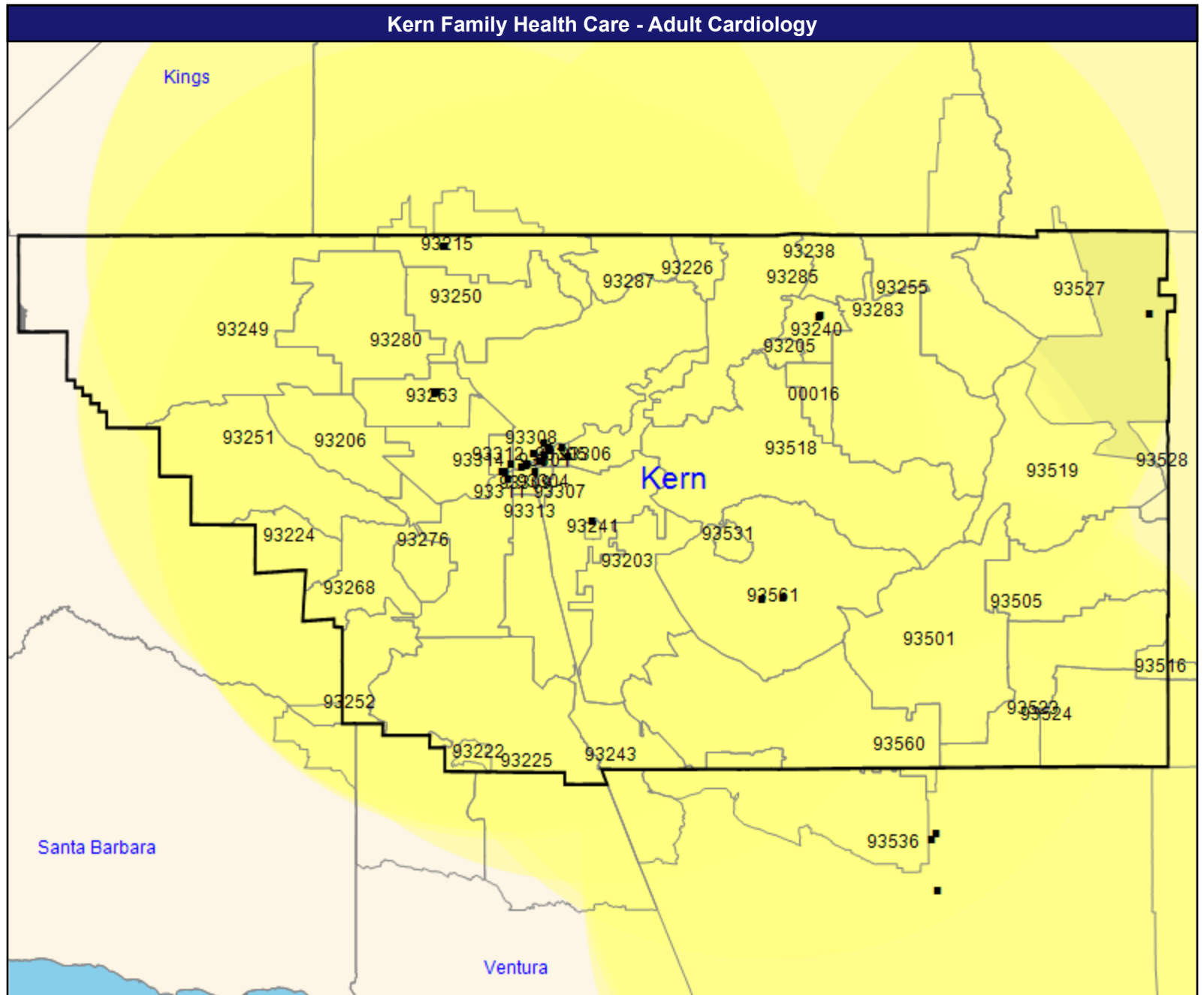
Map

Adult Cardiology Providers

47 providers at 35 locations

- All providers
- 45 mile radius

18.18 miles



Map

Adult Cardiology Providers

47 providers at 35 locations

- All providers
- 45 mile radius

Adult Cardiology

Employee Group

Kern Enrollees

Provider Group

Adult Cardiology Providers

253,317 member locations

- ◆ With access (253,317)
- Without access (0)

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

- 1 (Adult Cardiology Providers) provider in 45 miles or 75 minutes

18.18 miles

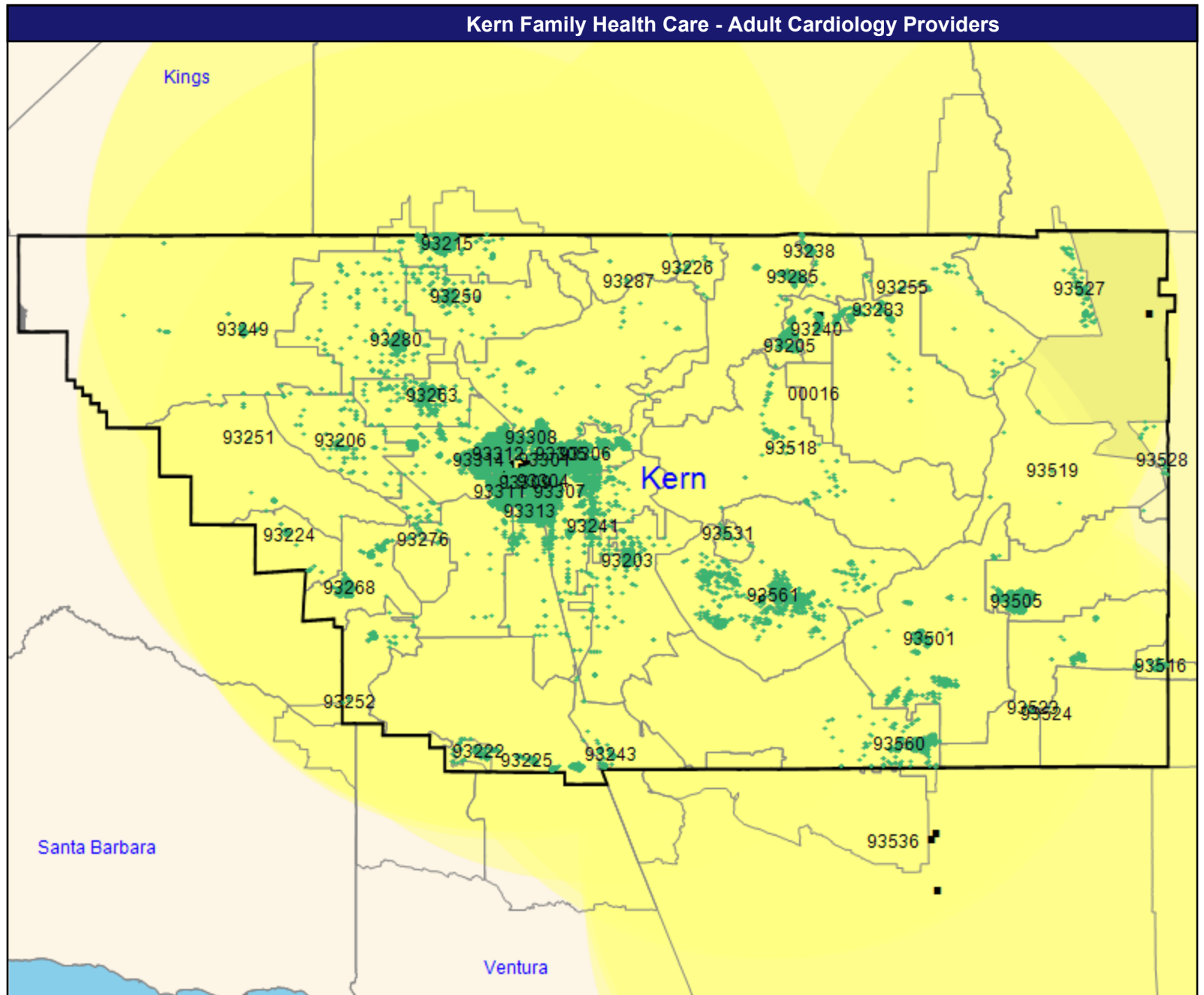




Exhibit B-3
Pediatric Cardiology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Pediatric Cardiology
 Member / Provider Groups
 Kern Enrollees
 Pediatric Cardiology Providers

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
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	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	5.4	8.6
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.1	3.3
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	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	23.6	25.8
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	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	6.6	9.3
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	19.8	25.2
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	15.9	17.3
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	4.7	5.1
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	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	0.9	0.9
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	0.9	1.8
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	0.5	0.5
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Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	18.7	20.4

Access Detail By Zip Code

Access Analysis
 Pediatric Cardiology
 Member / Provider Groups
 Kern Enrollees
 Pediatric Cardiology Providers

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
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Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	16.1	17.5
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	12.4	13.5
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	7.0	7.6
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	2.0	4.0
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	31.4	43.6
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	43.0	46.9
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	42.8	46.6
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Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	29.5	32.1
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	20.8	22.6
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	26.6	29.0
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	38.3	41.7
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	22.7	25.6
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	25.6	27.9
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	32.7	35.6
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	15.7	17.6
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	3.4	3.7
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	17.3	18.8
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	26.5	28.9
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	20.8	22.6
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	14.3	15.6
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	24.7	26.9
Grand Totals		253,317	1 in 45 miles or 75 mins	253,317	100.0	0	0.0	44.5	49.5

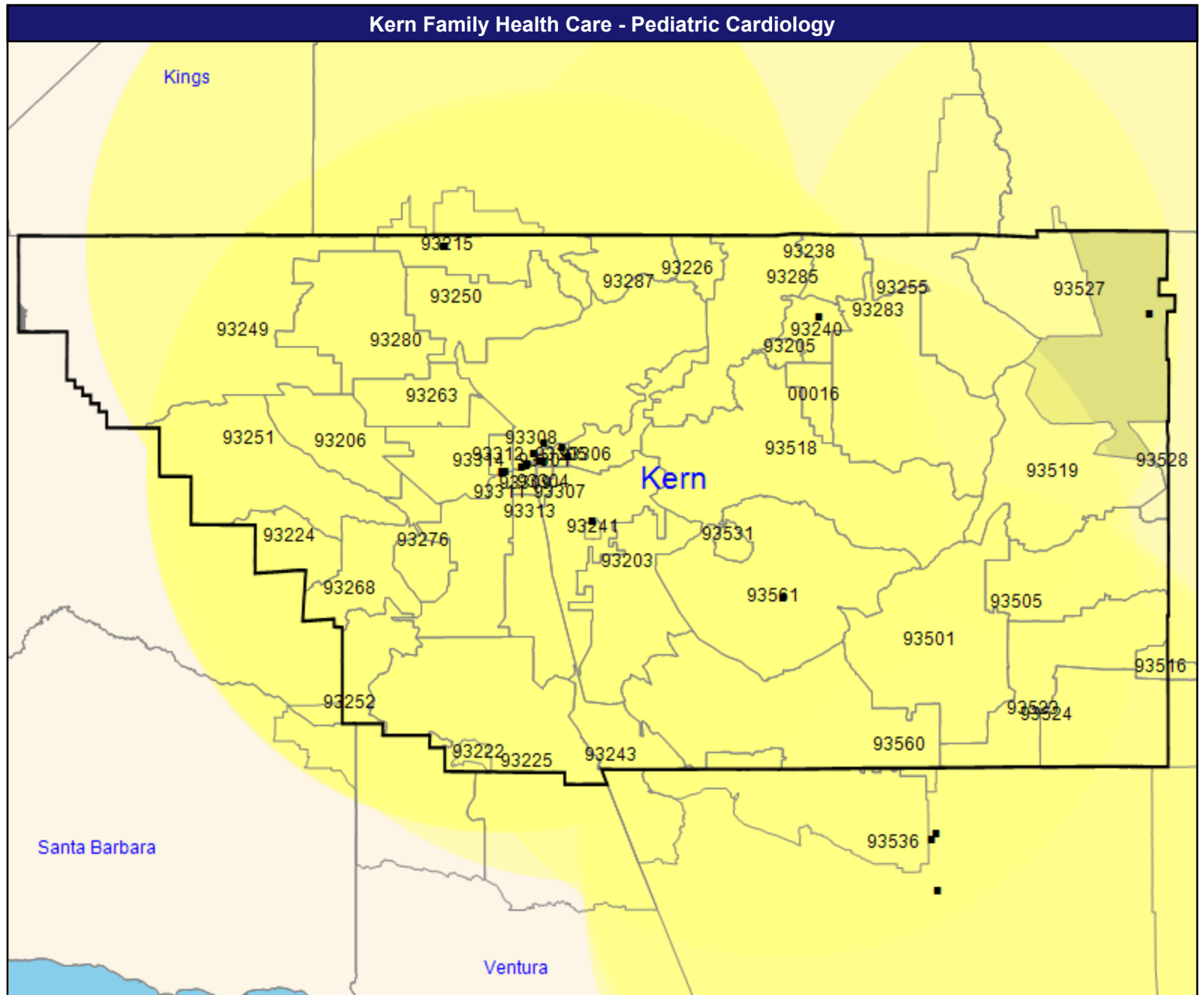
Map

Pediatric Cardiology Providers

28 providers at 23 locations

- All providers
- 45 mile radius

18.18 miles



Map

Pediatric Cardiology Providers

28 providers at 23 locations

- All providers
- 45 mile radius

Pediatric Cardiology

Employee Group

Kern Enrollees

Provider Group

Pediatric Cardiology Providers

253,317 member locations

- ◆ With access (253,317)
- Without access (0)

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

1 (Pediatric Cardiology Providers) provider in 45 miles or 75 minutes

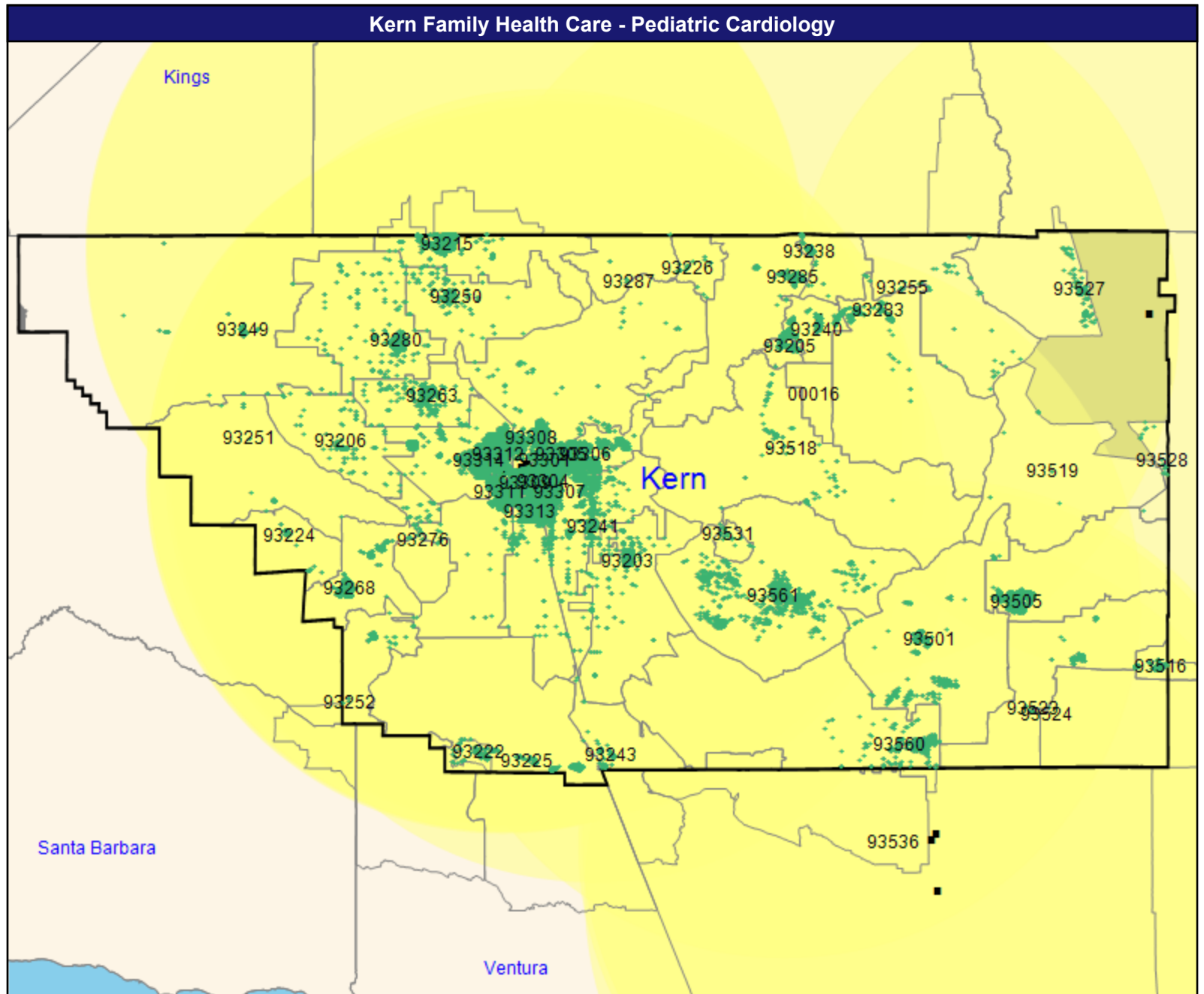
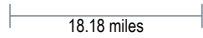




Exhibit B-3
Adult Dermatology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Adult Dermatology
 Member / Provider Groups
 Kern Enrollees
 Adult Dermatology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	29.3	32.8
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.6	2.2
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.5	0.6
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.5	0.6
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	5.0	8.8
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	3.6	5.7
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	18.4	22.0
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	25.3	31.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	29.9	35.8
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	3.9	7.8
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	29.4	39.1
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	8.3	15.2
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	22.1	27.3
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	17.2	22.2
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	5.2	7.3
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	6.1	8.6
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	2.2	4.4
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	2.0	3.2
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	4.2	5.0
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	3.8	5.0
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	2.5	3.0
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	0.2	0.4
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	3.4	4.8
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	33.6	36.6
Boron, CA	93516	479	1 in 45 miles or 75 mins	479	100.0	0	0.0	45.5	49.6
	93596	11	1 in 45 miles or 75 mins	11	100.0	0	0.0	45.1	49.2
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	36.1	45.4
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	30.0	32.7
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	30.0	32.7
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	31.8	34.6
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	34.2	37.3
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	38.2	48.1
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	33.1	41.5
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	8.2	10.3
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	40.4	44.0
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	40.2	43.8
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	34.7	44.7
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	39.1	47.4
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	39.6	47.5
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	18.6	20.2

Access Detail By Zip Code

Access Analysis
 Adult Dermatology
 Member / Provider Groups
 Kern Enrollees
 Adult Dermatology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	25.0	27.2
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	16.6	18.1
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	47.0	51.2
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	38.2	41.6
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	15.1	24.6
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	40.1	43.9
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	60.4	73.3
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	45.4	58.0
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	33.8	42.8
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	40.6	51.2
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	29.1	31.7
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	20.4	22.2
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	36.6	39.9
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	40.0	50.7
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	36.4	39.7
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	27.5	34.0
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	35.0	45.1
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	16.7	18.2
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	3.0	3.2
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	19.9	27.3
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	45.8	55.3
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	39.1	42.6
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	43.2	47.1
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	34.8	41.7
Grand Totals		253,317	1 in 45 miles or 75 mins	253,317	100.0	0	0.0	60.4	73.3

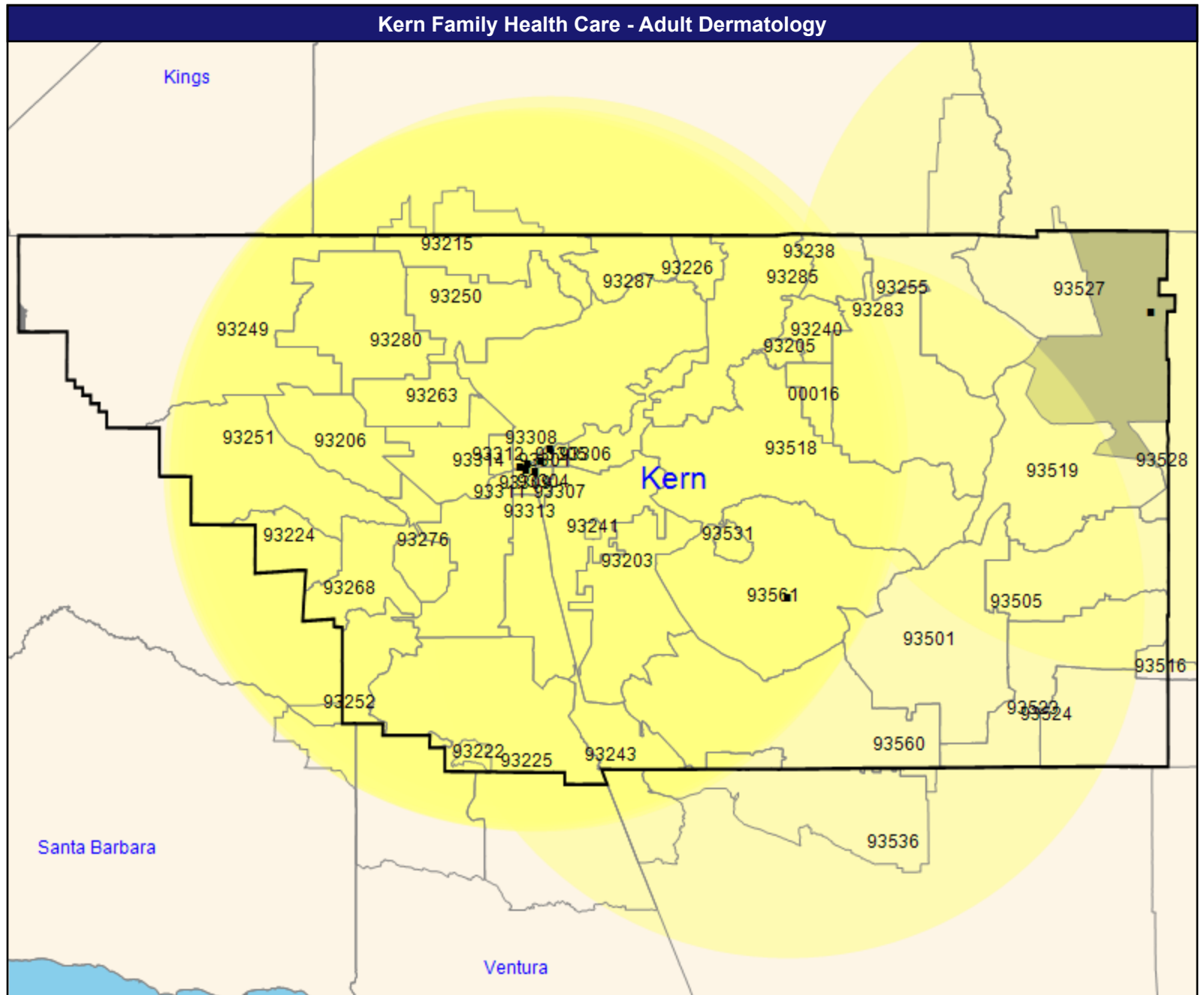
Map

Adult Dermatology

28 providers at 9 locations

- All providers
- 45 mile radius

18.18 miles



Map

Kern Family Health Care - Adult Dermatology

- Adult Dermatology
- 28 providers at 9 locations
 - All providers
 - 45 mile radius
- Employee Group
 - Kern Enrollees
- Provider Group
 - Adult Dermatology
- 253,317 member locations
 - ◆ With access (253,317)
 - Without access (0)
- The Access Standard is defined as (Kern Enrollees) members accessing:
 - 1 (Adult Dermatology) provider in 45 miles or 75 minutes

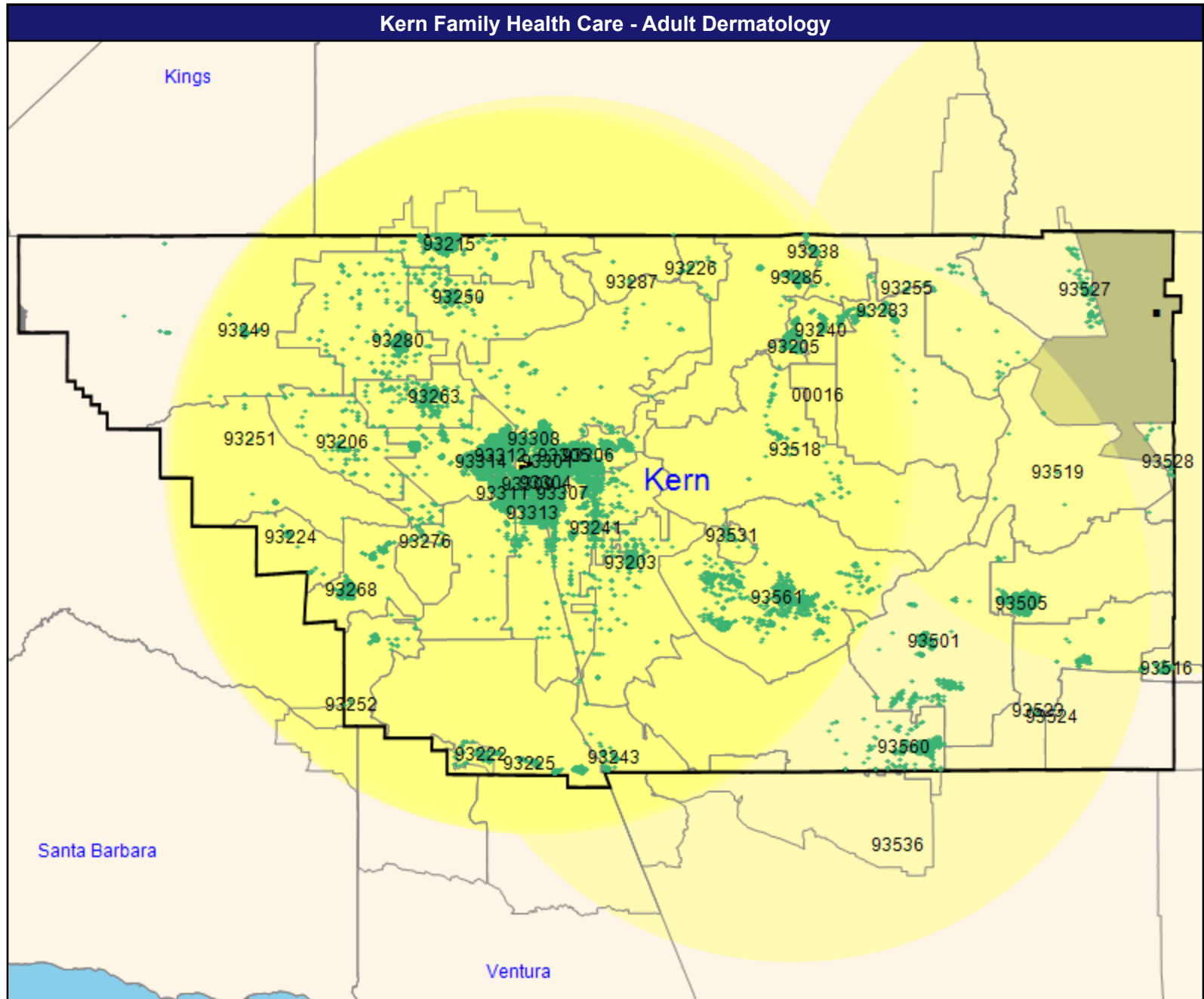
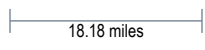




Exhibit B-3
Pediatric Dermatology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Pediatric Dermatology
 Member / Provider Groups
 Kern Enrollees
 Pediatric Dermatology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	29.3	32.8
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.6	2.2
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.5	0.6
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.5	0.6
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	5.0	8.8
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	3.6	5.7
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	18.4	22.0
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	25.3	31.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	29.9	35.8
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	4.2	8.4
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	29.9	39.1
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	8.7	15.2
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	22.1	27.3
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	17.6	22.2
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	5.2	7.3
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	6.1	8.6
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	2.2	4.4
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	2.0	3.2
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	4.2	5.0
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	3.8	5.0
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	2.5	3.0
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	0.2	0.4
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	3.7	5.2
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	33.6	36.6
Boron, CA	93516	479	1 in 45 miles or 75 mins	479	100.0	0	0.0	45.5	49.6
	93596	11	1 in 45 miles or 75 mins	11	100.0	0	0.0	45.1	49.2
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	36.6	45.4
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	30.0	32.7
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	30.0	32.7
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	31.8	34.6
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	34.2	37.3
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	38.7	48.1
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	33.5	41.5
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	8.2	10.3
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	40.4	44.0
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	40.2	43.8
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	34.9	44.7
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	39.1	47.4
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	39.6	47.5
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	18.6	20.2

Access Detail By Zip Code

Access Analysis
 Pediatric Dermatology
 Member / Provider Groups
 Kern Enrollees
 Pediatric Dermatology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	25.0	27.2
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	16.6	18.1
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	47.0	51.2
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	38.2	41.6
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	15.1	24.6
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	40.1	43.9
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	60.6	73.3
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	45.8	58.0
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	34.3	42.8
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	41.2	51.2
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	29.1	31.7
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	20.4	22.2
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	36.6	39.9
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	40.1	50.7
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	36.4	39.7
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	27.8	34.0
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	35.1	45.1
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	16.7	18.2
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	3.0	3.2
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	20.2	27.3
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	46.0	55.3
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	39.1	42.6
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	43.2	47.1
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	34.8	41.7
Grand Totals		253,317	1 in 45 miles or 75 mins	253,317	100.0	0	0.0	60.6	73.3

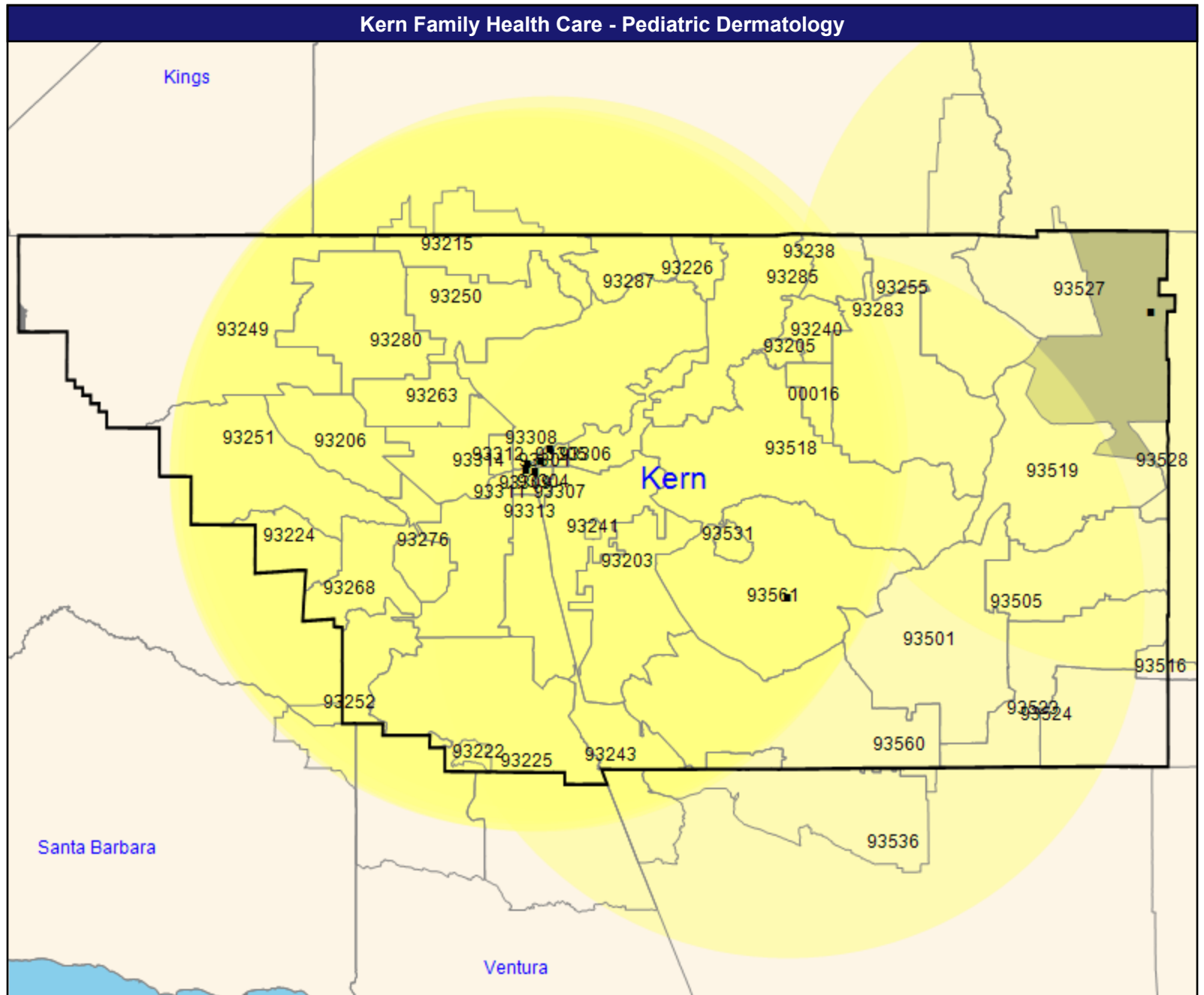
Map

Pediatric Dermatology

28 providers at 8 locations

- All providers
- 45 mile radius

18.18 miles



Map

Kern Family Health Care - Pediatric Dermatology

- Pediatric Dermatology
- 28 providers at 8 locations
- All providers
- 45 mile radius
- Pediatric Dermatology
- Employee Group
- Kern Enrollees
- Provider Group
- Pediatric Dermatology
- 253,317 member locations
- ◆ With access (253,317)
- Without access (0)
- The Access Standard is defined as (Kern Enrollees) members accessing:
1 (Pediatric Dermatology) provider in
45 miles or 75 minutes

18.18 miles

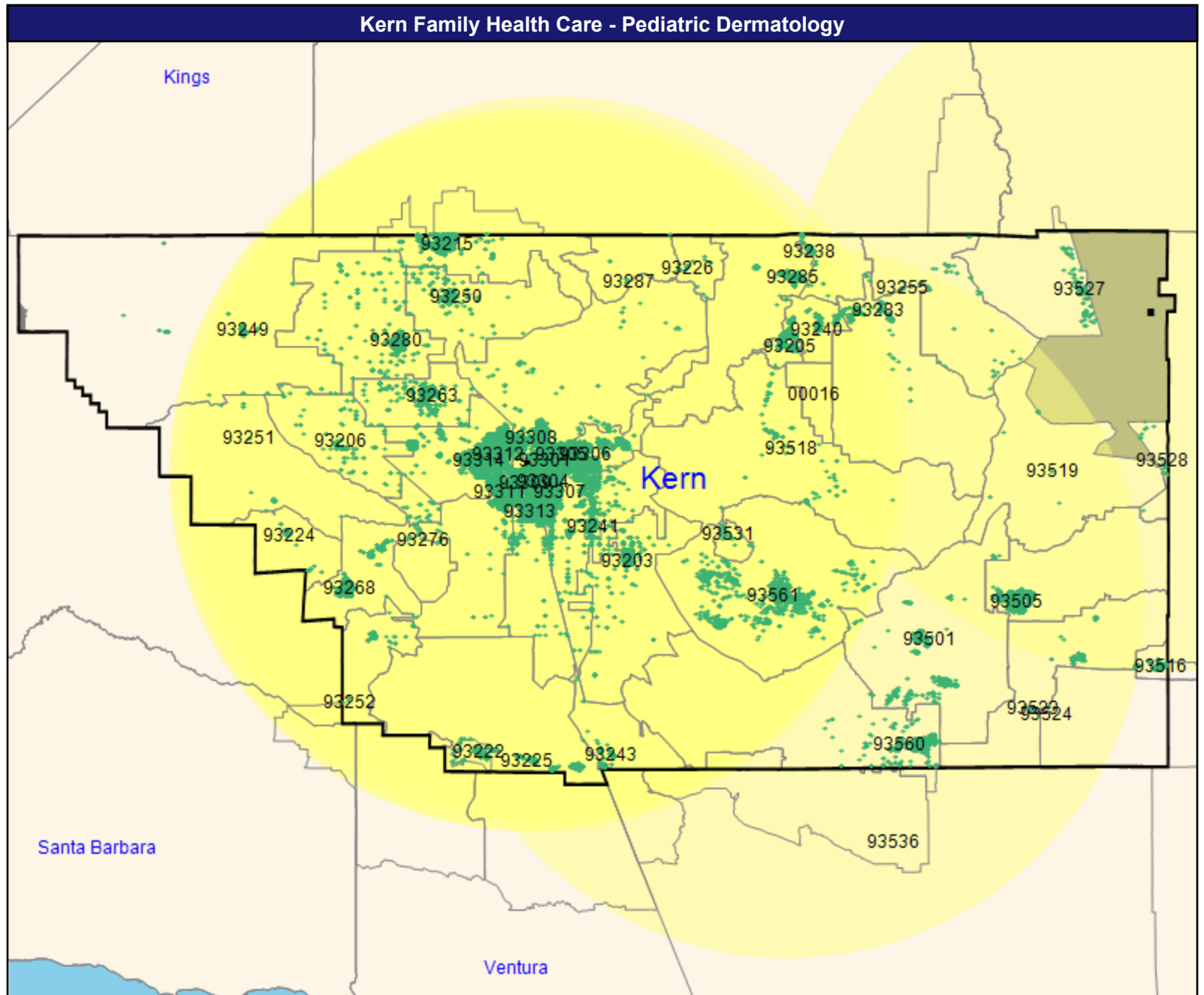




Exhibit B-3
Adult Endocrinology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Adult Endocrinology
 Member / Provider Groups
 Kern Enrollees
 Adult Endocrinology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	18.3	19.9
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	2.0	3.0
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.3	0.4
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.3	0.4
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	5.0	8.6
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.1	3.3
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	16.9	18.9
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	18.1	19.7
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	23.6	25.8
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	3.8	6.2
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	16.9	18.4
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	6.9	9.7
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	20.8	22.8
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	16.2	17.6
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	5.0	5.4
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	6.1	8.6
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	2.2	4.4
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	3.3	3.6
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	1.2	2.4
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.1	1.2
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	9.4	10.2
Boron, CA	93516	479	1 in 45 miles or 75 mins	479	100.0	0	0.0	25.1	27.3
	93596	11	1 in 45 miles or 75 mins	11	100.0	0	0.0	24.6	26.8
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	31.4	34.2
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	20.7	22.5
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	0.5	0.5
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	4.3	4.6
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	24.0	26.1
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	37.0	40.3
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	32.2	35.1
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	8.2	9.9
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	16.2	17.6
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	16.7	18.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	17.0	18.5
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	34.5	37.6
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	26.9	29.3
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	35.5	38.7

Access Detail By Zip Code

Access Analysis
 Adult Endocrinology
 Member / Provider Groups
 Kern Enrollees
 Adult Endocrinology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	34.8	37.9
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	14.7	16.0
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	12.4	13.5
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	7.0	7.6
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	9.0	12.7
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	28.2	30.7
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	55.9	60.9
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	14.4	15.7
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	32.6	35.5
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	35.9	39.1
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	13.7	14.9
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	0.0	0.0
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	27.4	29.8
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	33.8	36.8
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	24.1	26.2
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	26.7	29.1
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	13.9	15.1
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	14.6	15.9
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	1.3	1.4
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	14.1	15.3
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	41.8	45.6
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	20.8	22.6
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	14.3	15.6
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	26.9	29.7
Grand Totals		253,317	1 in 45 miles or 75 mins	253,317	100.0	0	0.0	55.9	60.9

Map

Adult Endocrinology

18 providers at 14 locations

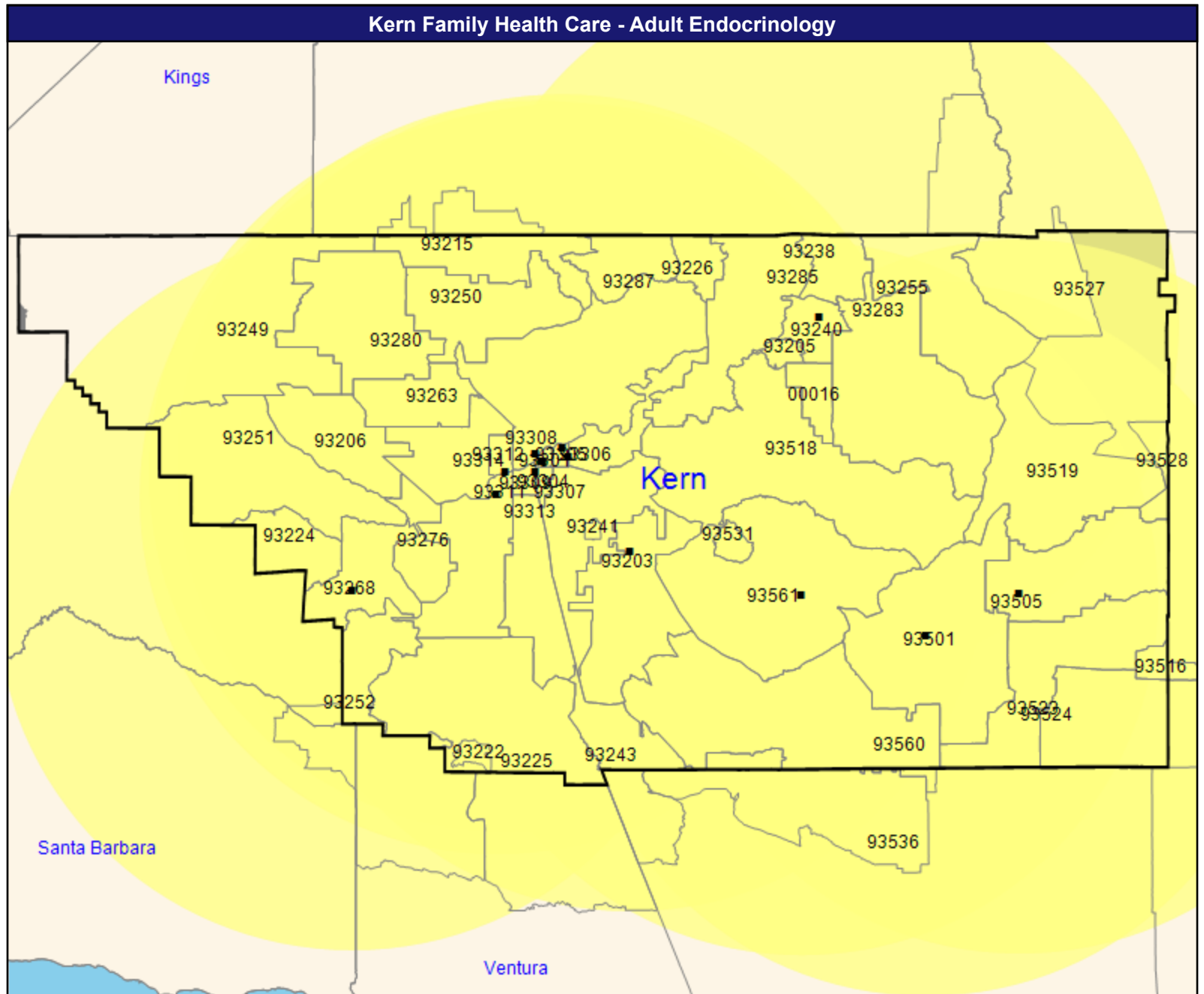
- All providers
- 45 mile radius

Adult Endocrinology

18 providers at 14 locations

- All providers
- 45 mile radius

18.18 miles



Map

Adult Endocrinology

18 providers at 14 locations

- All providers
- 45 mile radius

Adult Endocrinology

Employee Group

Kern Enrollees

Provider Group

Adult Endocrinology

253,317 member locations

- ◆ With access (253,317)
- Without access (0)

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

1 (Adult Endocrinology) provider in 45 miles or 75 minutes

18.18 miles

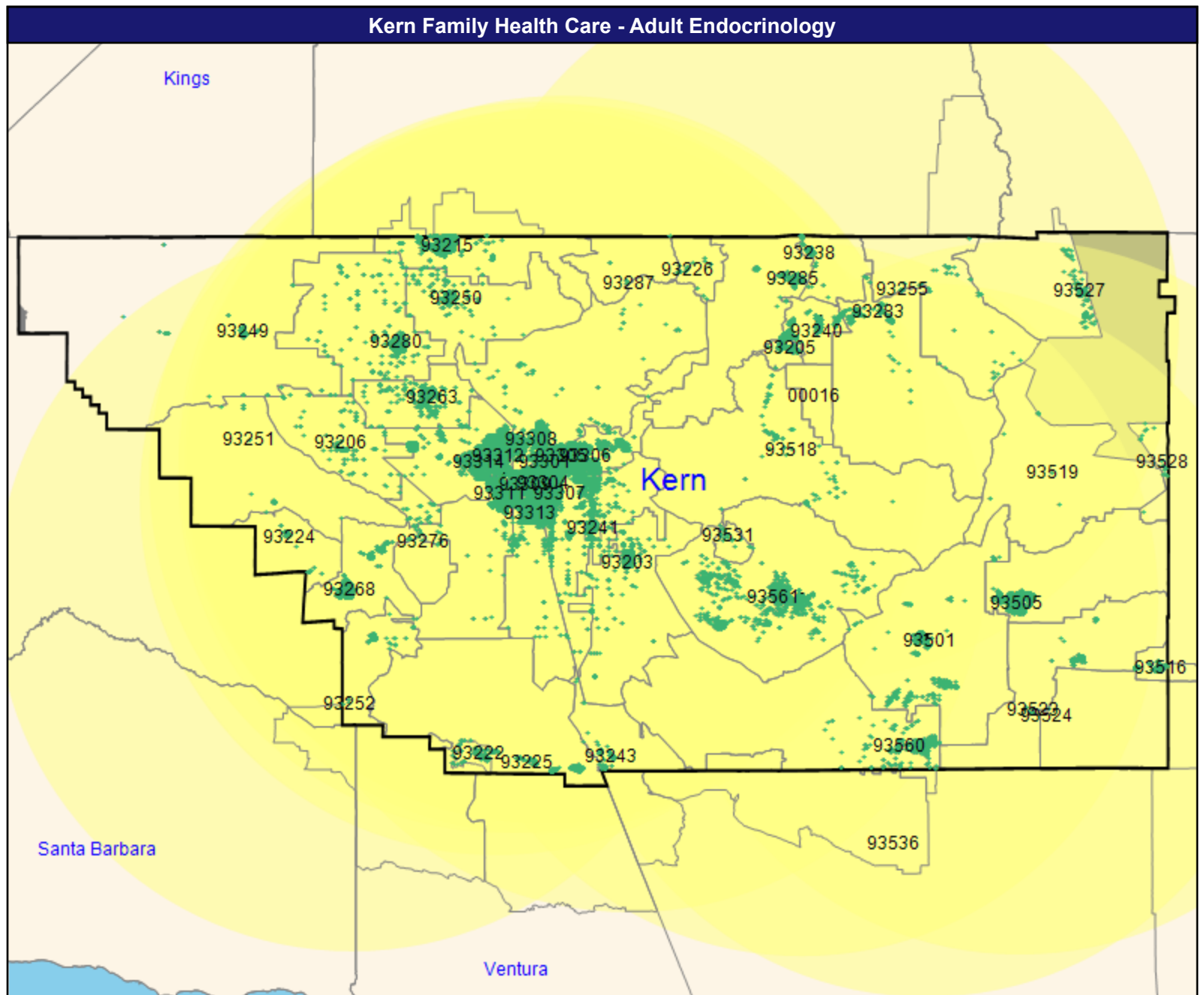




Exhibit B-3
Pediatric Endocrinology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Pediatric Endocrinology
 Member / Provider Groups
 Kern Enrollees
 Pediatric Endocrinology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	18.3	19.9
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	2.0	3.0
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.3	0.4
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.3	0.4
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	5.4	8.6
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.1	3.3
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	16.9	18.9
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	18.1	19.7
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	23.6	25.8
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	4.6	6.9
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	16.9	18.4
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	6.9	9.7
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	20.9	22.8
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	16.2	17.6
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	5.0	5.4
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	7.8	8.8
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	3.9	6.2
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	3.3	3.6
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	1.1	2.2
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.1	1.2
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	9.4	10.2
Boron, CA	93516	479	1 in 45 miles or 75 mins	479	100.0	0	0.0	25.1	27.3
	93596	11	1 in 45 miles or 75 mins	11	100.0	0	0.0	24.6	26.8
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	31.4	34.2
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	20.7	22.5
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	0.5	0.5
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	4.3	4.6
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	24.0	26.1
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	37.0	40.3
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	32.2	35.1
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	8.3	9.9
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	16.2	17.6
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	16.7	18.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	17.0	18.5
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	34.5	37.6
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	26.9	29.3
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	35.5	38.7

Access Detail By Zip Code

Access Analysis
 Pediatric Endocrinology
 Member / Provider Groups
 Kern Enrollees
 Pediatric Endocrinology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	34.8	37.9
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	14.7	16.0
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	12.4	13.5
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	7.0	7.6
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	9.0	12.7
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	28.2	30.7
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	55.9	60.9
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	14.4	15.7
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	32.6	35.5
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	35.9	39.1
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	13.7	14.9
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	0.0	0.0
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	27.4	29.8
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	33.8	36.8
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	24.1	26.2
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	26.7	29.1
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	13.9	15.1
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	14.6	15.9
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	1.3	1.4
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	14.1	15.3
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	41.8	45.6
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	20.8	22.6
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	14.3	15.6
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	26.9	29.7
Grand Totals		253,317	1 in 45 miles or 75 mins	253,317	100.0	0	0.0	55.9	60.9

Map

Pediatric Endocrinology

11 providers at 14 locations

- All providers
- 45 mile radius

18.18 miles

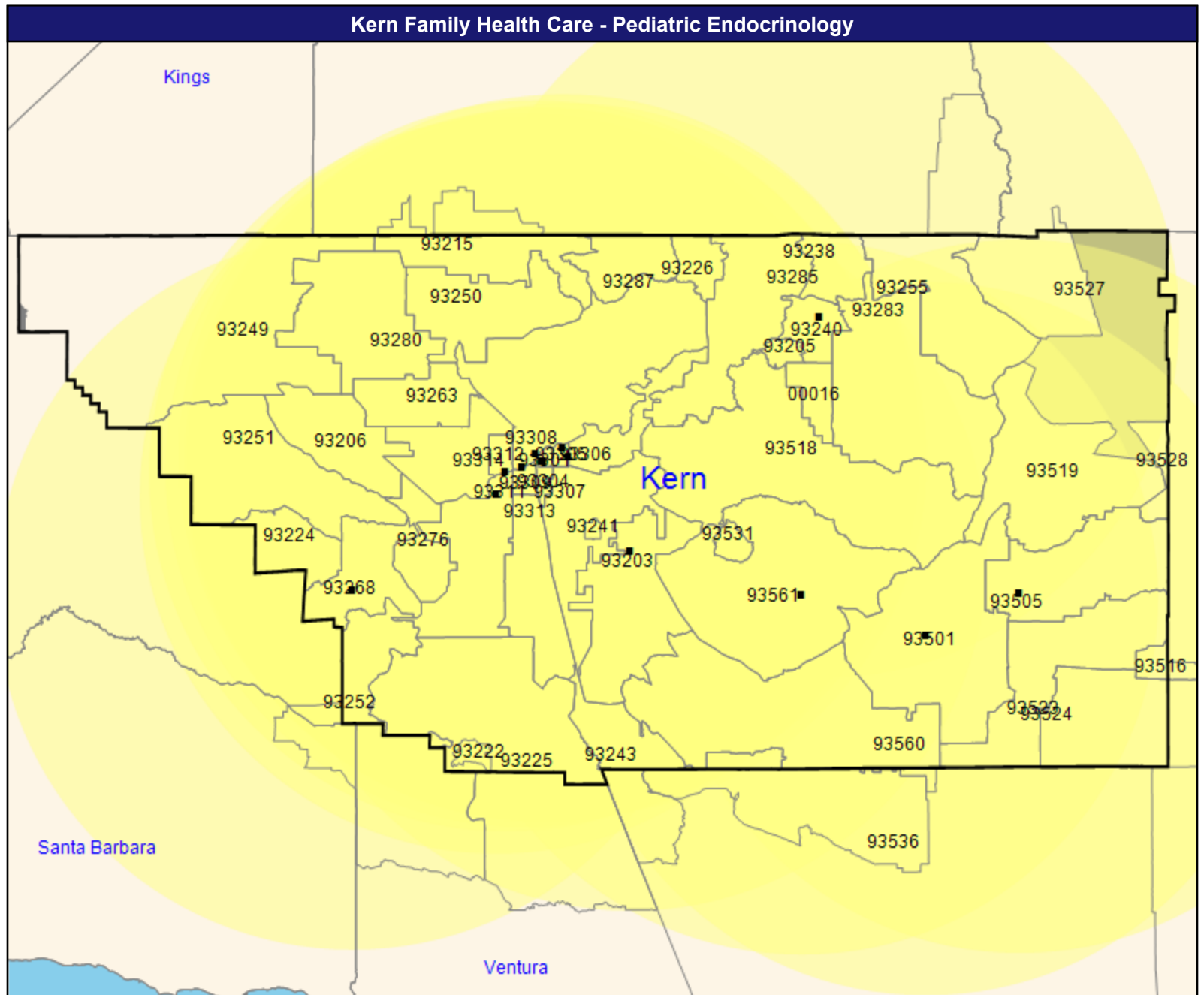




Exhibit B-3
Adult ENT/Otolaryngology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Adult ENT/Otolaryngology
 Member / Provider Groups
 Kern Enrollees
 Adult ENT/Otolaryngology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	30.0	32.7
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	2.0	3.2
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.3	0.4
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.3	0.4
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	5.4	8.6
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.2	3.5
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	16.9	18.9
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.8	27.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	28.4	30.9
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	4.5	7.6
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	27.3	29.7
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	6.9	9.7
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	22.4	25.2
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	16.2	17.6
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	5.4	7.5
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	7.6	9.1
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	3.5	5.6
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	3.2	3.8
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	1.2	2.4
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.1	1.2
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	37.2	41.0
Boron, CA	93516	479	1 in 45 miles or 75 mins	0	0.0	479	100.0	82.9	90.4
	93596	11	1 in 45 miles or 75 mins	0	0.0	11	100.0	82.2	89.6
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	35.0	38.1
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	42.6	46.4
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	62.7	68.4
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	64.2	70.0
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	63.6	69.3
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	8.5	9.2
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	0.7	0.7
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	8.5	10.2
Edwards, CA	93523	230	1 in 45 miles or 75 mins	0	0.0	230	100.0	73.8	80.5
	93524	1	1 in 45 miles or 75 mins	0	0.0	1	100.0	73.6	80.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	32.9	35.8
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	39.9	43.5
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	34.5	37.6
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	0	0.0	205	100.0	72.3	78.8

Access Detail By Zip Code

Access Analysis
 Adult ENT/Otolaryngology
 Member / Provider Groups
 Kern Enrollees
 Adult ENT/Otolaryngology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	0	0.0	21	100.0	77.0	84.0
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	30.7	33.4
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	47.4	51.7
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	44.5	48.8
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	12.5	17.6
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	40.3	43.9
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	43.1	47.0
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	43.4	47.3
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	15.7	17.1
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	39.2	42.7
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	63.5	69.2
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	56.1	61.2
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	63.5	69.4
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	38.7	42.2
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,062	98.6	15	1.4	70.4	76.8
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	25.7	28.0
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	33.2	36.2
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	47.5	51.8
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	39.7	43.3
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	18.0	19.6
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	26.6	29.0
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	50.8	55.8
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	45.6	50.0
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	30.1	32.8
Grand Totals		253,317	1 in 45 miles or 75 mins	252,355	99.6	962	0.4	82.9	90.4

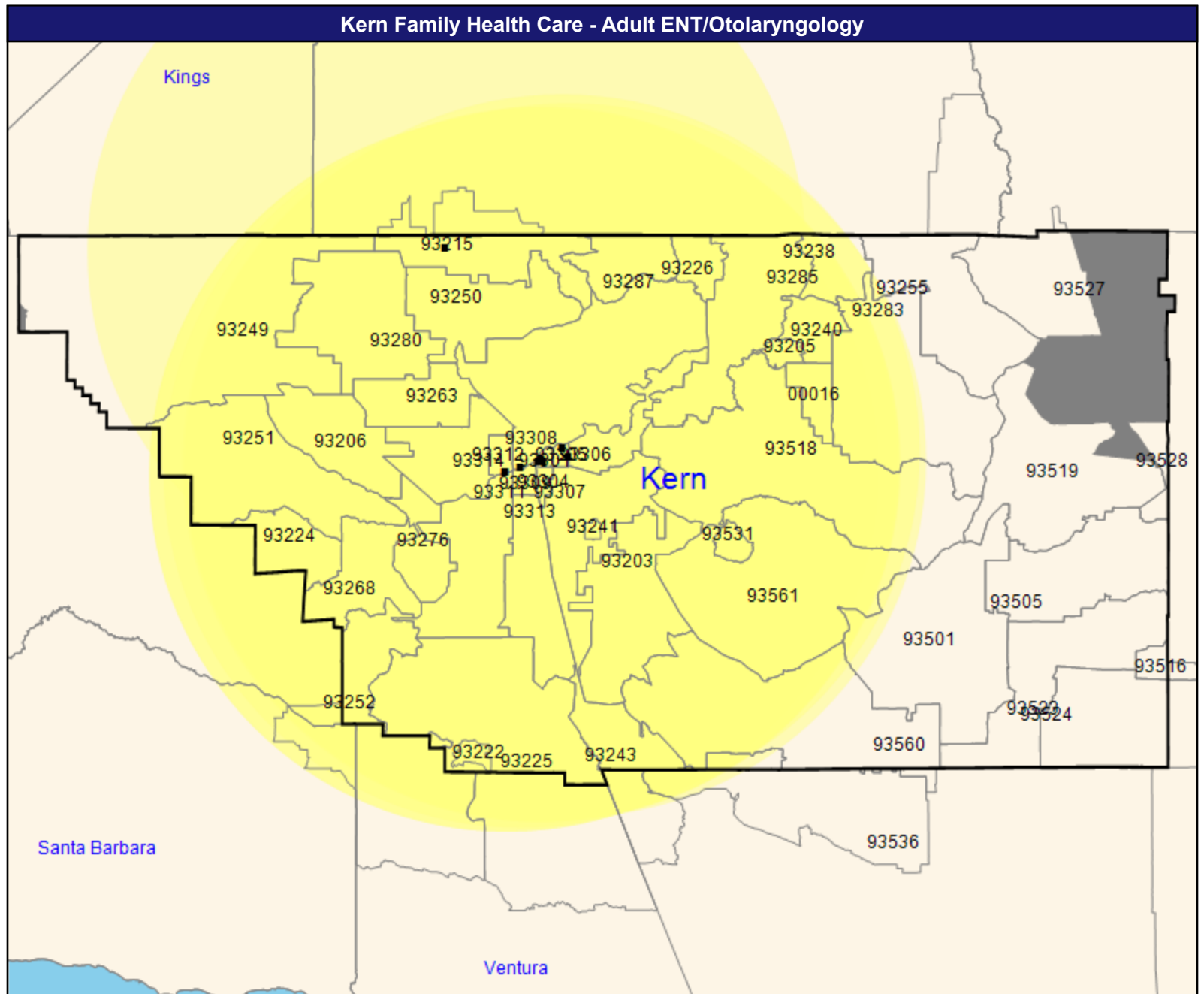
Map

Adult ENT/Otolaryngology

12 providers at 10 locations

- All providers
- 45 mile radius

18.18 miles



Map

Adult ENT/Otolaryngology

12 providers at 10 locations

- All providers
- 45 mile radius

Adult ENT/Otolaryngology

Employee Group

Kern Enrollees

Provider Group

Adult ENT/Otolaryngology

253,317 member locations

- ◆ With access (252,355)
- Without access (962)

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

1 (Adult ENT/Otolaryngology) provider in 45 miles or 75 minutes

18.18 miles

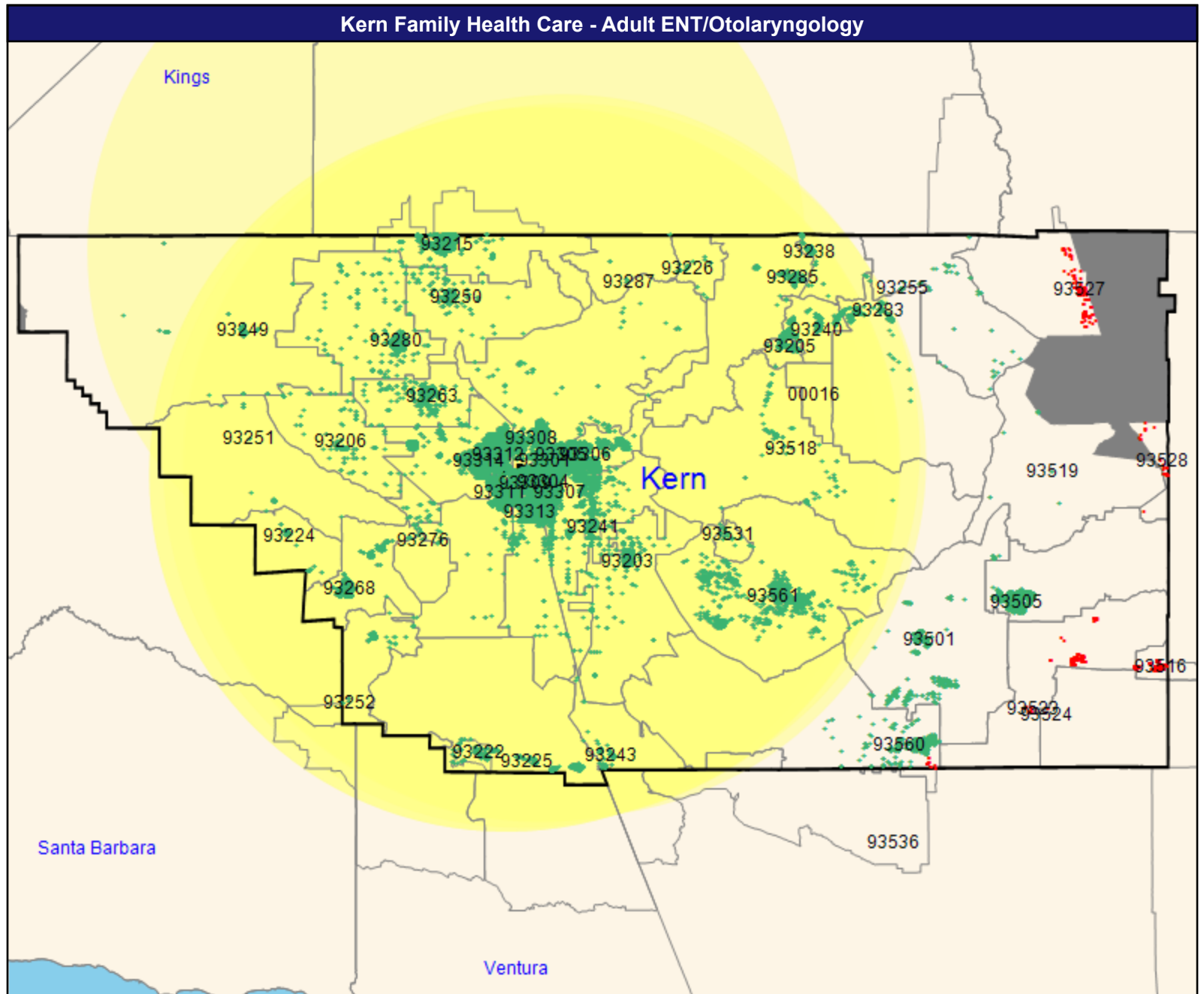




Exhibit B-3
Pediatric ENT/Otolaryngology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Pediatric ENT/Otolaryngology
 Member / Provider Groups
 Kern Enrollees
 Pediatric ENT/Otolaryngology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	30.0	32.7
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.8	2.5
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.3	0.4
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.3	0.4
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	5.4	8.6
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.2	3.2
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	16.9	18.9
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.8	27.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	28.4	30.9
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	5.1	7.6
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	27.3	29.7
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	6.9	9.7
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	22.4	25.2
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	16.2	17.6
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	6.3	7.5
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	7.6	9.1
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	3.5	5.6
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	2.7	3.2
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	2.5	3.5
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.1	1.2
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	37.2	41.0
Boron, CA	93516	479	1 in 45 miles or 75 mins	0	0.0	479	100.0	82.9	90.4
	93596	11	1 in 45 miles or 75 mins	0	0.0	11	100.0	82.2	89.6
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	35.0	38.1
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	42.6	46.4
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	62.7	68.4
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	64.2	70.0
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	63.6	69.3
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	8.5	9.2
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	0.7	0.7
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	8.5	10.2
Edwards, CA	93523	230	1 in 45 miles or 75 mins	0	0.0	230	100.0	73.8	80.5
	93524	1	1 in 45 miles or 75 mins	0	0.0	1	100.0	73.6	80.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	32.9	35.8
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	39.9	43.5
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	34.5	37.6
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	0	0.0	205	100.0	72.3	78.8

Access Detail By Zip Code

Access Analysis
 Pediatric ENT/Otolaryngology
 Member / Provider Groups
 Kern Enrollees
 Pediatric ENT/Otolaryngology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	0	0.0	21	100.0	77.0	84.0
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	30.7	33.4
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	47.4	51.7
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	44.5	48.8
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	12.5	17.6
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	40.3	43.9
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	43.1	47.0
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	43.4	47.3
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	15.7	17.1
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	39.2	42.7
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	63.5	69.2
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	56.1	61.2
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	63.5	69.4
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	38.7	42.2
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,062	98.6	15	1.4	70.4	76.8
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	25.7	28.0
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	33.2	36.2
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	47.5	51.8
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	39.7	43.3
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	18.0	19.6
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	26.6	29.0
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	50.8	55.8
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	45.6	50.0
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	30.1	32.8
Grand Totals		253,317	1 in 45 miles or 75 mins	252,355	99.6	962	0.4	82.9	90.4

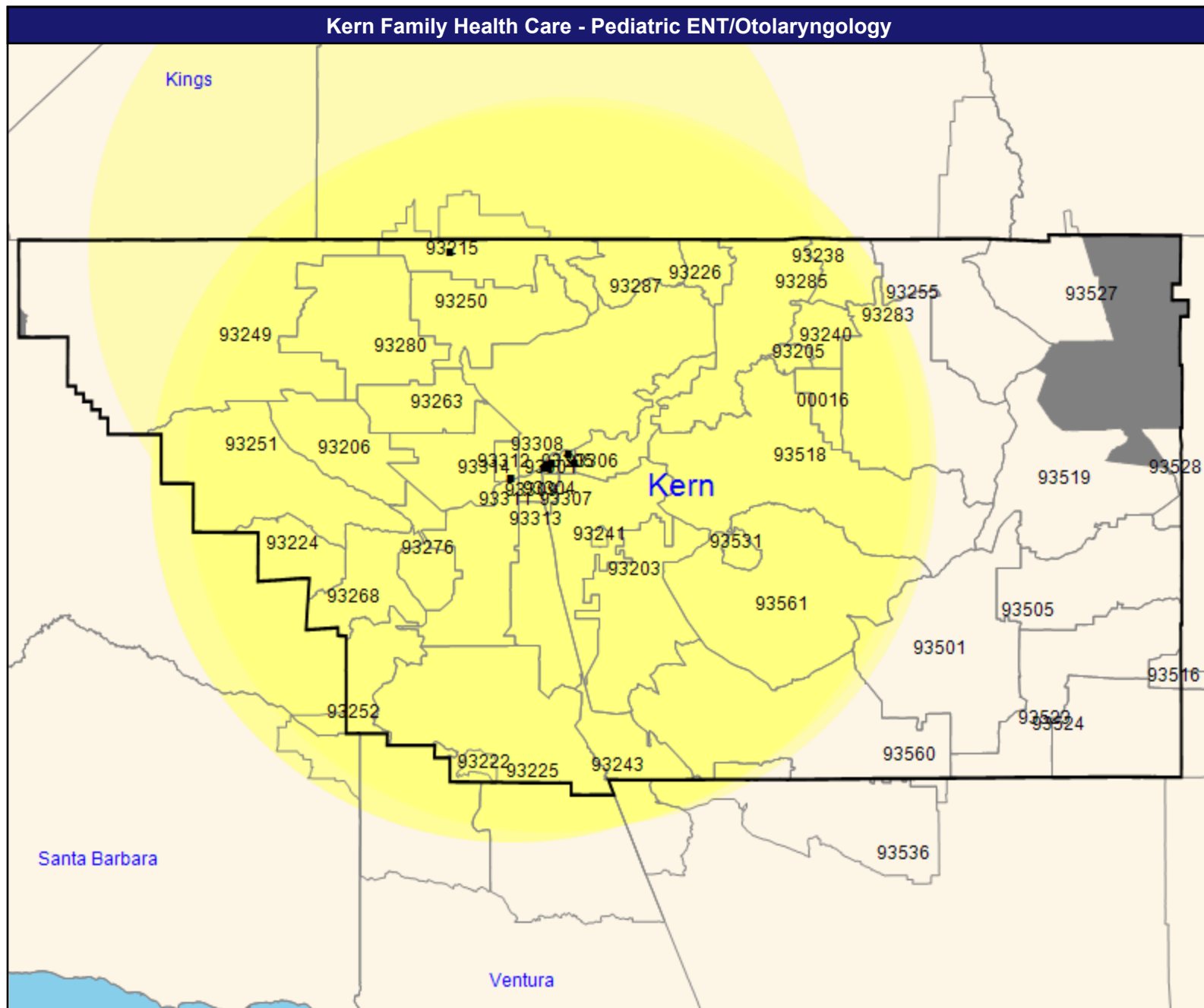
Map

Pediatric ENT/Otolaryngology

13 providers at 10 locations

- All providers
- 45 mile radius

18.18 miles



Map

Pediatric ENT/Otolaryngology

13 providers at 10 locations

- All providers
- 45 mile radius

Pediatric ENT/Otolaryngology

Employee Group

Kern Enrollees

Provider Group

Pediatric ENT/Otolaryngology

253,317 member locations

- ◆ With access (252,355)
- Without access (962)

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

1 (Pediatric ENT/Otolaryngology) provider in 45 miles or 75 minutes

18.18 miles

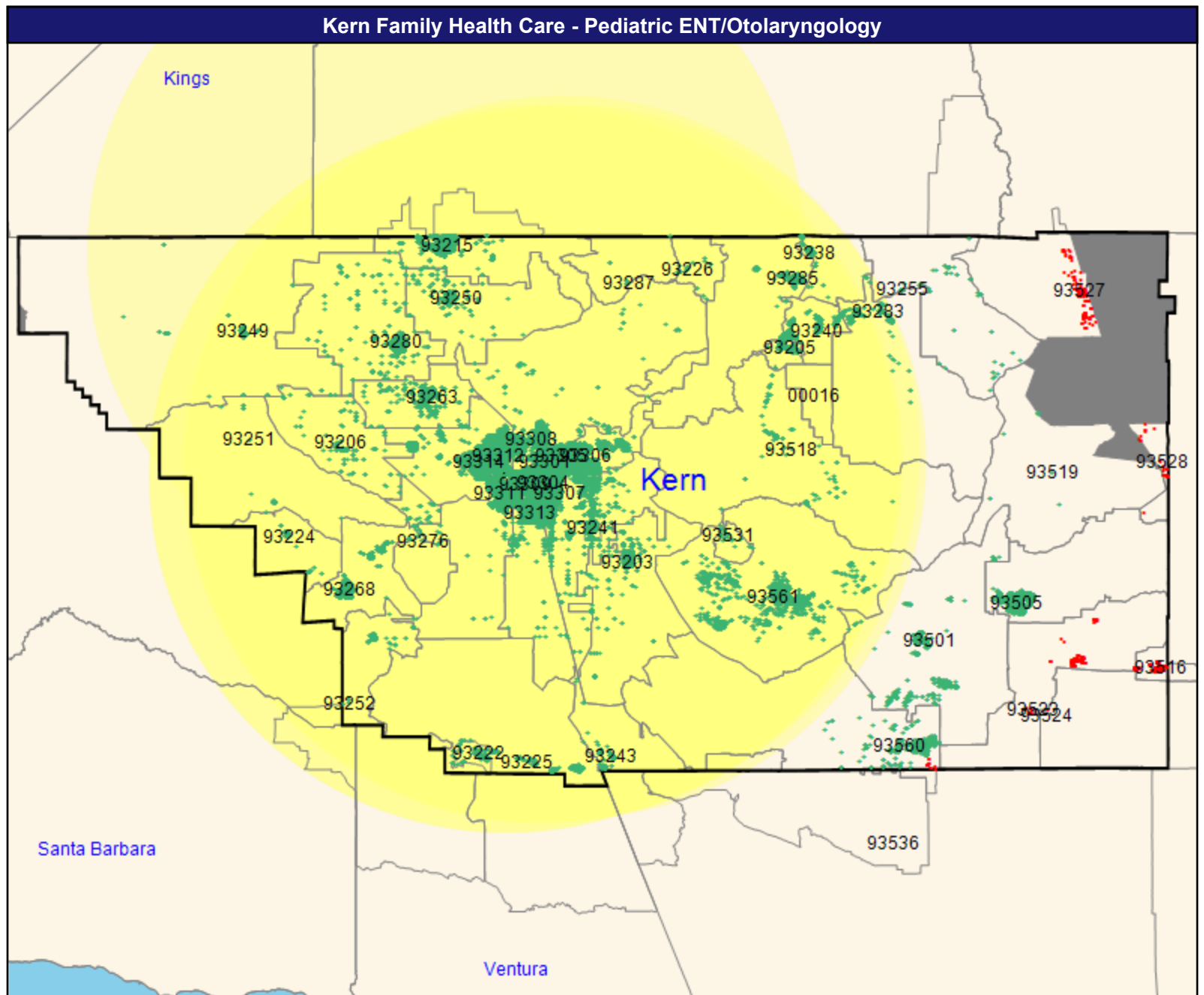




Exhibit B-3
Adult Gastroenterology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Adult Gastroenterology
 Member / Provider Groups
 Kern Enrollees
 Adult Gastroenterology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	28.4	30.9
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.7	2.2
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.4	0.5
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.4	0.5
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	5.5	8.8
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.5	3.8
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	15.7	17.1
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.8	27.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	23.4	25.5
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	4.4	8.0
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	18.6	20.2
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	5.6	9.3
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	22.5	25.5
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	14.9	17.3
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	5.1	7.2
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	7.8	9.3
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	3.9	6.2
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	2.4	2.8
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	1.0	2.0
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	0.7	0.7
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	9.6	10.4
Boron, CA	93516	479	1 in 45 miles or 75 mins	479	100.0	0	0.0	25.1	27.3
	93596	11	1 in 45 miles or 75 mins	11	100.0	0	0.0	24.6	26.8
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	31.4	34.2
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	19.9	21.7
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	0.5	0.5
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	4.3	4.6
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	24.0	26.1
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	8.5	9.2
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	0.7	0.7
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	8.6	10.3
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	16.2	17.6
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	16.7	18.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	17.0	18.5
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	39.9	43.5
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	26.7	29.1
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	35.4	38.6

Access Detail By Zip Code

Access Analysis
 Adult Gastroenterology
 Member / Provider Groups
 Kern Enrollees
 Adult Gastroenterology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	34.8	37.9
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	16.1	17.5
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	12.2	13.3
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	7.2	7.8
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	12.5	17.6
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	40.0	43.6
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	43.1	47.0
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	14.4	15.7
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	15.7	17.1
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	35.9	39.1
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	13.7	14.9
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	0.0	0.0
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	27.6	30.1
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	35.0	38.1
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	24.1	26.2
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	25.0	27.9
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	13.9	15.1
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	16.2	17.6
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	1.3	1.4
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	16.2	17.6
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	26.6	29.0
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	21.0	22.9
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	14.1	15.3
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	24.6	26.8
Grand Totals		253,317	1 in 45 miles or 75 mins	253,317	100.0	0	0.0	43.1	47.0

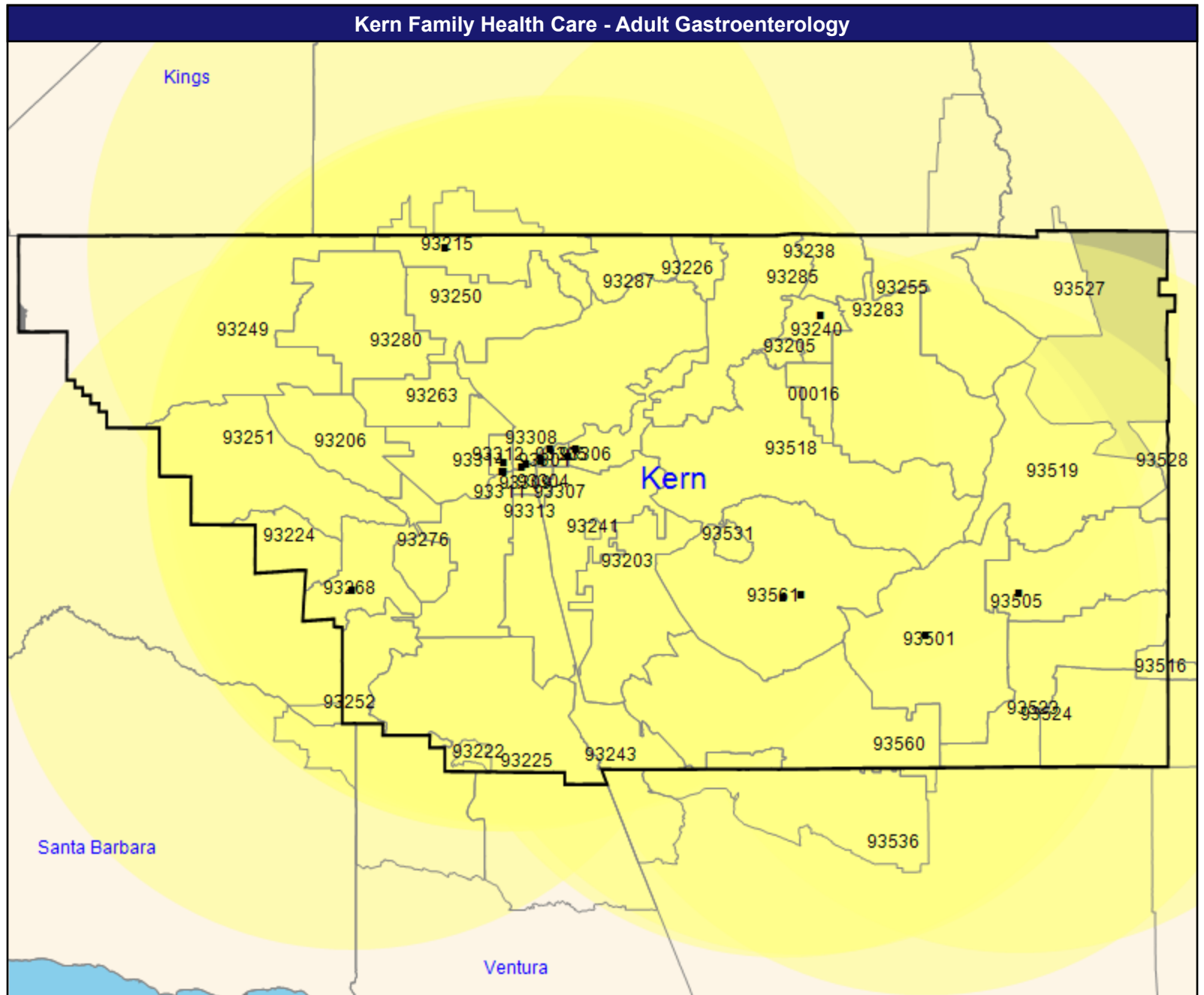
Map

Adult Gastroenterology

15 providers at 17 locations

- All providers
- 45 mile radius

18.18 miles



Map

- Adult Gastroenterology
- 15 providers at 17 locations
 - All providers
 - 45 mile radius
- Adult Gastroenterology
- Employee Group
 - Kern Enrollees
- Provider Group
 - Adult Gastroenterology
- 253,317 member locations
 - ◆ With access (253,317)
 - Without access (0)
- The Access Standard is defined as (Kern Enrollees) members accessing:
 - 1 (Adult Gastroenterology) provider in 45 miles or 75 minutes

18.18 miles

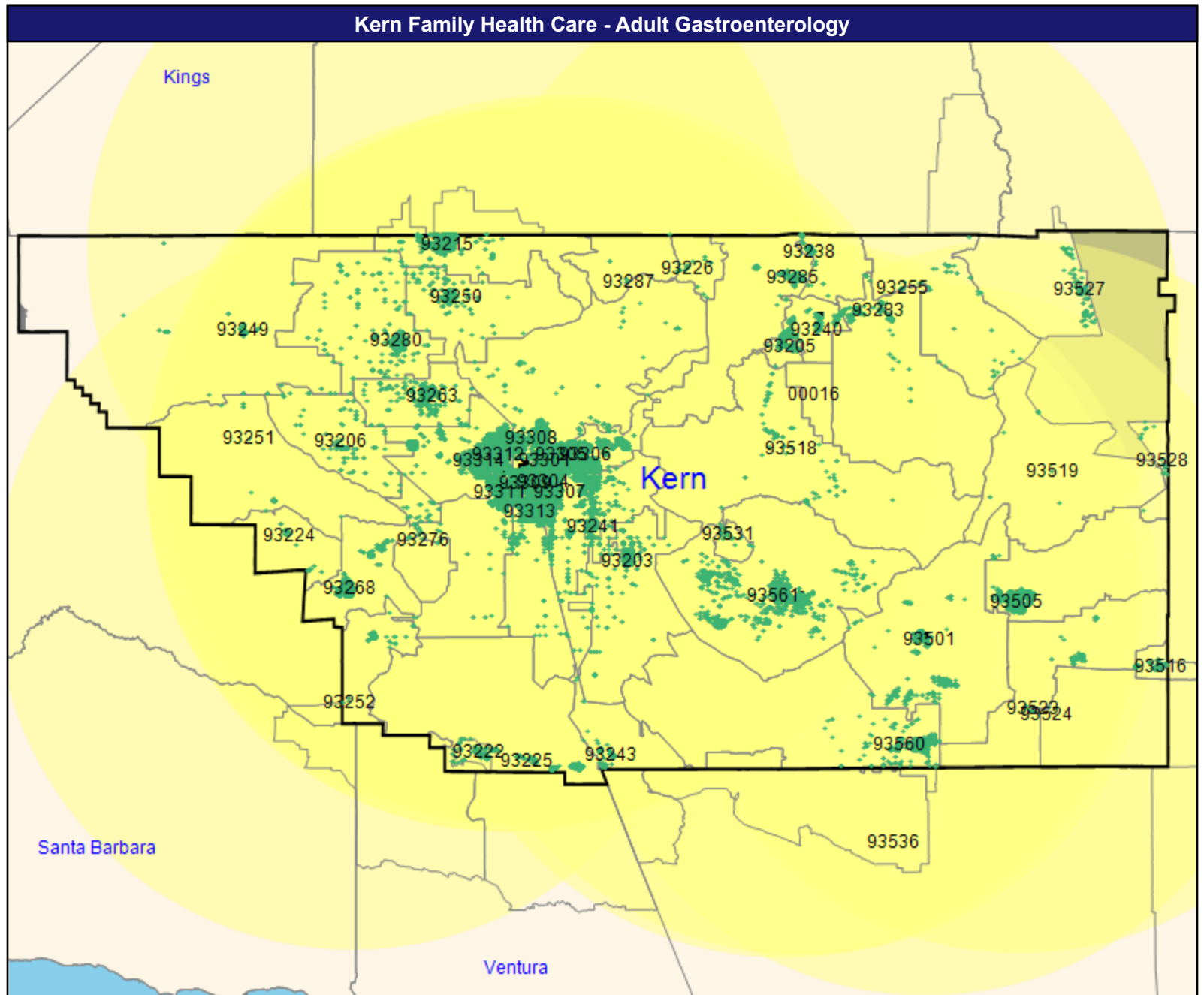




Exhibit B-3
Pediatric Gastroenterology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Pediatric Gastroenterology
 Member / Provider Groups
 Kern Enrollees
 Pediatric Gastroenterology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	28.4	30.9
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	3.1	4.4
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	2.2	2.9
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	2.2	2.9
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	6.8	12.0
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.4	3.6
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	15.7	17.1
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.8	27.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	23.4	25.5
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	4.4	8.8
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	26.9	29.3
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	5.6	9.3
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	22.5	25.5
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	14.9	17.3
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	5.1	7.2
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	7.8	10.8
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	4.1	8.2
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	2.4	2.8
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	1.0	2.0
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	0.7	0.7
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	9.6	10.4
Boron, CA	93516	479	1 in 45 miles or 75 mins	479	100.0	0	0.0	25.1	27.3
	93596	11	1 in 45 miles or 75 mins	11	100.0	0	0.0	24.6	26.8
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	34.0	37.8
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	19.9	21.7
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	0.5	0.5
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	4.3	4.6
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	24.0	26.1
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	8.5	9.2
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	0.7	0.7
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	9.3	10.5
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	16.2	17.6
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	16.7	18.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	32.6	35.5
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	39.9	43.1
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	26.7	29.1
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	35.4	38.6

Access Detail By Zip Code

Access Analysis
 Pediatric Gastroenterology
 Member / Provider Groups
 Kern Enrollees
 Pediatric Gastroenterology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	34.8	37.9
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	16.1	17.5
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	12.2	13.3
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	7.2	7.8
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	12.5	17.6
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	40.0	43.6
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	43.1	47.0
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	43.0	46.9
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	15.7	17.1
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	38.4	42.4
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	13.7	14.9
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	0.0	0.0
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	27.6	30.1
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	38.5	42.0
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	24.1	26.2
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	25.0	27.9
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	32.9	35.8
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	16.2	17.6
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	1.3	1.4
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	17.6	19.2
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	26.6	29.0
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	21.0	22.9
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	14.1	15.3
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	24.6	26.8
Grand Totals		253,317	1 in 45 miles or 75 mins	253,317	100.0	0	0.0	43.1	47.0

Map

Pediatric Gastroenterology

15 providers at 15 locations

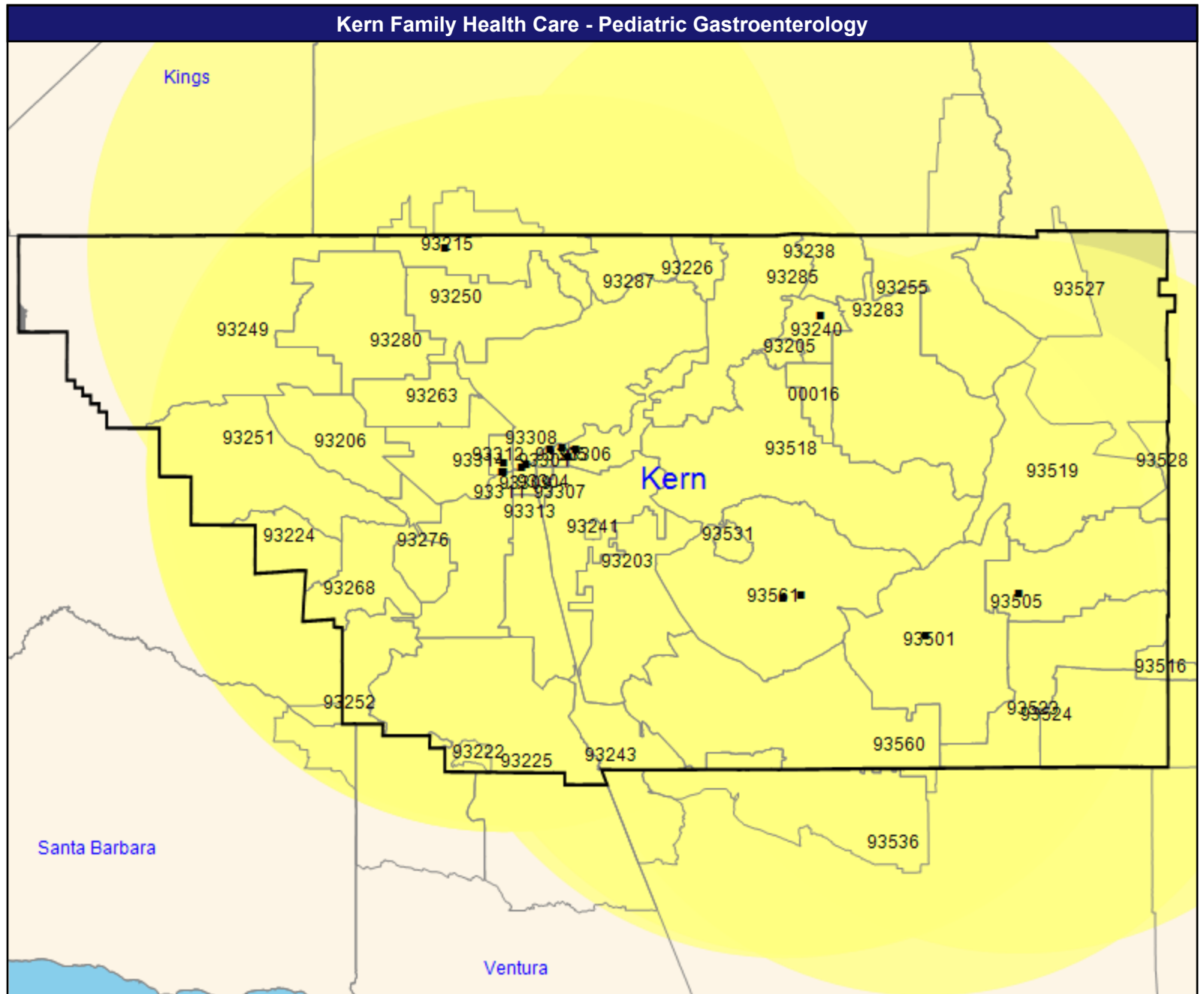
- All providers
- 45 mile radius

Pediatric Gastroenterology

15 providers at 15 locations

- All providers
- 45 mile radius

18.18 miles



Map

- Pediatric Gastroenterology
- 15 providers at 15 locations
- All providers
- 45 mile radius
- Pediatric Gastroenterology
- Employee Group
- Kern Enrollees
- Provider Group
- Pediatric Gastroenterology
- 253,317 member locations
- ◆ With access (253,317)
- Without access (0)
- The Access Standard is defined as (Kern Enrollees) members accessing:
1 (Pediatric Gastroenterology) provider
in 45 miles or 75 minutes

18.18 miles

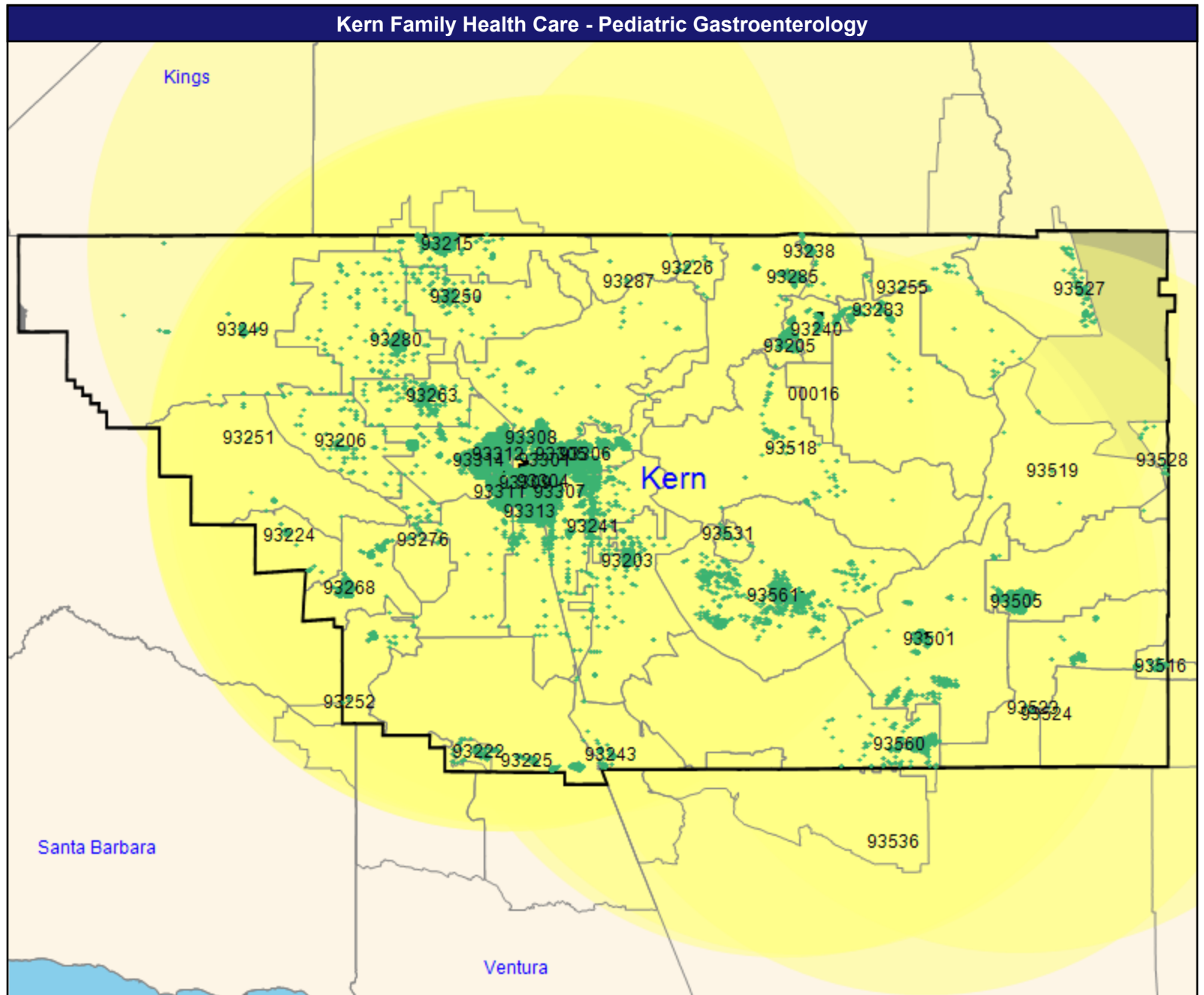




Exhibit B-3
Adult Hematology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Adult Hematology
 Member / Provider Groups
 Kern Enrollees
 Adult Hematology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	28.1	30.6
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.9	2.5
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.7	0.9
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.7	0.9
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	6.3	10.0
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.4	3.3
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	14.4	15.7
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.8	27.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	25.2	27.4
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	4.9	8.7
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	27.3	29.7
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	5.7	8.4
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	22.5	25.2
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	15.0	16.4
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	4.8	5.2
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	8.2	10.4
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	4.6	8.0
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	2.6	3.1
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	1.2	2.4
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.1	1.2
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	35.1	38.2
Boron, CA	93516	479	1 in 45 miles or 75 mins	0	0.0	479	100.0	80.4	87.7
	93596	11	1 in 45 miles or 75 mins	0	0.0	11	100.0	79.7	86.9
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	34.0	37.5
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	39.7	43.3
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	60.2	65.6
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	61.7	67.3
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	60.6	66.1
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	36.0	39.7
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	31.2	34.1
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	8.8	10.5
Edwards, CA	93523	230	1 in 45 miles or 75 mins	6	2.6	224	97.4	71.5	78.0
	93524	1	1 in 45 miles or 75 mins	0	0.0	1	100.0	71.7	78.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	32.9	35.8
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	39.9	43.5
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	34.9	38.0
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	186	90.7	19	9.3	69.8	76.1

Access Detail By Zip Code

Access Analysis
 Adult Hematology
 Member / Provider Groups
 Kern Enrollees
 Adult Hematology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	0	0.0	21	100.0	74.0	80.7
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	28.7	31.3
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	48.3	52.6
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	42.4	46.2
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	10.6	14.9
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	40.0	43.6
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	58.7	64.0
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	43.4	47.3
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	31.6	34.9
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	38.4	42.6
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	62.0	67.6
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	54.2	59.1
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	61.4	66.9
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	38.7	42.2
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,075	99.8	2	0.2	69.1	75.3
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	25.5	27.8
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	33.2	36.2
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	45.9	50.0
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	37.9	41.3
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	18.0	19.6
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	43.8	47.7
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	49.0	53.4
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	44.0	48.0
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	30.2	32.9
Grand Totals		253,317	1 in 45 miles or 75 mins	252,560	99.7	757	0.3	80.4	87.7

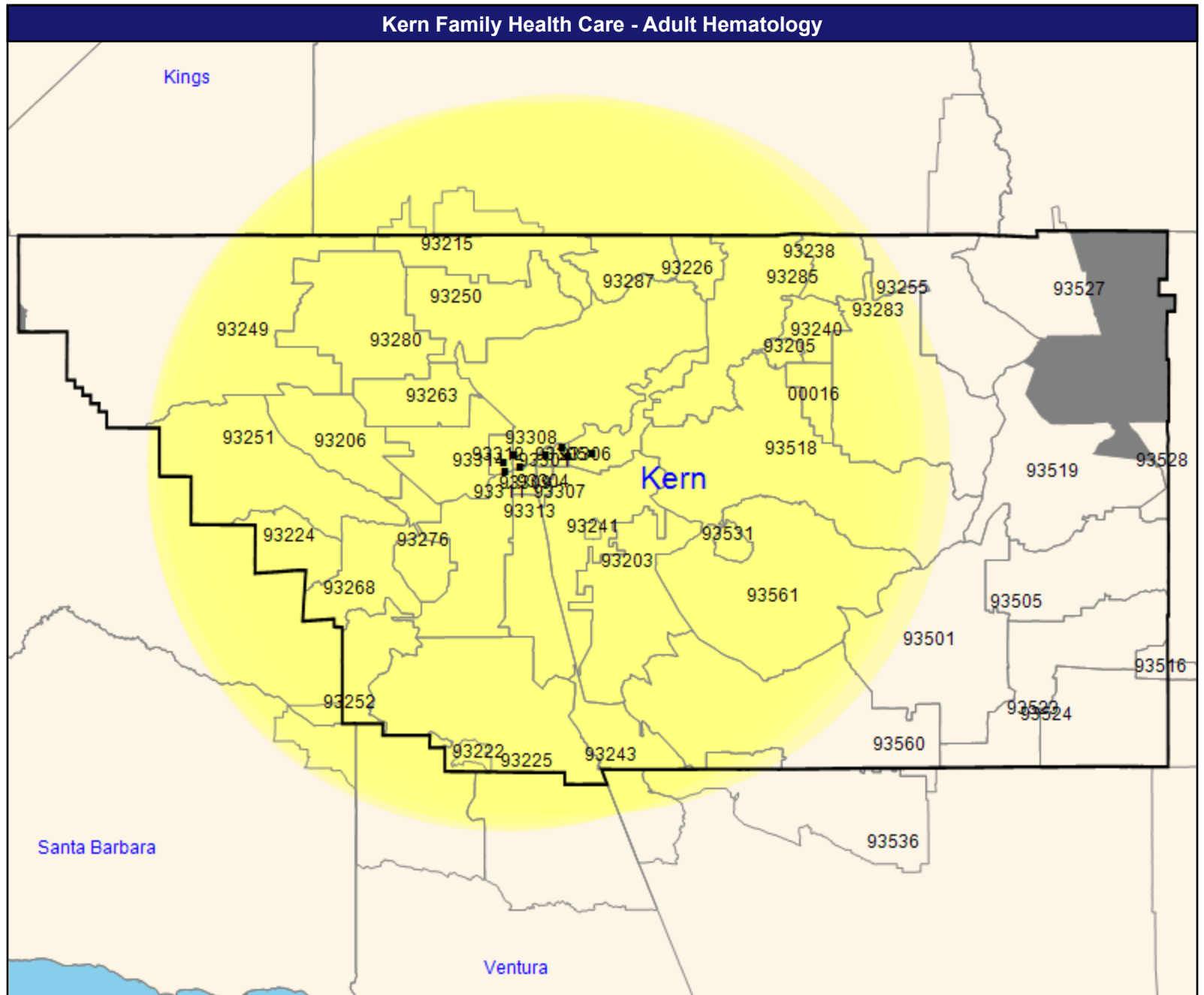
Map

Adult Hematology

14 providers at 8 locations

- All providers
- 45 mile radius

18.18 miles



Map

Kern Family Health Care - Adult Hematology

Adult Hematology

14 providers at 8 locations

- All providers
- 45 mile radius

Adult Hematology

Employee Group

Kern Enrollees

Provider Group

Adult Hematology

253,317 member locations

- ◆ With access (252,560)
- Without access (757)

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

- 1 (Adult Hematology) provider in 45 miles or 75 minutes

18.18 miles

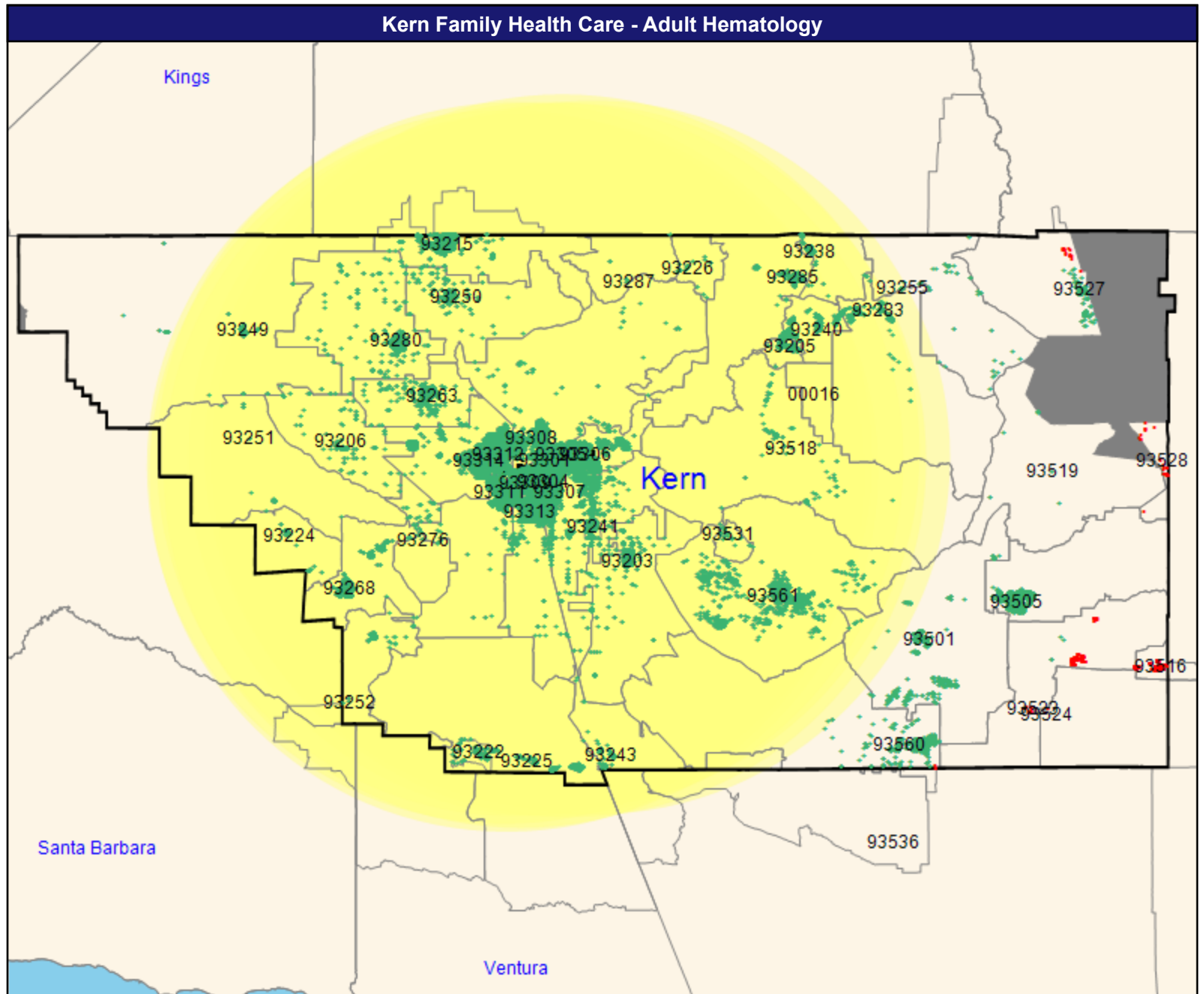




Exhibit B-3
Pediatric Hematology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Pediatric Hematology
 Member / Provider Groups
 Kern Enrollees
 Pediatric Hematology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	28.1	30.6
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.9	2.5
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.7	0.9
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.7	0.9
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	6.3	10.0
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.4	3.3
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	14.4	15.7
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.8	27.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	25.2	27.4
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	5.9	8.7
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	27.3	29.7
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	6.9	9.7
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	22.8	25.2
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	16.2	17.6
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	6.4	7.6
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	8.9	10.4
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	5.0	8.0
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	2.6	3.1
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	2.5	3.5
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.1	1.2
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	35.1	38.2
Boron, CA	93516	479	1 in 45 miles or 75 mins	0	0.0	479	100.0	80.4	87.7
	93596	11	1 in 45 miles or 75 mins	0	0.0	11	100.0	79.7	86.9
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	35.0	38.1
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	39.7	43.3
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	60.2	65.6
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	61.7	67.3
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	60.6	66.1
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	8.5	9.2
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	0.8	0.8
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	8.8	10.5
Edwards, CA	93523	230	1 in 45 miles or 75 mins	6	2.6	224	97.4	71.5	78.0
	93524	1	1 in 45 miles or 75 mins	0	0.0	1	100.0	71.7	78.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	32.9	35.8
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	39.9	43.5
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	33.9	36.9
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	186	90.7	19	9.3	69.8	76.1

Access Detail By Zip Code

Access Analysis
 Pediatric Hematology
 Member / Provider Groups
 Kern Enrollees
 Pediatric Hematology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	0	0.0	21	100.0	74.0	80.7
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	28.7	31.3
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	47.0	51.2
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	42.4	46.2
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	10.6	14.9
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	40.0	43.6
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	43.2	47.1
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	43.4	47.3
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	15.7	17.1
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	39.2	42.7
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	62.0	67.6
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	54.2	59.1
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	61.4	66.9
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	38.7	42.2
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,075	99.8	2	0.2	69.1	75.3
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	25.7	28.0
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	33.2	36.2
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	45.9	50.0
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	37.9	41.3
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	18.0	19.6
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	26.7	29.1
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	49.0	53.4
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	44.0	48.0
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	30.0	32.7
Grand Totals		253,317	1 in 45 miles or 75 mins	252,560	99.7	757	0.3	80.4	87.7

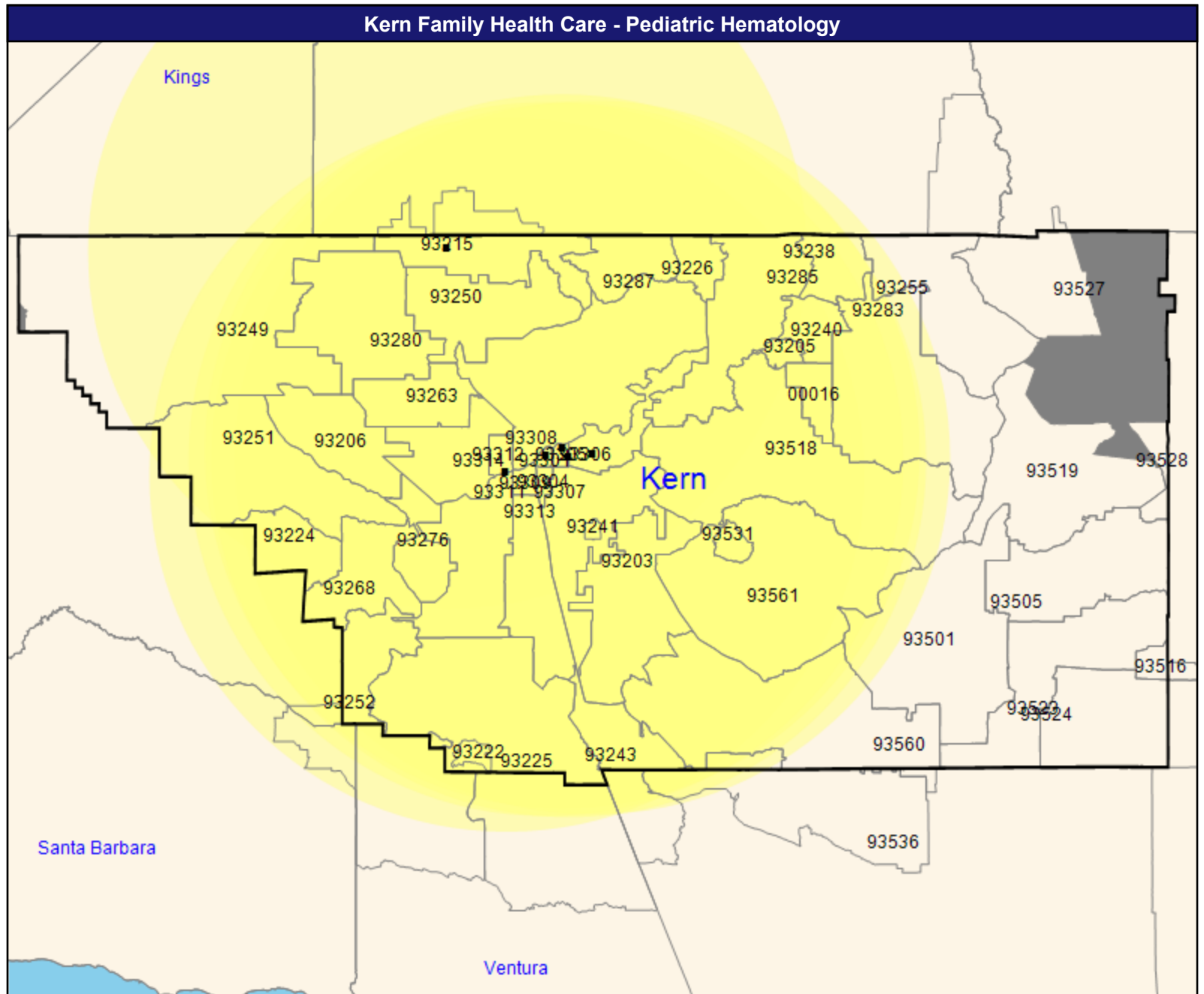
Map

Pediatric Hematology

6 providers at 6 locations

- All providers
- 45 mile radius

18.18 miles



Map

Pediatric Hematology

6 providers at 6 locations

- All providers
- 45 mile radius

Pediatric Hematology

Employee Group

Kern Enrollees

Provider Group

Pediatric Hematology

253,317 member locations

- ◆ With access (252,560)
- Without access (757)

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

- 1 (Pediatric Hematology) provider in 45 miles or 75 minutes

18.18 miles

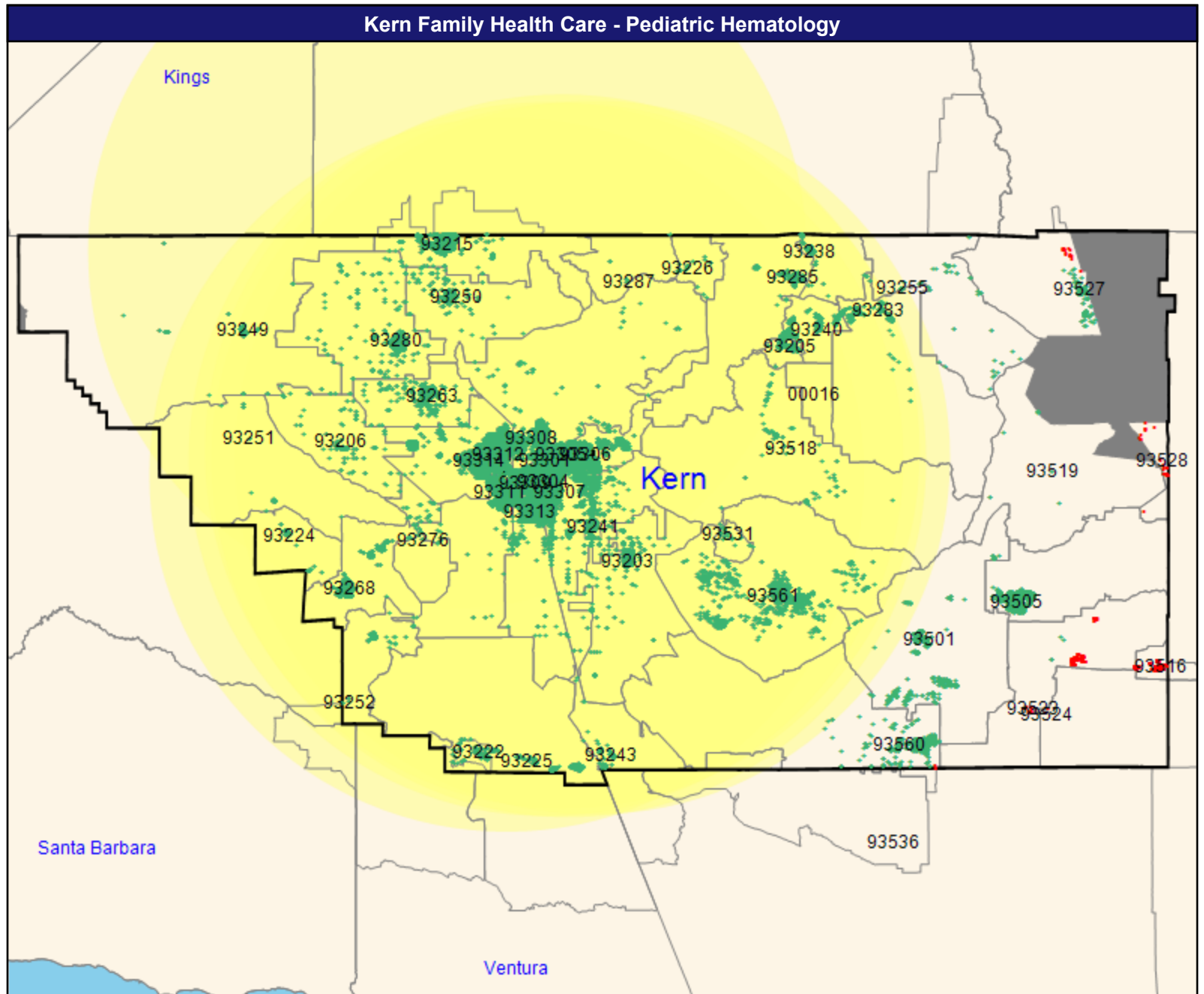




Exhibit B-3

***Adult HIV/AIDS Specialists/Infectious Diseases Providers
Kern Family Health Care, Kern County***

Access Detail By Zip Code

Access Analysis
 Adult HIV/AIDS Specialists/Infectious Diseases
 Member / Provider Groups
 Kern Enrollees
 Adult HIV/AIDS Specialists/Infectious Diseases

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	30.0	32.7
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.9	2.5
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.4	0.5
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.4	0.5
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	5.7	9.1
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.3	3.3
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	16.9	18.9
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.8	27.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	28.4	30.9
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	5.4	8.1
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	27.3	29.7
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	6.9	9.7
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	22.5	25.3
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	16.2	17.6
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	6.4	7.6
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	8.1	9.7
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	4.1	6.5
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	2.6	3.1
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	2.5	3.5
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.1	1.2
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	37.2	41.0
Boron, CA	93516	479	1 in 45 miles or 75 mins	0	0.0	479	100.0	82.9	90.4
	93596	11	1 in 45 miles or 75 mins	0	0.0	11	100.0	82.2	89.6
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	35.0	38.1
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	42.6	46.4
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	62.7	68.4
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	64.2	70.0
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	63.6	69.3
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	37.0	40.3
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	32.2	35.1
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	8.8	10.5
Edwards, CA	93523	230	1 in 45 miles or 75 mins	0	0.0	230	100.0	73.8	80.5
	93524	1	1 in 45 miles or 75 mins	0	0.0	1	100.0	73.6	80.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	32.9	35.8
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	39.9	43.5
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	38.0	41.4
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	0	0.0	205	100.0	72.3	78.8

Access Detail By Zip Code

Access Analysis
 Adult HIV/AIDS Specialists/Infectious Diseases
 Member / Provider Groups
 Kern Enrollees
 Adult HIV/AIDS Specialists/Infectious Diseases

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	0	0.0	21	100.0	77.0	84.0
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	30.7	33.4
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	50.5	55.6
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	44.5	48.8
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	12.5	17.6
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	40.3	43.9
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	59.7	65.1
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	43.4	47.3
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	32.6	35.5
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	39.2	42.7
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	63.5	69.2
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	56.1	61.2
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	63.5	69.4
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	38.7	42.2
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,062	98.6	15	1.4	70.4	76.8
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	26.7	29.1
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	33.2	36.2
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	47.5	51.8
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	39.7	43.3
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	18.0	19.6
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	45.1	49.2
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	50.8	55.8
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	45.7	50.4
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	33.2	36.2
Grand Totals		253,317	1 in 45 miles or 75 mins	252,355	99.6	962	0.4	82.9	90.4

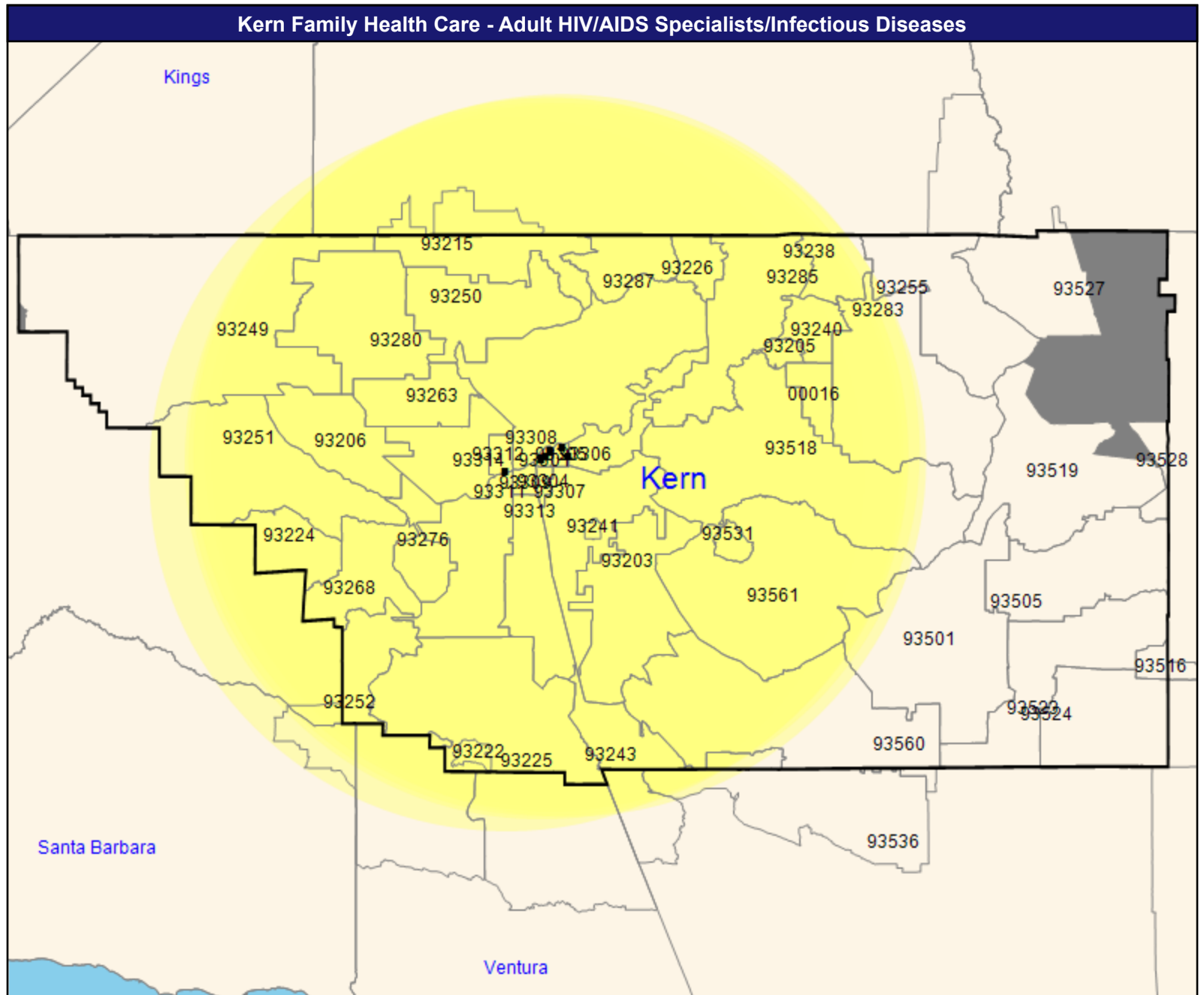
Map

Adult HIV/AIDS Specialists/Infectious Diseases

5 providers at 7 locations

- All providers
- 45 mile radius

18.18 miles



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Excluded from MCP Service Area (Zip Codes 93554, 93555)



Exhibit B-3

***Pediatric HIV/AIDS Specialists/Infectious Diseases Providers
Kern Family Health Care, Kern County***

Access Detail By Zip Code

Access Analysis
 Pediatric HIV/AIDS
 Specialists/Infectious Diseases
 Member / Provider Groups
 Kern Enrollees
 Pediatric HIV/AIDS
 Specialists/Infectious Diseases

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	30.0	32.7
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.9	2.5
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.4	0.5
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.4	0.5
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	5.7	9.1
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.3	3.3
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	16.9	18.9
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.8	27.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	28.4	30.9
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	5.4	8.1
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	27.3	29.7
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	6.9	9.7
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	22.5	25.3
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	16.2	17.6
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	6.4	7.6
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	8.1	9.7
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	4.1	6.5
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	2.8	3.3
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	2.5	3.5
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.1	1.2
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	37.2	41.0
Boron, CA	93516	479	1 in 45 miles or 75 mins	0	0.0	479	100.0	82.9	90.4
	93596	11	1 in 45 miles or 75 mins	0	0.0	11	100.0	82.2	89.6
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	35.0	38.1
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	42.6	46.4
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	62.7	68.4
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	64.2	70.0
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	63.6	69.3
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	37.0	40.3
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	32.2	35.1
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	8.8	10.5
Edwards, CA	93523	230	1 in 45 miles or 75 mins	0	0.0	230	100.0	73.8	80.5
	93524	1	1 in 45 miles or 75 mins	0	0.0	1	100.0	73.6	80.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	32.9	35.8
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	39.9	43.5
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	38.0	41.4
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	0	0.0	205	100.0	72.3	78.8

Access Detail By Zip Code

Access Analysis
 Pediatric HIV/AIDS
 Specialists/Infectious Diseases
 Member / Provider Groups
 Kern Enrollees
 Pediatric HIV/AIDS
 Specialists/Infectious Diseases

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	0	0.0	21	100.0	77.0	84.0
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	30.7	33.4
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	50.5	55.6
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	44.5	48.8
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	12.5	17.6
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	40.3	43.9
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	59.7	65.1
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	43.4	47.3
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	32.6	35.5
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	39.2	42.7
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	63.5	69.2
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	56.1	61.2
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	63.5	69.4
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	38.7	42.2
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,062	98.6	15	1.4	70.4	76.8
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	26.7	29.1
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	33.2	36.2
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	47.5	51.8
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	39.7	43.3
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	18.0	19.6
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	45.1	49.2
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	50.8	55.8
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	45.7	50.4
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	33.2	36.2
Grand Totals		253,317	1 in 45 miles or 75 mins	252,355	99.6	962	0.4	82.9	90.4

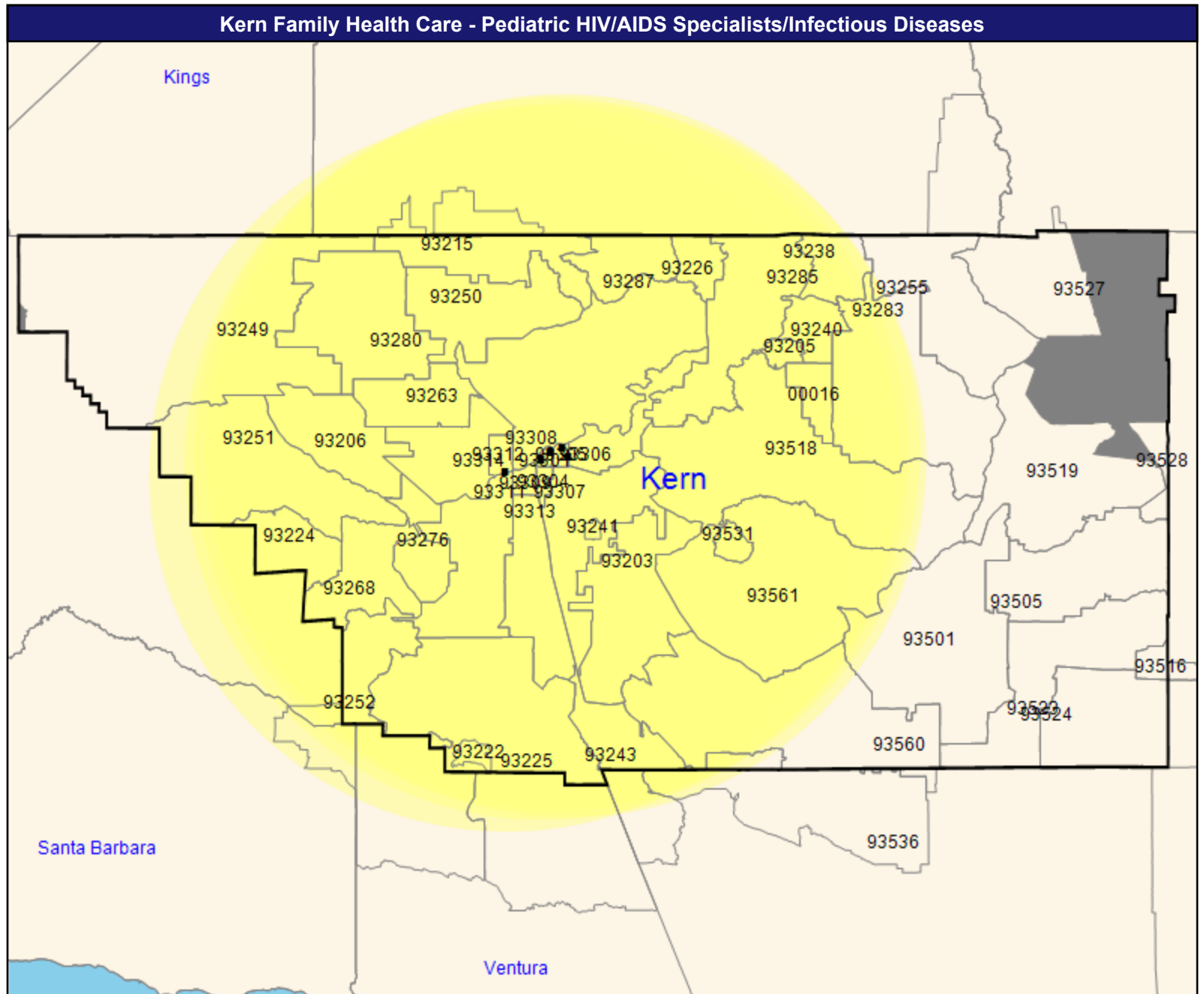
Map

Pediatric HIV/AIDS Specialists/Infectious Diseases

3 providers at 5 locations

- All providers
- 45 mile radius

18.18 miles



Map

Pediatric HIV/AIDS Specialists/Infectious Diseases

3 providers at 5 locations

- All providers
- 45 mile radius

Pediatric HIV/AIDS Specialists/Infectious Diseases

Employee Group

Kern Enrollees

Provider Group

Pediatric HIV/AIDS Specialists/Infectious Diseases

253,317 member locations

- ◆ With access (252,355)
- Without access (962)

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

1 (Pediatric HIV/AIDS Specialists/Infectious Diseases) provider in 45 miles or 75 minutes

18.18 miles

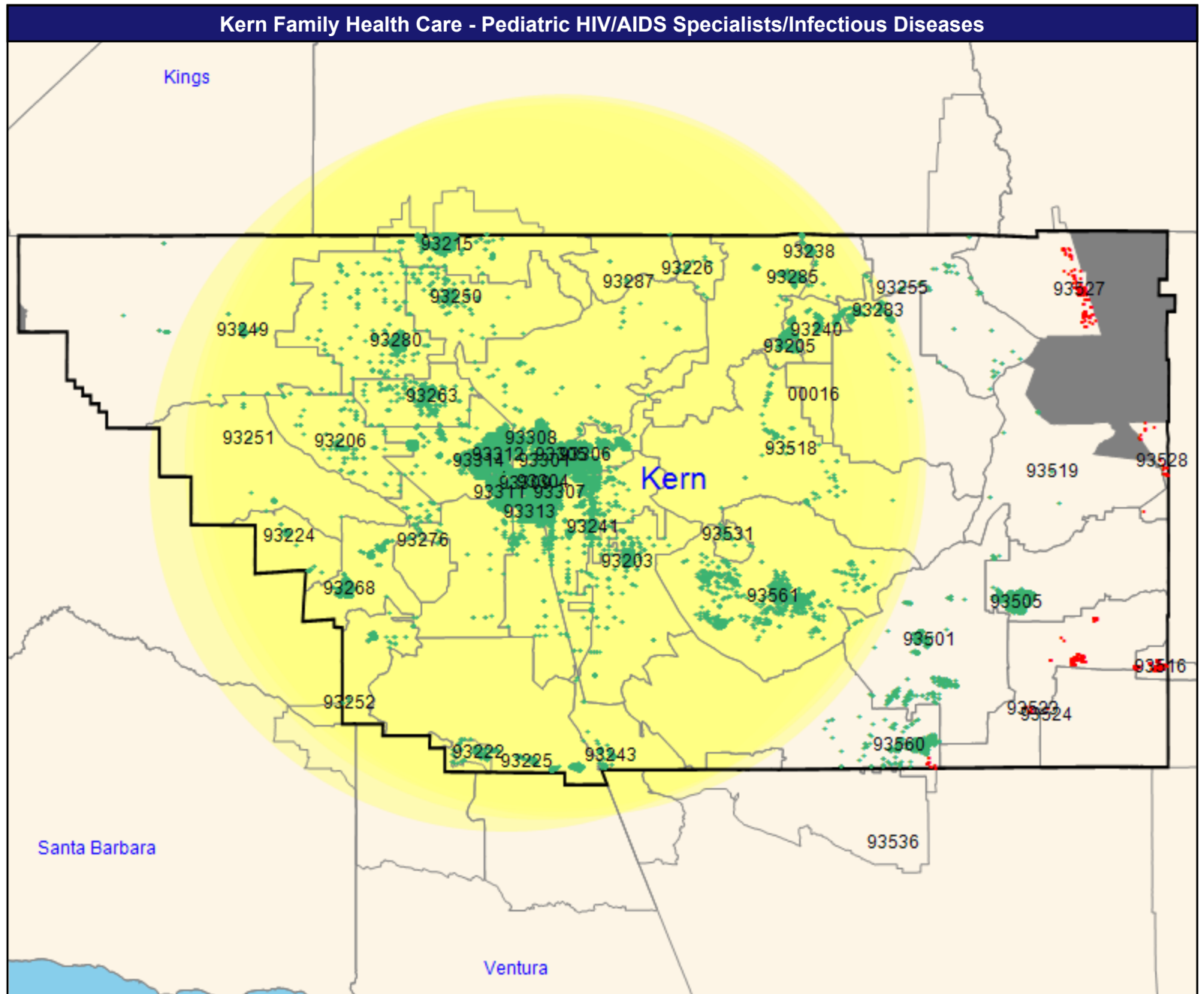




Exhibit B-3
Adult Nephrology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Adult Nephrology
 Member / Provider Groups
 Kern Enrollees
 Adult Nephrology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	18.3	19.9
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.6	2.2
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.5	0.6
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.5	0.6
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	3.8	5.6
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.5	3.5
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	17.4	18.9
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	18.1	19.7
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	28.4	30.9
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	2.3	3.5
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	26.7	29.1
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	5.0	7.0
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	19.0	20.7
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	12.9	14.0
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	4.1	4.4
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	4.7	5.1
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	2.0	2.8
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	0.9	0.9
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	1.1	2.2
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.1	1.2
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	33.1	36.1
Boron, CA	93516	479	1 in 45 miles or 75 mins	479	100.0	0	0.0	45.5	54.4
	93596	11	1 in 45 miles or 75 mins	11	100.0	0	0.0	44.5	53.4
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	21.3	23.2
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	29.6	32.2
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	29.3	31.9
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	31.1	33.9
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	47.1	51.3
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	8.4	9.1
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	0.9	0.9
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	7.0	7.6
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	39.5	43.6
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	29.5	35.4
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	31.7	34.5
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	34.2	37.3
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	34.5	37.6
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	65.4	71.3

Access Detail By Zip Code

Access Analysis
 Adult Nephrology
 Member / Provider Groups
 Kern Enrollees
 Adult Nephrology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	55.5	60.5
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	14.2	15.4
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	45.4	49.5
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	37.4	40.8
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	9.0	12.7
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	28.2	30.7
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	42.7	46.5
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	43.0	46.9
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	15.0	16.3
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	32.0	34.9
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	28.2	30.7
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	20.3	22.1
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	55.7	60.7
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	37.0	40.3
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	22.0	25.4
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	9.7	10.5
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	31.7	34.5
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	13.8	15.0
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	1.8	1.9
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	16.6	18.1
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	21.6	23.5
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	43.4	47.3
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	41.7	45.4
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	29.9	32.6
Grand Totals		253,317	1 in 45 miles or 75 mins	253,317	100.0	0	0.0	65.4	71.3

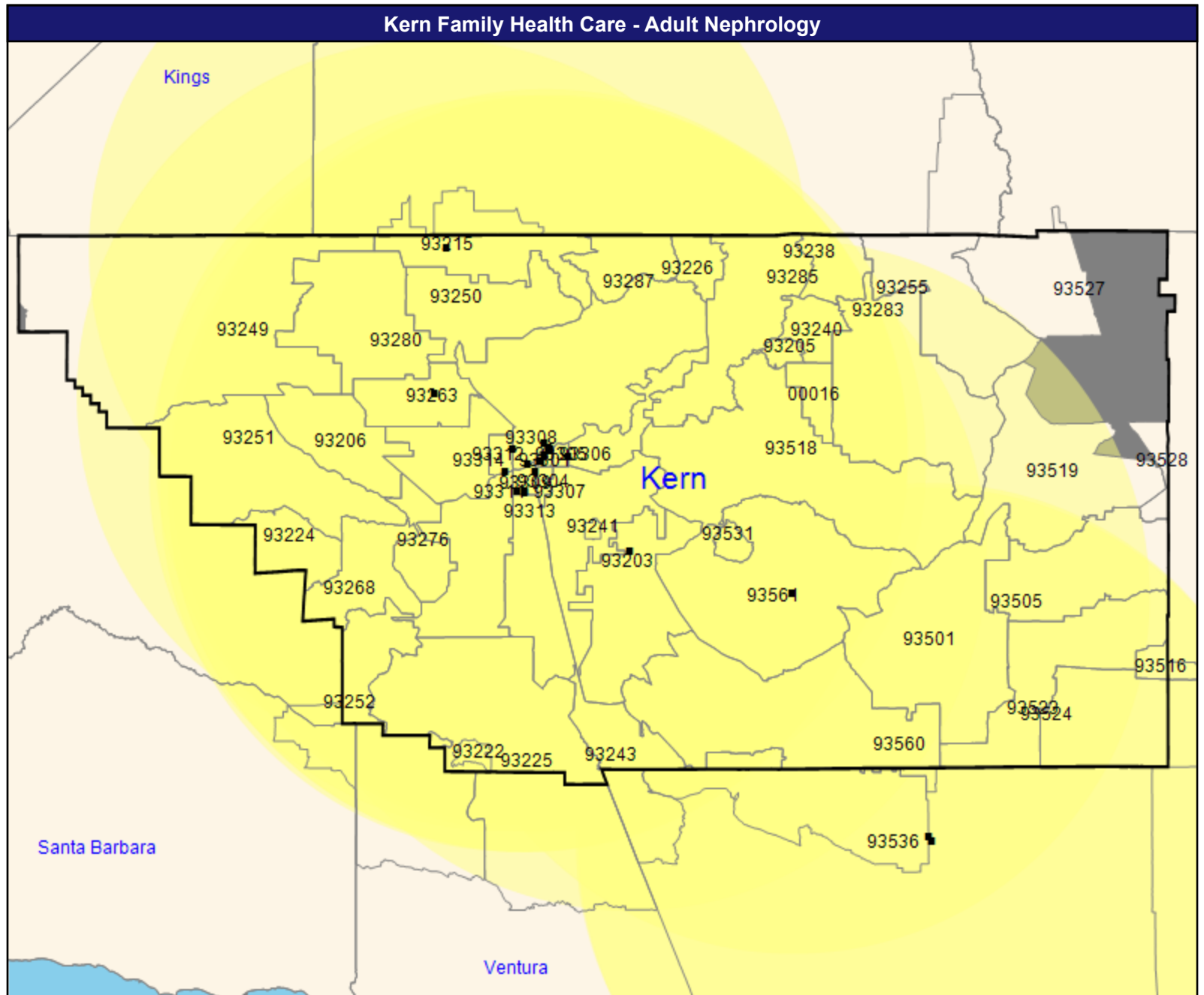
Map

Adult Nephrology

24 providers at 22 locations

- All providers
- 45 mile radius

18.18 miles



Map

Kern Family Health Care - Adult Nephrology

- Adult Nephrology
- 24 providers at 22 locations
 - All providers
 - 45 mile radius
- Adult Nephrology
- Employee Group
 - Kern Enrollees
- Provider Group
 - Adult Nephrology
- 253,317 member locations
 - ◆ With access (253,317)
 - Without access (0)
- The Access Standard is defined as (Kern Enrollees) members accessing:
 - 1 (Adult Nephrology) provider in 45 miles or 75 minutes

18.18 miles

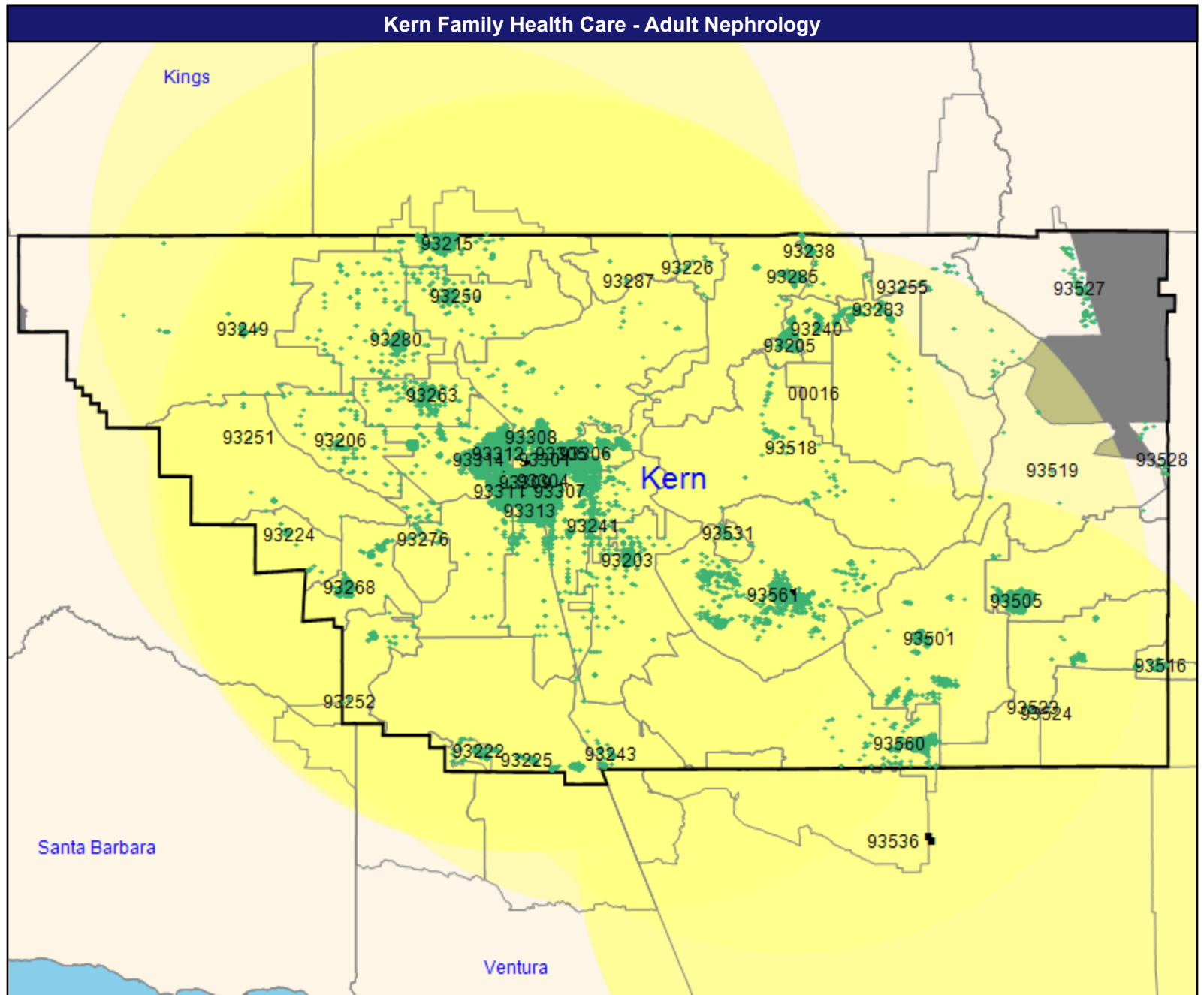




Exhibit B-3
Pediatric Nephrology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Pediatric Nephrology
 Member / Provider Groups
 Kern Enrollees
 Pediatric Nephrology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	18.3	19.9
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.7	2.2
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.5	0.6
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.5	0.6
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	3.9	5.6
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.3	3.3
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	16.9	18.9
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	18.1	19.7
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	28.4	30.9
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	2.7	4.2
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	26.7	29.1
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	5.0	7.0
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	19.0	20.7
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	12.9	14.0
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	4.1	4.4
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	4.7	5.1
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	2.0	2.8
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	0.9	0.9
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	1.1	2.2
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.1	1.2
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	37.2	41.0
Boron, CA	93516	479	1 in 45 miles or 75 mins	479	100.0	0	0.0	45.5	54.6
	93596	11	1 in 45 miles or 75 mins	11	100.0	0	0.0	44.5	53.4
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	21.3	23.2
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	35.7	38.9
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	36.4	43.6
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	38.2	45.8
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	57.8	63.1
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	8.4	9.1
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	0.9	0.9
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	7.0	7.6
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	43.3	51.9
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	29.5	35.4
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	31.7	34.5
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	34.2	37.3
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	34.5	37.6
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	0	0.0	205	100.0	72.3	78.8

Access Detail By Zip Code

Access Analysis
 Pediatric Nephrology
 Member / Provider Groups
 Kern Enrollees
 Pediatric Nephrology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	10	47.6	11	52.4	65.1	76.5
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	15.9	17.3
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	47.2	51.4
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	44.5	48.8
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	9.0	12.7
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	28.2	30.7
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	42.7	46.5
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	43.0	46.9
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	15.0	16.3
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	32.0	34.9
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	39.0	46.8
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	25.8	30.9
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	63.5	69.4
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	37.0	40.3
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	26.0	31.2
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	9.7	10.5
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	31.7	34.5
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	32.2	35.1
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	23.6	25.7
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	16.6	18.1
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	21.6	23.5
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	50.8	55.8
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	45.6	50.0
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	29.9	32.6
Grand Totals		253,317	1 in 45 miles or 75 mins	253,101	99.9	216	0.1	72.3	78.8

Map

Pediatric Nephrology

14 providers at 18 locations

- All providers
- 45 mile radius

Pediatric Nephrology

14 providers at 18 locations

- All providers
- 45 mile radius

18.18 miles

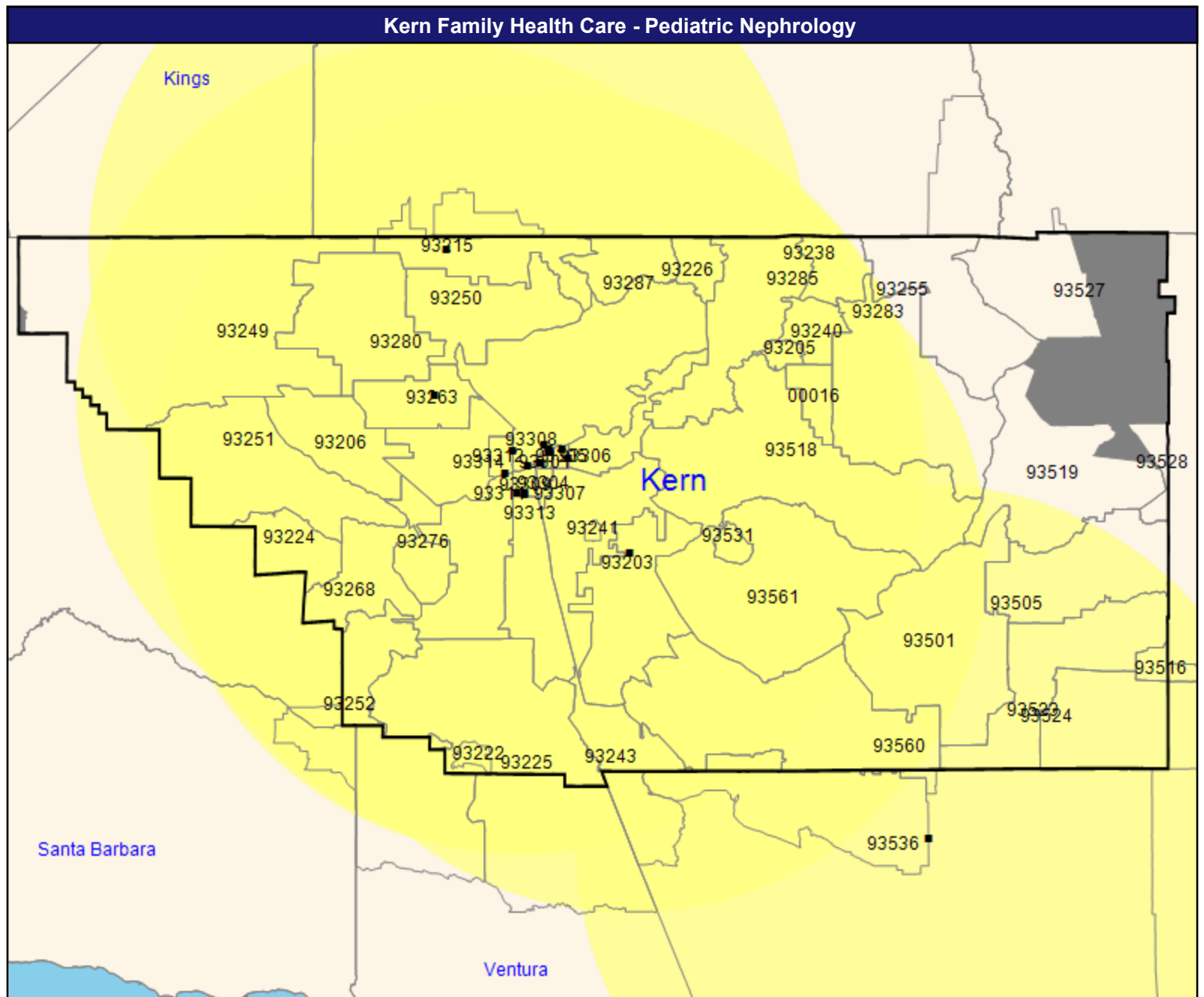




Exhibit B-3
Adult Neurology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Adult Neurology
 Member / Provider Groups
 Kern Enrollees
 Adult Neurology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	29.7	32.4
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.6	2.2
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.5	0.6
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.5	0.6
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	4.6	7.2
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.3	3.3
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	15.7	17.1
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.8	27.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	23.5	25.6
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	2.6	4.4
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	17.6	19.2
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	6.7	9.7
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	21.7	23.6
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	15.8	17.6
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	5.0	5.4
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	5.6	6.1
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	2.2	4.4
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	2.4	2.8
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	1.2	2.4
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.0	1.0
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	9.4	10.2
Boron, CA	93516	479	1 in 45 miles or 75 mins	0	0.0	479	100.0	73.3	79.9
	93596	11	1 in 45 miles or 75 mins	0	0.0	11	100.0	72.8	79.4
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	31.4	34.2
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	28.5	31.0
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	51.7	56.4
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	53.3	58.1
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	46.6	50.8
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	36.9	40.3
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	31.9	35.1
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	7.9	8.6
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	63.9	69.7
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	63.5	69.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	17.0	18.5
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	37.6	41.0
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	26.9	29.3
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	35.5	38.7

Access Detail By Zip Code

Access Analysis
 Adult Neurology
 Member / Provider Groups
 Kern Enrollees
 Adult Neurology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	54.2	59.1
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	30.6	33.3
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	12.4	13.5
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	7.0	7.6
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	12.2	17.2
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	39.7	43.3
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	55.9	60.9
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	14.4	15.7
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	32.4	35.5
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	35.9	39.1
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	53.4	58.2
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	45.6	49.7
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	27.4	29.8
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	34.3	37.4
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	60.5	66.0
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	26.2	29.1
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	13.9	15.1
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	42.1	45.9
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	34.7	37.8
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	15.6	17.0
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	41.8	45.6
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	20.8	22.6
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	14.3	15.6
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	26.0	28.3
Grand Totals		253,317	1 in 45 miles or 75 mins	252,827	99.8	490	0.2	73.3	79.9

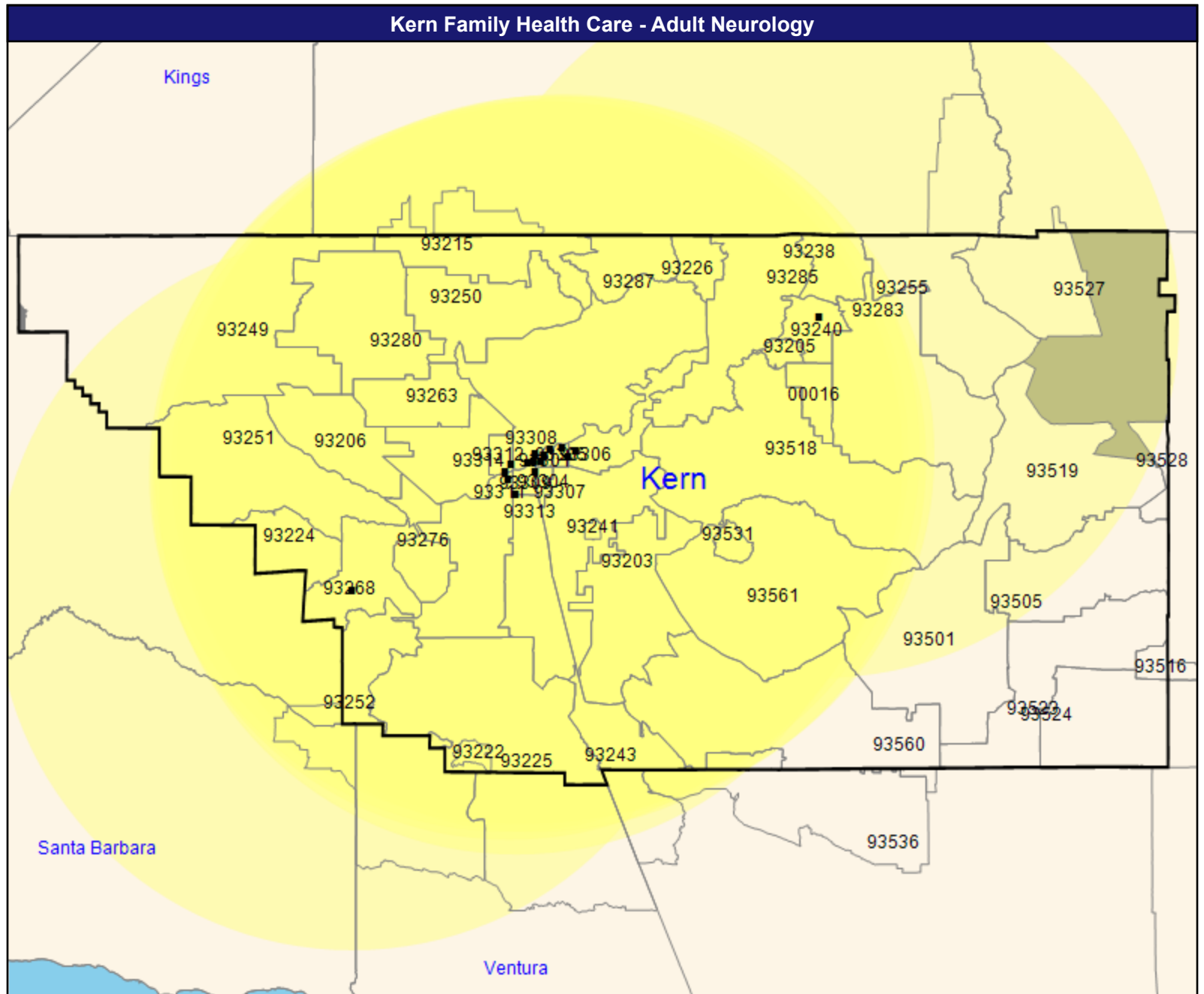
Map

Adult Neurology

25 providers at 18 locations

- All providers
- 45 mile radius

18.18 miles



Map

Adult Neurology
25 providers at 18 locations
■ All providers
○ 45 mile radius

Adult Neurology
Employee Group
Kern Enrollees
Provider Group
Adult Neurology

253,317 member locations
◆ With access (252,827)
● Without access (490)

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

18.18 miles

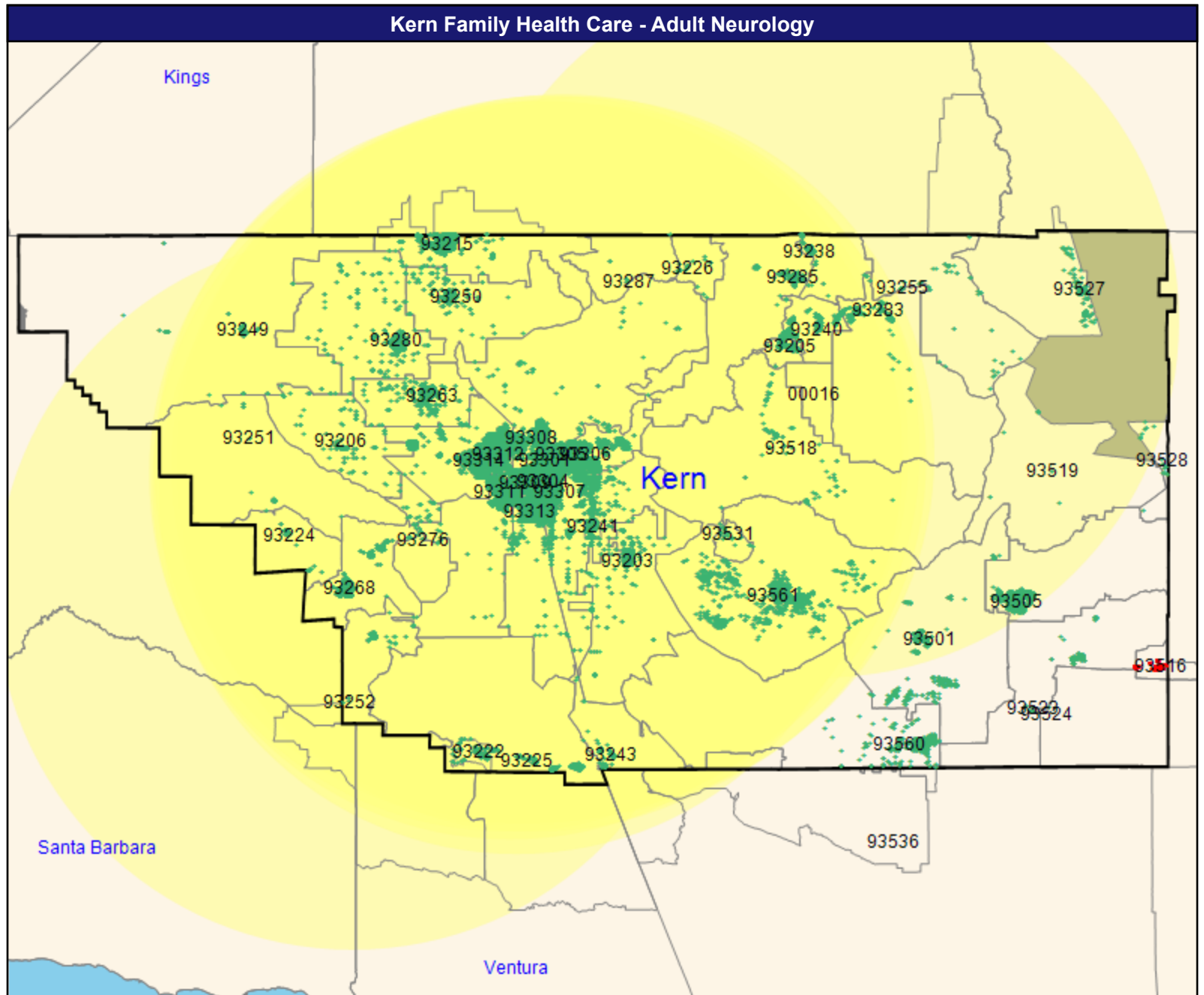




Exhibit B-3
Pediatric Neurology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Pediatric Neurology
 Member / Provider Groups
 Kern Enrollees
 Pediatric Neurology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	29.7	32.4
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.7	2.2
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.6	0.8
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.6	0.8
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	5.5	8.8
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.3	3.3
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	15.7	17.1
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.8	27.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	23.5	25.6
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	4.4	7.4
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	27.3	29.7
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	6.7	9.7
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	22.4	25.2
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	15.8	17.6
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	5.0	5.4
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	7.7	9.1
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	3.7	5.9
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	2.4	2.8
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	1.4	2.8
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.1	1.2
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	9.4	10.2
Boron, CA	93516	479	1 in 45 miles or 75 mins	0	0.0	479	100.0	73.3	79.9
	93596	11	1 in 45 miles or 75 mins	0	0.0	11	100.0	72.8	79.4
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	34.8	38.1
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	28.5	31.0
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	51.7	56.4
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	53.3	58.1
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	46.6	50.8
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	36.9	40.3
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	31.9	35.1
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	8.6	10.3
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	63.9	69.7
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	63.5	69.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	32.9	35.8
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	39.9	43.5
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	26.9	29.3
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	35.5	38.7

Access Detail By Zip Code

Access Analysis
 Pediatric Neurology
 Member / Provider Groups
 Kern Enrollees
 Pediatric Neurology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	54.2	59.1
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	30.6	33.3
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	12.4	13.5
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	7.0	7.6
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	12.2	17.2
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	40.3	43.9
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	59.3	65.1
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	43.4	47.3
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	32.4	35.5
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	39.2	42.7
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	53.4	58.2
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	45.6	49.7
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	27.4	29.8
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	38.7	42.2
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	60.5	66.0
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	26.2	29.1
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	33.2	36.2
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	42.1	45.9
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	34.7	37.8
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	18.0	19.6
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	44.6	49.2
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	20.8	22.6
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	14.3	15.6
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	26.0	28.3
Grand Totals		253,317	1 in 45 miles or 75 mins	252,827	99.8	490	0.2	73.3	79.9

Map

Pediatric Neurology

18 providers at 12 locations

- All providers
- 45 mile radius

18.18 miles

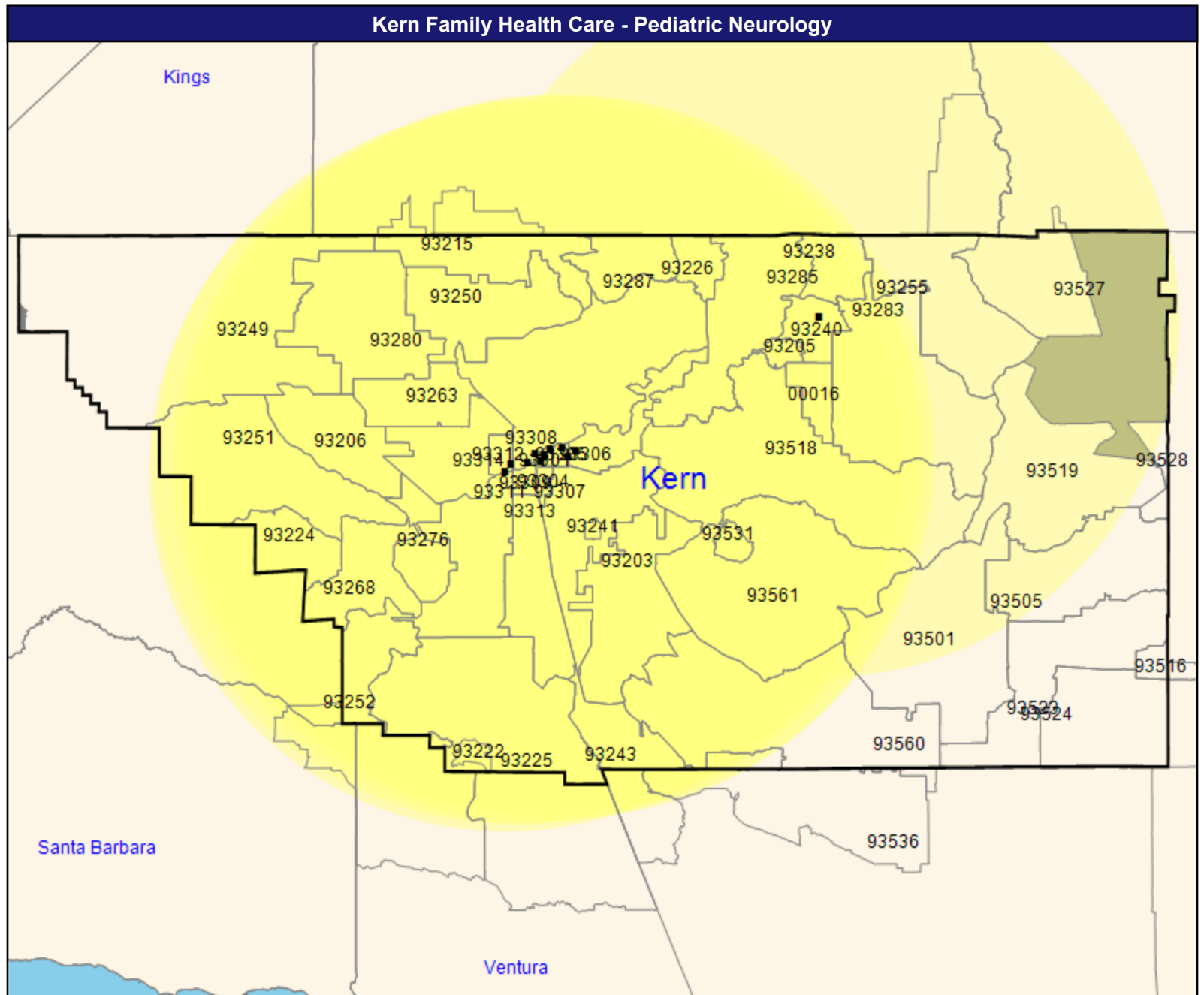




Exhibit B-3
Adult Oncology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Adult Oncology
 Member / Provider Groups
 Kern Enrollees
 Adult Oncology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	28.1	30.6
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.9	2.5
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.7	0.9
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.7	0.9
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	6.3	10.0
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.4	3.3
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	14.4	15.7
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.8	27.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	25.2	27.4
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	4.9	8.7
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	27.3	29.7
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	5.7	8.4
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	22.5	25.2
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	15.0	16.4
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	4.8	5.2
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	8.2	10.4
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	4.6	8.0
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	2.6	3.1
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	1.2	2.4
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.1	1.2
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	35.1	38.2
Boron, CA	93516	479	1 in 45 miles or 75 mins	479	100.0	0	0.0	45.4	49.5
	93596	11	1 in 45 miles or 75 mins	11	100.0	0	0.0	45.0	49.0
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	34.0	37.5
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	39.7	43.3
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	44.3	48.3
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	47.3	51.6
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	38.9	42.4
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	36.0	39.7
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	31.2	34.1
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	8.8	10.5
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	55.0	60.0
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	53.4	58.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	32.9	35.8
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	39.9	43.5
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	34.9	38.0
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	18.7	20.4

Access Detail By Zip Code

Access Analysis
 Adult Oncology
 Member / Provider Groups
 Kern Enrollees
 Adult Oncology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	24.9	27.1
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	28.7	31.3
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	47.2	51.4
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	40.5	44.1
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	10.6	14.9
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	40.0	43.6
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	58.7	64.0
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	43.4	47.3
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	31.6	34.9
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	38.4	42.6
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	61.9	67.5
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	54.2	59.1
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	36.6	39.9
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	38.7	42.2
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	68.2	74.4
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	25.5	27.8
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	33.2	36.2
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	45.9	50.0
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	37.9	41.3
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	18.0	19.6
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	43.8	47.7
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	39.7	43.3
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	44.0	48.0
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	30.2	32.9
Grand Totals		253,317	1 in 45 miles or 75 mins	253,317	100.0	0	0.0	68.2	74.4

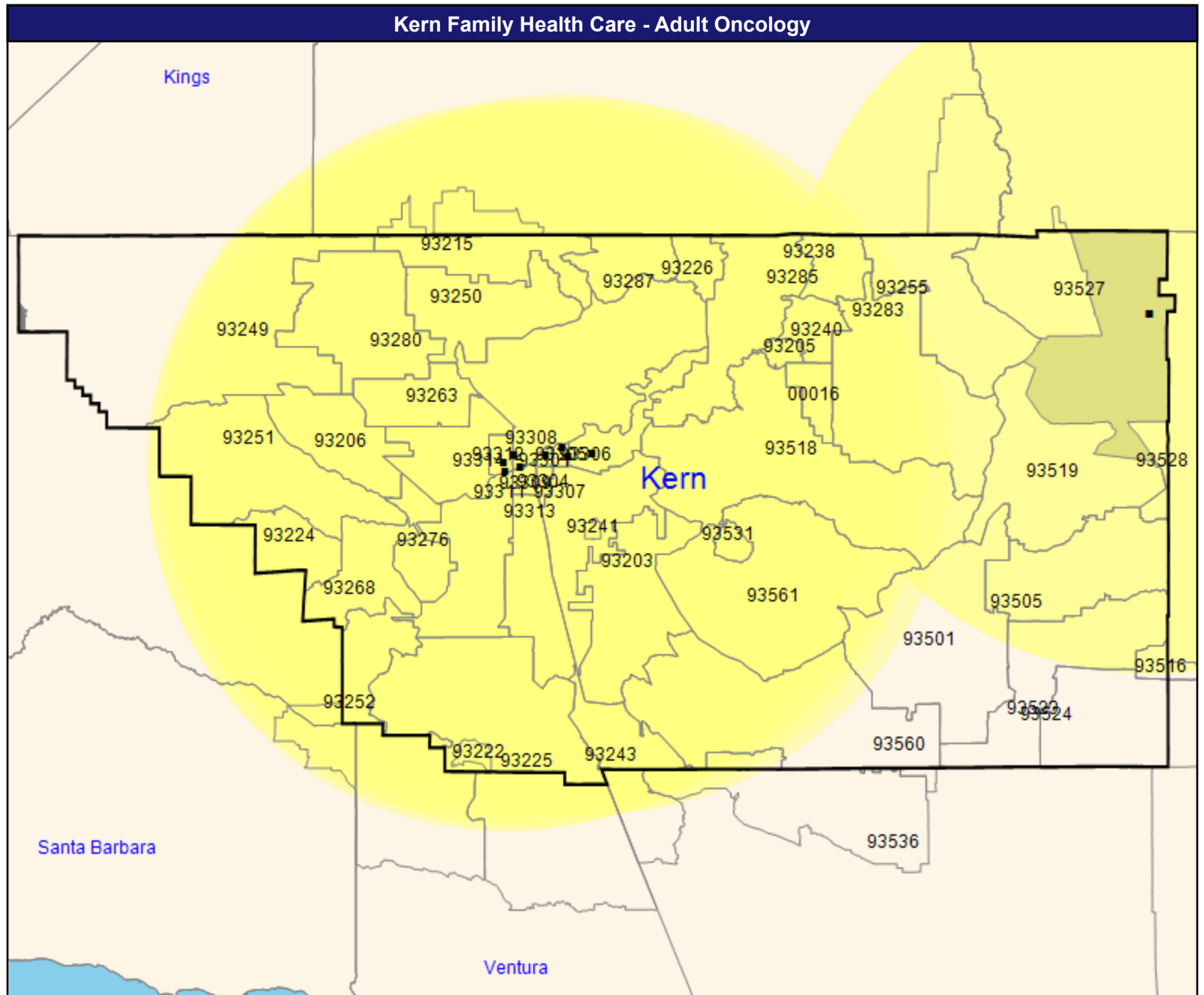
Map

Adult Oncology

18 providers at 10 locations

- All providers
- 45 mile radius

18.18 miles



Map

Adult Oncology
18 providers at 10 locations
■ All providers
○ 45 mile radius

Adult Oncology
Employee Group
Kern Enrollees
Provider Group
Adult Oncology

253,317 member locations
◆ With access (253,317)
● Without access (0)

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

18.18 miles

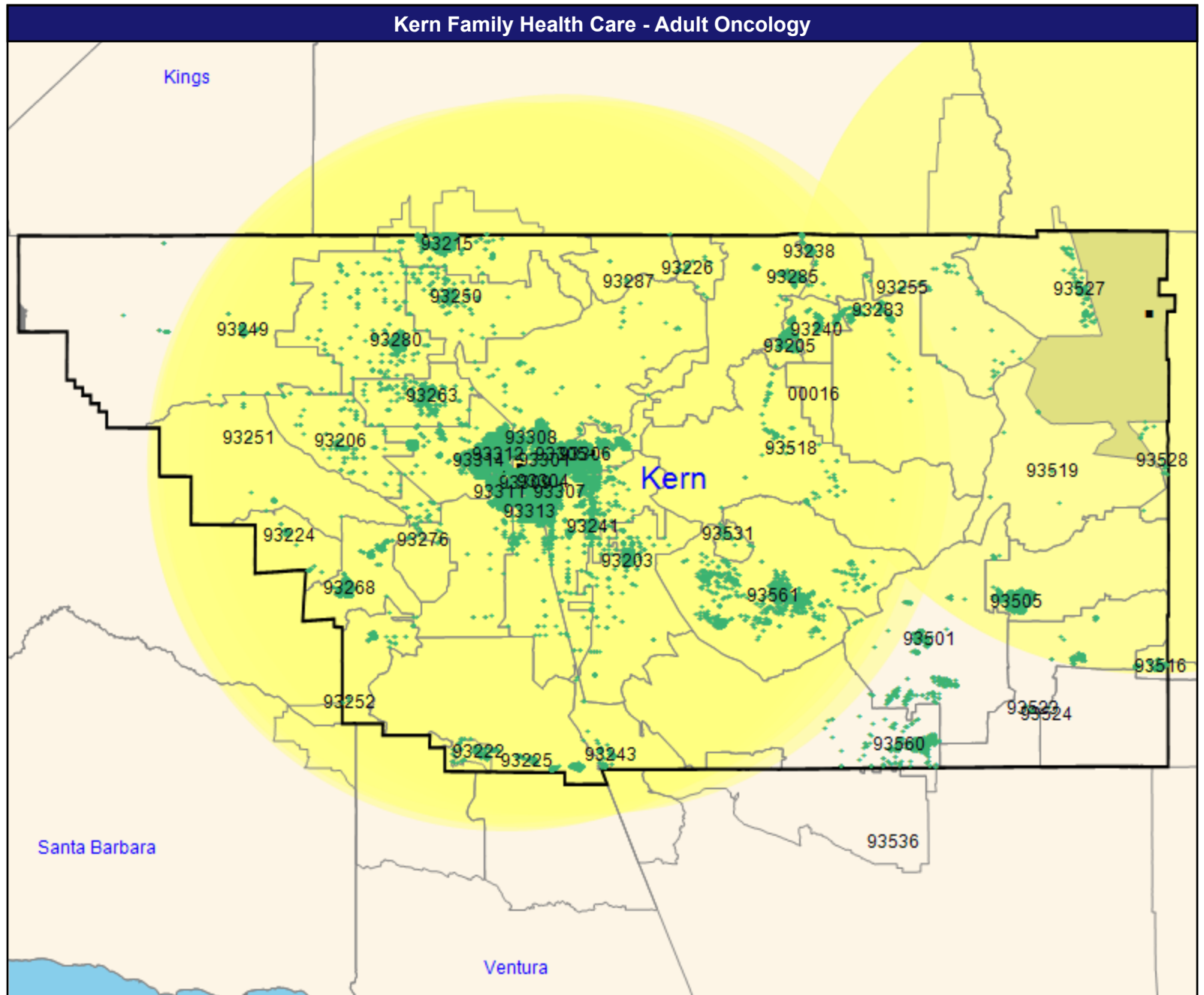




Exhibit B-3
Pediatric Oncology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Pediatric Oncology
 Member / Provider Groups
 Kern Enrollees
 Pediatric Oncology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	28.1	30.6
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.9	2.5
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.7	0.9
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.7	0.9
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	6.3	10.0
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.4	3.3
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	14.4	15.7
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.8	27.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	25.2	27.4
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	5.9	8.7
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	27.3	29.7
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	6.9	9.7
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	22.8	25.2
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	16.2	17.6
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	6.4	7.6
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	8.9	10.4
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	5.0	8.0
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	2.6	3.1
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	2.5	3.5
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.1	1.2
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	35.1	38.2
Boron, CA	93516	479	1 in 45 miles or 75 mins	479	100.0	0	0.0	45.4	49.5
	93596	11	1 in 45 miles or 75 mins	11	100.0	0	0.0	45.0	49.0
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	35.0	38.1
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	39.7	43.3
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	44.3	48.3
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	47.3	51.6
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	38.9	42.4
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	8.5	9.2
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	0.8	0.8
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	8.8	10.5
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	55.0	60.0
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	53.4	58.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	32.9	35.8
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	39.9	43.5
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	33.9	36.9
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	18.7	20.4

Access Detail By Zip Code

Access Analysis
 Pediatric Oncology
 Member / Provider Groups
 Kern Enrollees
 Pediatric Oncology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	24.9	27.1
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	28.7	31.3
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	45.9	50.0
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	40.5	44.1
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	10.6	14.9
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	40.0	43.6
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	43.2	47.1
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	43.4	47.3
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	15.7	17.1
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	39.2	42.7
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	61.9	67.5
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	54.2	59.1
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	36.6	39.9
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	38.7	42.2
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	68.2	74.4
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	25.7	28.0
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	33.2	36.2
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	45.9	50.0
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	37.9	41.3
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	18.0	19.6
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	26.7	29.1
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	39.7	43.3
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	44.0	48.0
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	30.0	32.7
Grand Totals		253,317	1 in 45 miles or 75 mins	253,317	100.0	0	0.0	68.2	74.4

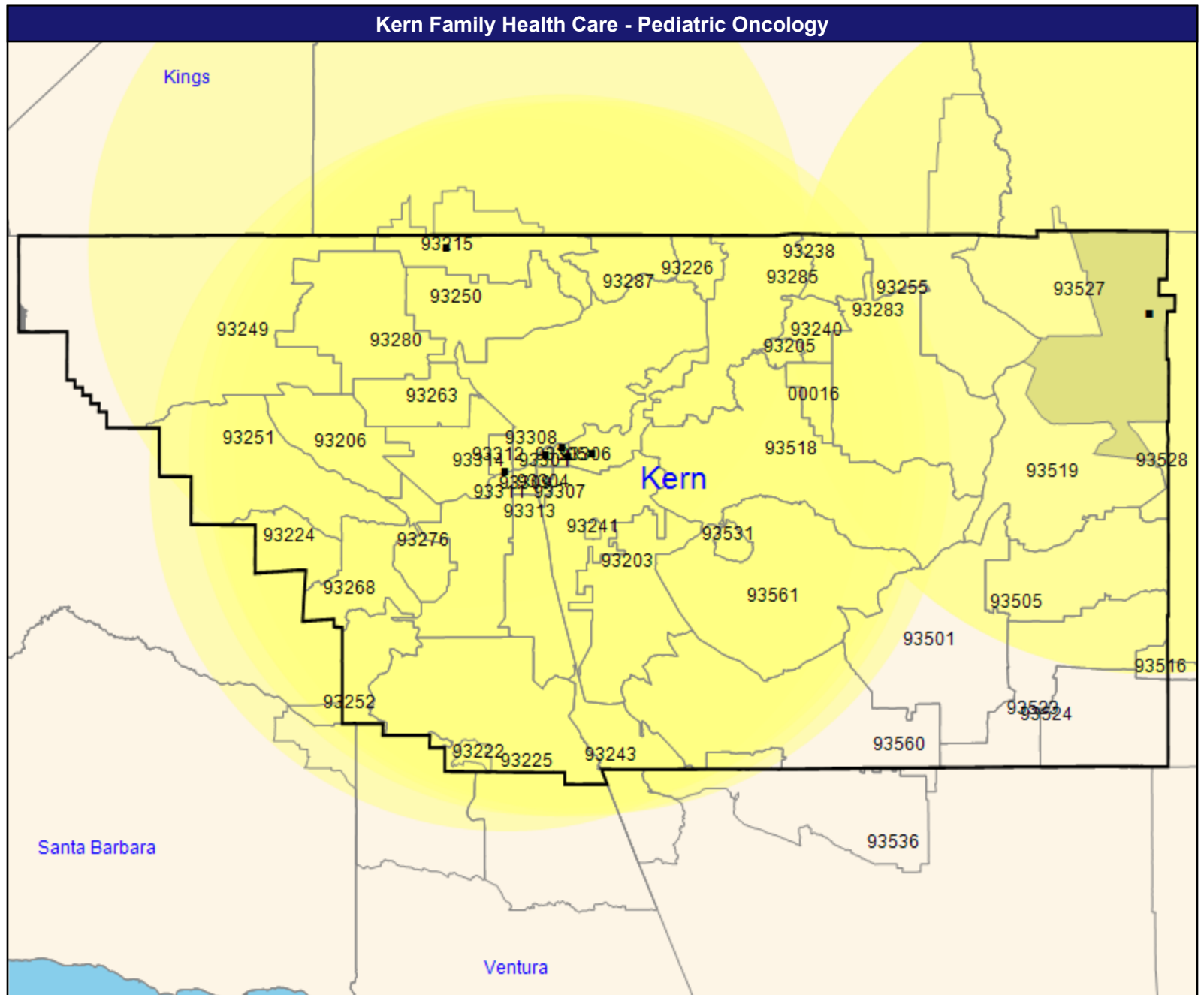
Map

Pediatric Oncology

8 providers at 8 locations

- All providers
- 45 mile radius

18.18 miles



Map

Kern Family Health Care - Pediatric Oncology

Pediatric Oncology

8 providers at 8 locations

- All providers
- 45 mile radius

Pediatric Oncology

Employee Group

Kern Enrollees

Provider Group

Pediatric Oncology

253,317 member locations

- ◆ With access (253,317)
- Without access (0)

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

- 1 (Pediatric Oncology) provider in 45 miles or 75 minutes

18.18 miles

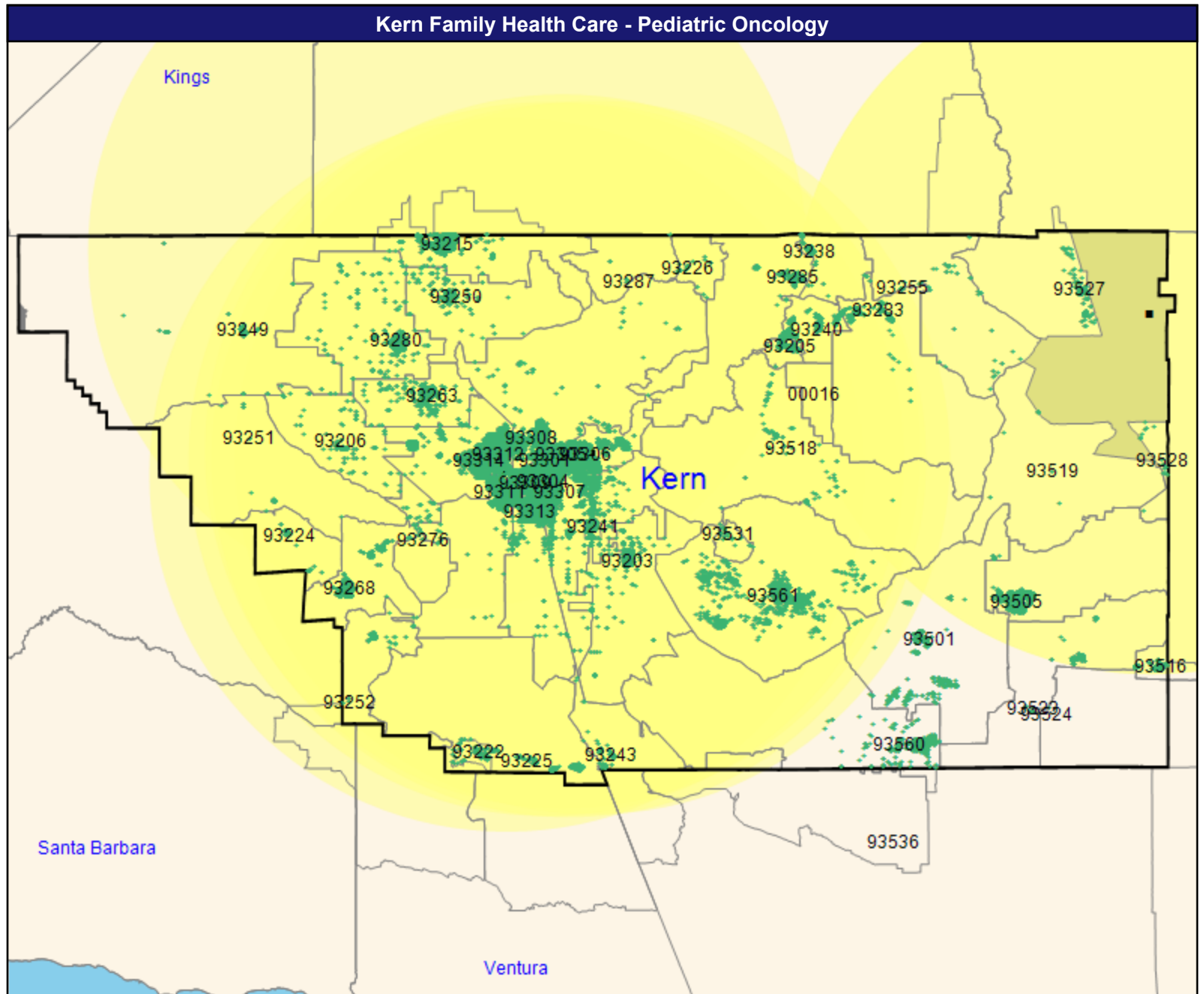




Exhibit B-3
Adult Ophthalmology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Adult Ophthalmology
 Member / Provider Groups
 Kern Enrollees
 Adult Ophthalmology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	30.0	32.7
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	2.0	2.6
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.6	0.8
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.6	0.8
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	5.0	9.8
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	3.2	4.6
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	17.4	18.9
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.8	27.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	28.4	30.9
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	3.9	6.4
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	27.2	29.6
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	5.4	7.6
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	22.1	25.3
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	14.6	15.9
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	3.8	4.1
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	6.1	8.6
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	2.2	4.4
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	2.4	2.8
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	0.3	0.6
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.0	1.0
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	37.6	41.0
Boron, CA	93516	479	1 in 45 miles or 75 mins	0	0.0	479	100.0	73.0	90.4
	93596	11	1 in 45 miles or 75 mins	0	0.0	11	100.0	72.2	89.6
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	34.1	37.2
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	42.6	46.4
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	62.7	68.4
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	64.2	70.0
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	63.6	69.3
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	9.9	10.8
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	0.6	0.6
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	8.2	10.5
Edwards, CA	93523	230	1 in 45 miles or 75 mins	0	0.0	230	100.0	72.6	80.5
	93524	1	1 in 45 miles or 75 mins	0	0.0	1	100.0	59.8	80.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	32.8	35.7
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	39.1	43.5
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	34.6	37.7
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	0	0.0	205	100.0	72.3	78.8

Access Detail By Zip Code

Access Analysis
 Adult Ophthalmology
 Member / Provider Groups
 Kern Enrollees
 Adult Ophthalmology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	0	0.0	21	100.0	77.0	84.0
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	30.7	33.4
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	48.0	52.3
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	44.8	48.8
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	12.5	17.6
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	40.3	43.9
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	43.2	47.1
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	43.3	47.2
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	16.4	17.8
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	38.5	42.5
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	59.5	69.2
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	56.1	61.2
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	63.7	69.4
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	38.7	42.2
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	57.6	73.1
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	24.9	27.1
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	33.2	36.2
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	47.5	51.8
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	39.7	43.3
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	17.9	19.5
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	26.9	29.3
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	51.2	55.8
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	46.1	50.2
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	30.8	33.6
Grand Totals		253,317	1 in 45 miles or 75 mins	252,370	99.6	947	0.4	77.0	90.4

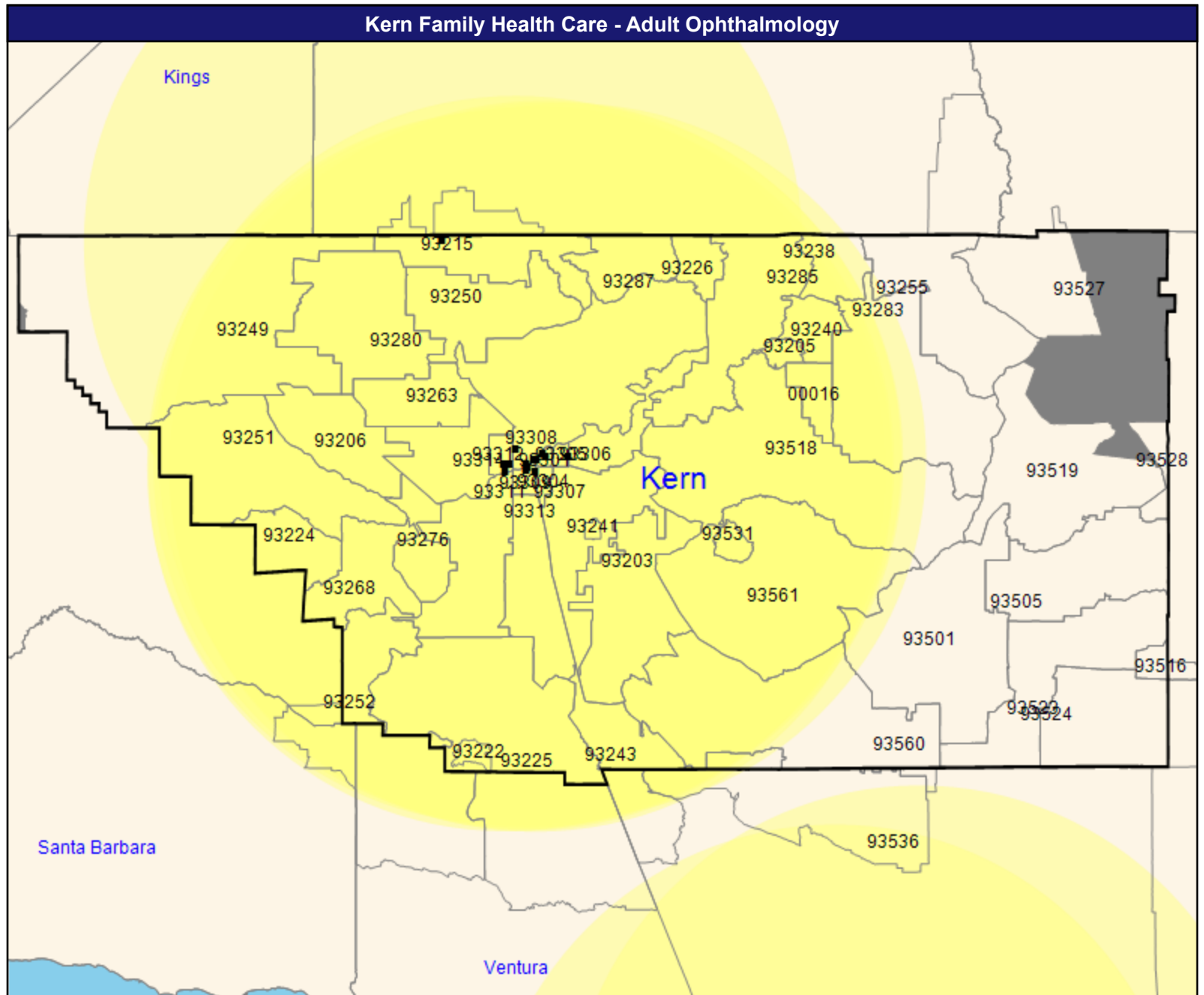
Map

Adult Ophthalmology

38 providers at 18 locations

- All providers
- 45 mile radius

18.18 miles



Map

Adult Ophthalmology
38 providers at 18 locations
■ All providers
○ 45 mile radius

Adult Ophthalmology
Employee Group
Kern Enrollees
Provider Group
Adult Ophthalmology

253,317 member locations
◆ With access (252,370)
● Without access (947)

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

18.18 miles

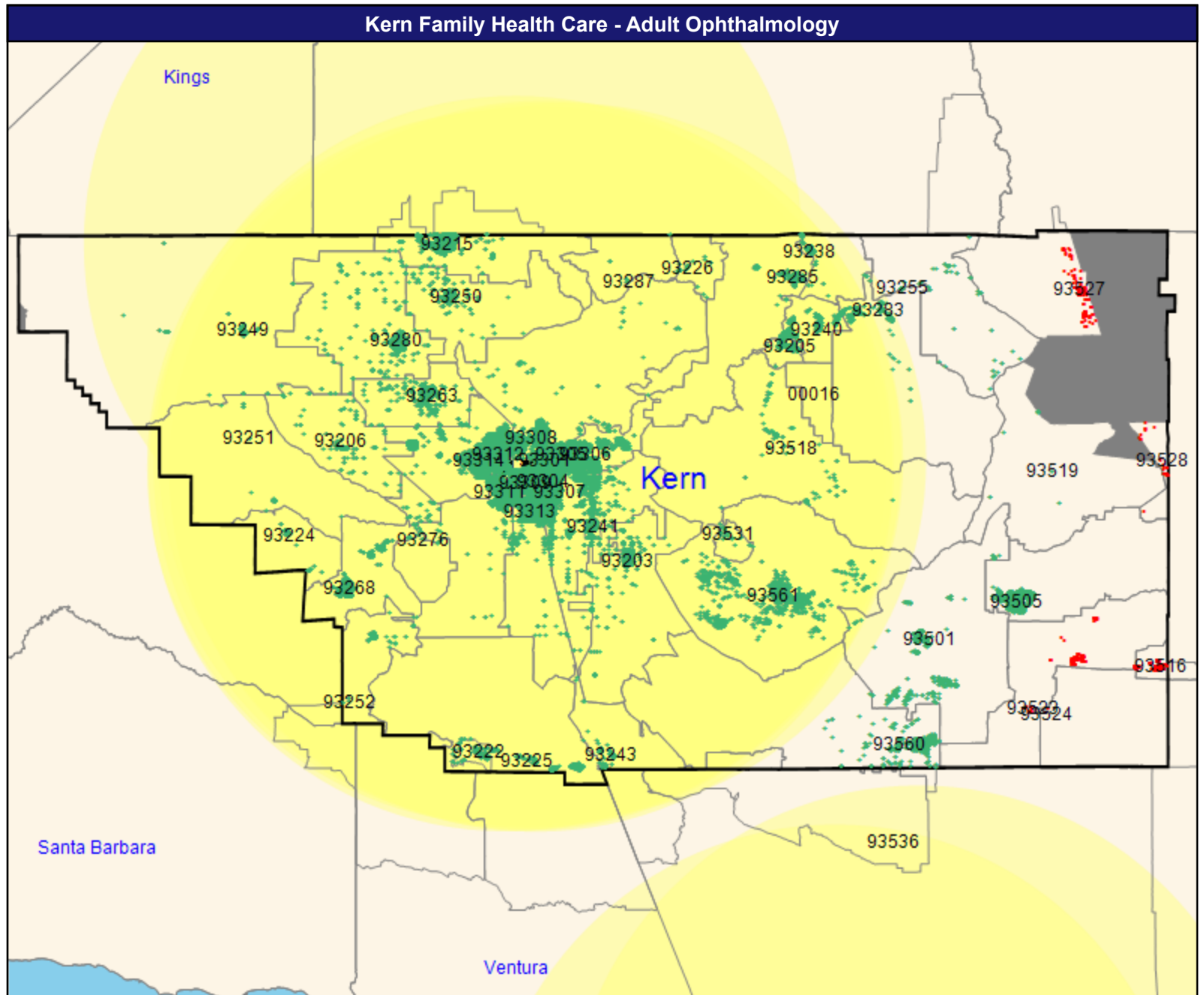




Exhibit B-3
Pediatric Ophthalmology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Pediatric Ophthalmology
 Member / Provider Groups
 Kern Enrollees
 Pediatric Ophthalmology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	30.0	32.7
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	2.0	2.6
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.6	0.8
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.6	0.8
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	5.0	9.8
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	3.2	4.6
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	17.4	18.9
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.8	27.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	28.4	30.9
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	3.9	6.4
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	27.2	29.6
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	5.4	7.6
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	22.1	25.3
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	14.6	15.9
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	3.8	4.1
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	6.1	8.6
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	2.2	4.4
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	2.4	2.8
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	0.3	0.6
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.0	1.0
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	37.6	41.0
Boron, CA	93516	479	1 in 45 miles or 75 mins	0	0.0	479	100.0	73.0	90.4
	93596	11	1 in 45 miles or 75 mins	0	0.0	11	100.0	72.2	89.6
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	34.1	37.2
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	42.6	46.4
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	62.7	68.4
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	64.2	70.0
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	63.6	69.3
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	36.1	39.3
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	30.8	33.6
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	8.2	10.5
Edwards, CA	93523	230	1 in 45 miles or 75 mins	0	0.0	230	100.0	72.6	80.5
	93524	1	1 in 45 miles or 75 mins	0	0.0	1	100.0	59.8	80.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	32.8	35.7
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	39.1	43.5
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	38.0	41.4
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	0	0.0	205	100.0	72.3	78.8

Access Detail By Zip Code

Access Analysis
 Pediatric Ophthalmology
 Member / Provider Groups
 Kern Enrollees
 Pediatric Ophthalmology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	0	0.0	21	100.0	77.0	84.0
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	30.7	33.4
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	51.0	55.6
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	44.8	48.8
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	12.5	17.6
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	40.3	43.9
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	58.2	63.4
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	43.3	47.2
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	31.6	34.4
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	38.5	42.5
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	59.5	69.2
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	56.1	61.2
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	63.7	69.4
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	38.7	42.2
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	57.6	73.1
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	24.9	27.1
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	33.2	36.2
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	47.5	51.8
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	39.7	43.3
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	17.9	19.5
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	43.2	47.1
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	51.2	55.8
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	46.2	50.4
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	33.2	36.2
Grand Totals		253,317	1 in 45 miles or 75 mins	252,370	99.6	947	0.4	77.0	90.4

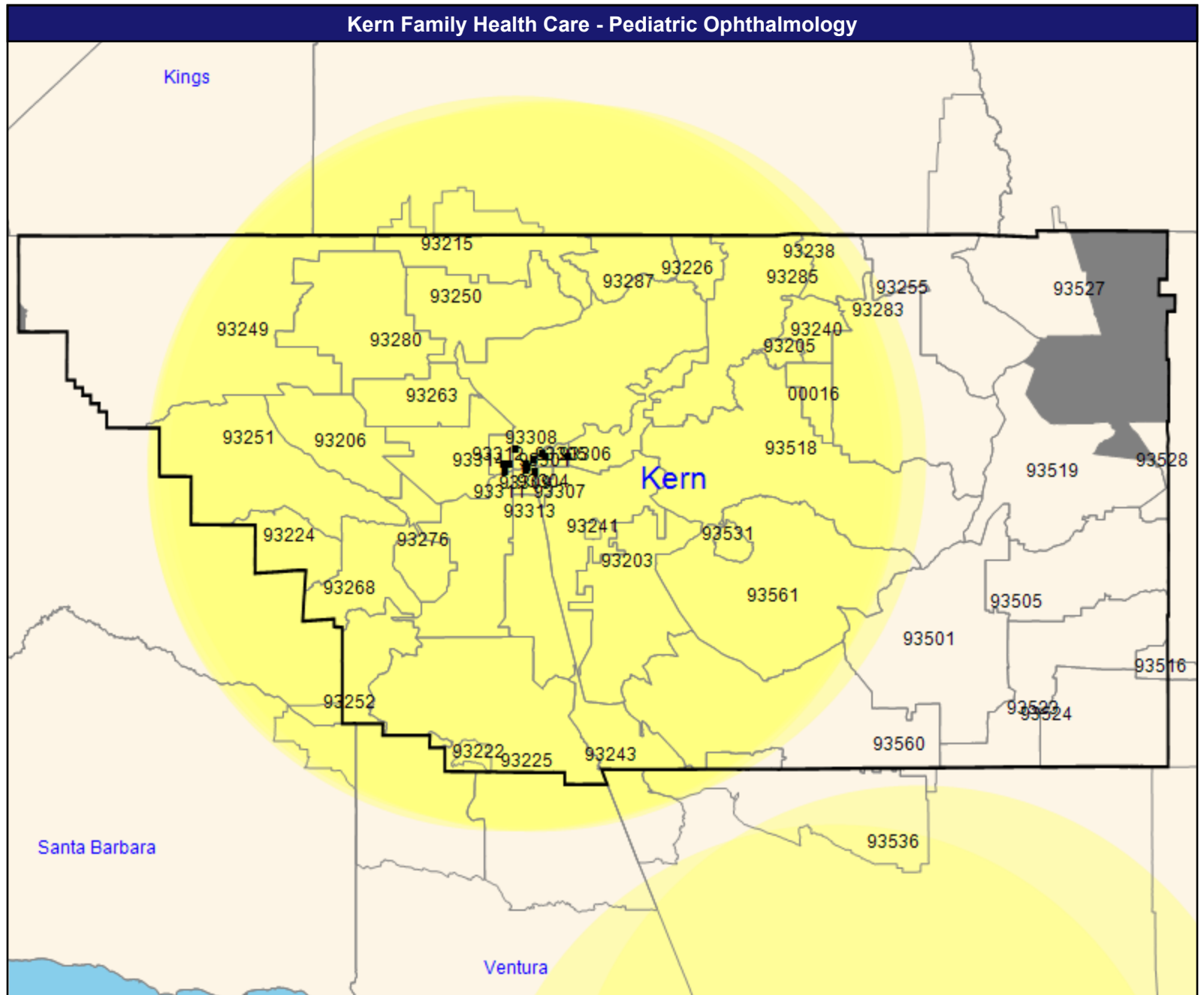
Map

Pediatric Ophthalmology

36 providers at 16 locations

- All providers
- 45 mile radius

18.18 miles



Map

Pediatric Ophthalmology
36 providers at 16 locations
■ All providers
○ 45 mile radius

Pediatric Ophthalmology
Employee Group
Kern Enrollees
Provider Group
Pediatric Ophthalmology

253,317 member locations
◆ With access (252,370)
● Without access (947)

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

18.18 miles

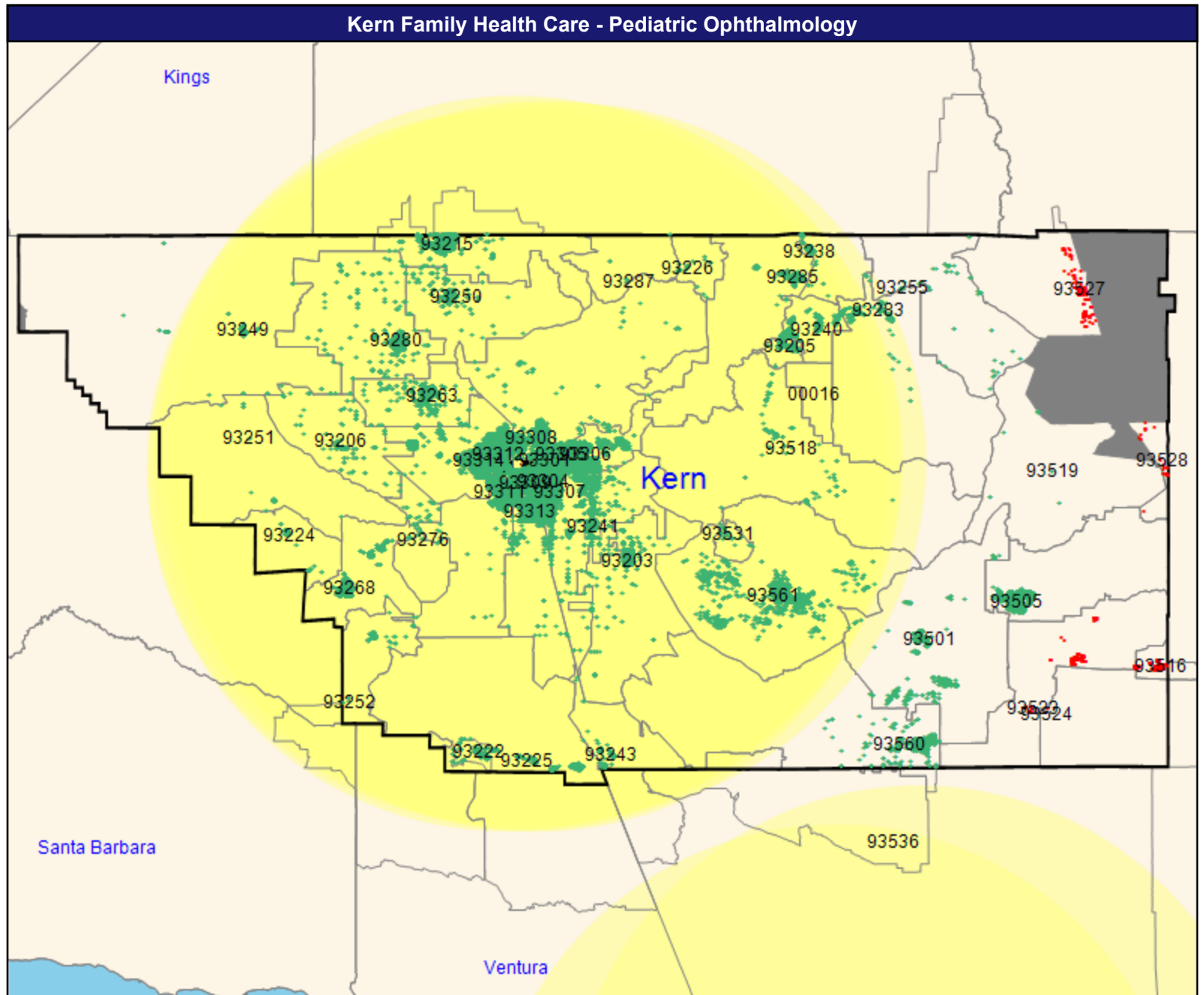




Exhibit B-3
Adult Orthopedic Surgery Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Adult Orthopedic Surgery
 Member / Provider Groups
 Kern Enrollees
 Adult Orthopedic Surgery

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	30.0	32.7
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.7	2.5
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.1	0.1
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.1	0.1
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	5.6	8.9
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.2	3.3
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	16.9	18.9
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.8	27.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	28.4	30.9
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	5.5	8.3
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	26.7	29.1
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	6.6	9.3
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	22.5	25.2
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	16.0	17.4
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	6.3	7.5
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	8.1	9.7
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	4.2	6.7
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	2.6	3.1
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	2.5	3.5
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	0.6	0.6
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	37.2	41.0
Boron, CA	93516	479	1 in 45 miles or 75 mins	479	100.0	0	0.0	45.3	49.4
	93596	11	1 in 45 miles or 75 mins	11	100.0	0	0.0	44.9	48.9
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	34.8	37.9
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	42.6	46.4
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	44.3	48.3
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	47.2	51.4
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	38.9	42.4
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	8.6	9.3
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	0.6	0.6
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	8.5	10.2
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	55.0	60.0
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	53.4	58.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	32.3	35.2
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	39.9	43.5
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	34.5	37.6
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	18.7	20.4

Access Detail By Zip Code

Access Analysis
 Adult Orthopedic Surgery
 Member / Provider Groups
 Kern Enrollees
 Adult Orthopedic Surgery

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	24.8	27.0
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	30.7	33.4
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	45.9	50.0
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	42.4	46.5
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	12.5	17.6
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	40.3	43.9
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	43.2	47.1
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	42.8	46.6
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	15.8	17.2
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	38.9	42.4
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	62.3	67.9
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	56.1	61.2
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	36.6	39.9
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	38.3	41.7
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	68.7	74.9
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	25.7	28.0
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	32.7	35.6
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	47.5	51.8
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	39.7	43.3
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	17.4	18.9
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	26.7	29.1
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	39.7	43.3
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	45.5	49.6
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	30.1	32.8
Grand Totals		253,317	1 in 45 miles or 75 mins	253,317	100.0	0	0.0	68.7	74.9

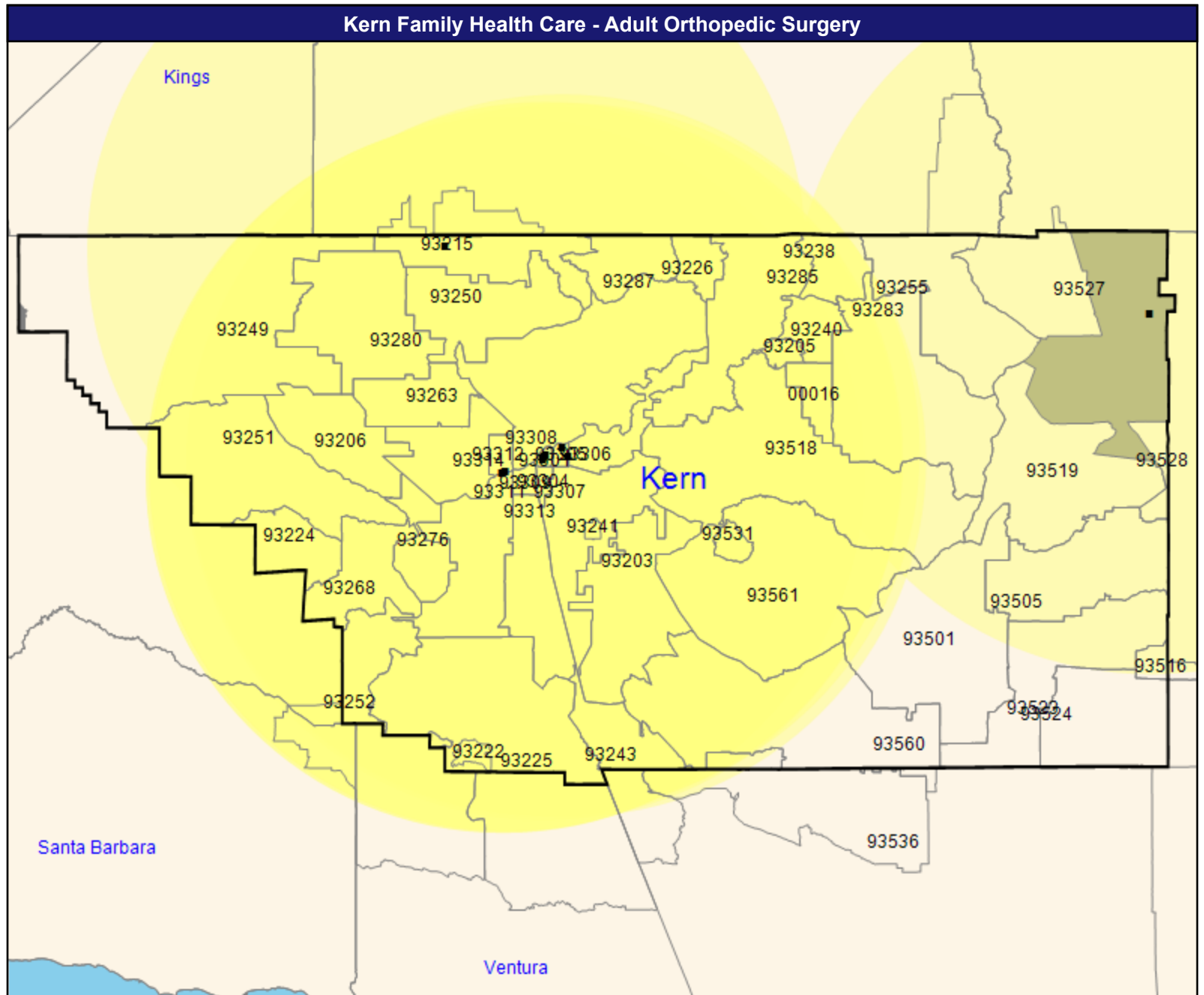
Map

Adult Orthopedic Surgery

21 providers at 11 locations

- All providers
- 45 mile radius

18.18 miles



Map

Adult Orthopedic Surgery

21 providers at 11 locations

- All providers
- 45 mile radius

Adult Orthopedic Surgery

Employee Group

Kern Enrollees

Provider Group

Adult Orthopedic Surgery

253,317 member locations

- ◆ With access (253,317)
- Without access (0)

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

1 (Adult Orthopedic Surgery) provider in 45 miles or 75 minutes

18.18 miles

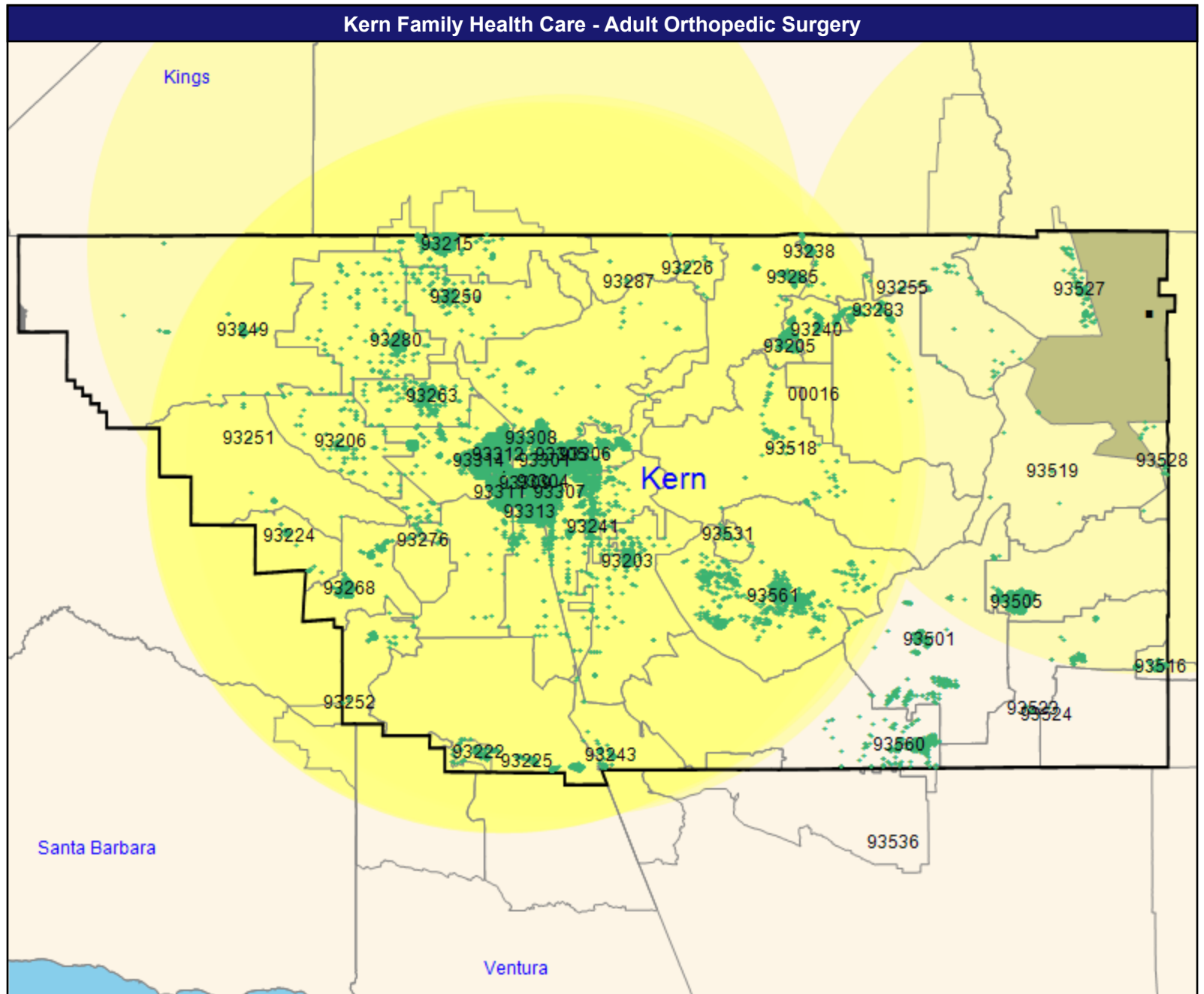




Exhibit B-3
Pediatric Orthopedic Surgery Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Pediatric Orthopedic Surgery
 Member / Provider Groups
 Kern Enrollees
 Pediatric Orthopedic Surgery

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	30.0	32.7
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	4.6	5.5
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	3.4	4.0
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	3.4	4.0
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	8.6	12.1
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.8	3.9
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	16.9	18.9
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.8	27.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	28.4	30.9
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	6.2	8.7
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	26.7	29.1
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	6.6	9.3
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	23.1	25.2
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	16.0	17.4
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	7.4	8.2
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	9.6	10.4
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	5.9	8.3
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	3.7	5.2
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	2.5	3.5
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	0.6	0.6
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	37.2	41.0
Boron, CA	93516	479	1 in 45 miles or 75 mins	479	100.0	0	0.0	45.3	49.4
	93596	11	1 in 45 miles or 75 mins	11	100.0	0	0.0	44.9	48.9
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	34.8	37.9
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	42.6	46.4
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	44.3	48.3
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	47.2	51.4
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	38.9	42.4
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	8.6	9.3
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	0.6	0.6
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	9.7	10.5
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	55.0	60.0
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	53.4	58.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	32.4	35.3
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	39.9	43.5
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	34.5	37.6
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	18.7	20.4

Access Detail By Zip Code

Access Analysis
 Pediatric Orthopedic Surgery
 Member / Provider Groups
 Kern Enrollees
 Pediatric Orthopedic Surgery

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	24.8	27.0
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	30.7	33.4
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	45.9	50.0
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	42.4	46.5
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	12.5	17.6
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	40.3	43.9
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	43.2	47.1
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	42.8	46.6
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	15.8	17.2
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	38.9	42.4
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	62.3	67.9
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	56.1	61.2
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	36.6	39.9
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	38.3	41.7
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	68.7	74.9
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	25.7	28.0
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	32.7	35.6
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	47.5	51.8
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	39.7	43.3
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	17.4	18.9
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	26.7	29.1
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	39.7	43.3
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	45.5	49.6
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	30.1	32.8
Grand Totals		253,317	1 in 45 miles or 75 mins	253,317	100.0	0	0.0	68.7	74.9

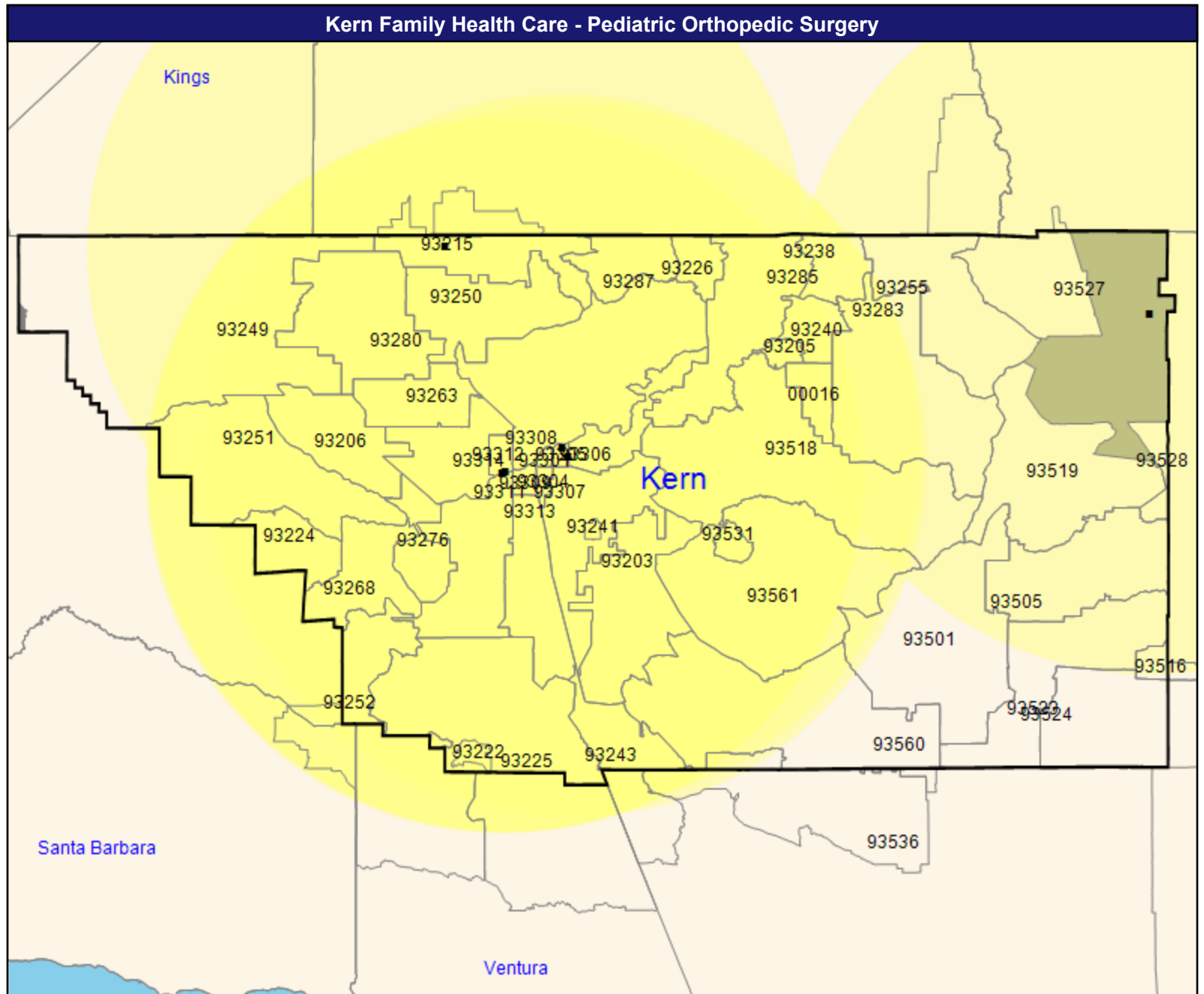
Map

Pediatric Orthopedic Surgery

18 providers at 7 locations

- All providers
- 45 mile radius

18.18 miles



Excluded from MCP Service Area (Zip Codes 93554, 93555)

Map

Pediatric Orthopedic Surgery

18 providers at 7 locations

- All providers
- 45 mile radius

Pediatric Orthopedic Surgery

Employee Group

Kern Enrollees

Provider Group

Pediatric Orthopedic Surgery

253,317 member locations

- ◆ With access (253,317)
- Without access (0)

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

1 (Pediatric Orthopedic Surgery) provider in 45 miles or 75 minutes

18.18 miles

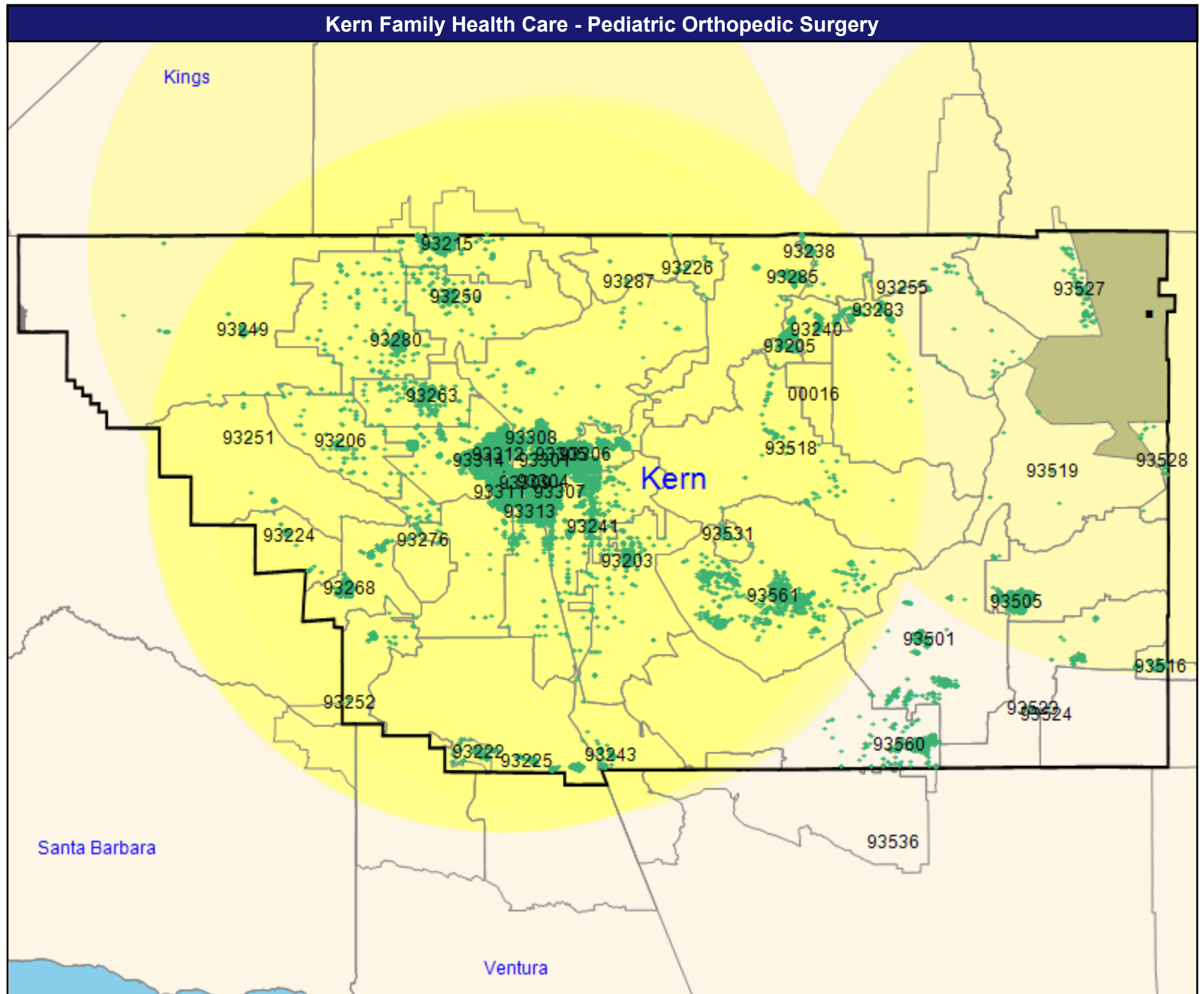




Exhibit B-3

Adult Physical Medicine and Rehabilitation Providers Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Adult Physical Medicine and
 Rehabilitation
 Member / Provider Groups
 Kern Enrollees
 Adult Physical Medicine and
 Rehabilitation

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	30.0	32.7
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	2.9	3.8
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	1.7	2.2
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	1.7	2.2
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	4.0	7.5
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.4	3.5
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	16.9	18.9
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.2	27.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	28.4	30.9
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	2.7	5.4
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	27.0	29.4
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	6.6	9.3
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	21.0	25.2
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	15.9	17.3
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	5.2	7.3
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	4.8	6.7
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	2.0	4.0
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	2.6	3.1
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	0.8	1.6
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	0.8	0.8
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	37.2	41.0
Boron, CA	93516	479	1 in 45 miles or 75 mins	0	0.0	479	100.0	82.9	90.4
	93596	11	1 in 45 miles or 75 mins	0	0.0	11	100.0	82.2	89.6
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	34.7	37.8
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	42.6	46.4
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	62.7	68.4
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	64.2	70.0
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	63.6	69.3
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	36.8	40.1
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	32.0	34.9
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	7.1	10.0
Edwards, CA	93523	230	1 in 45 miles or 75 mins	0	0.0	230	100.0	73.8	80.5
	93524	1	1 in 45 miles or 75 mins	0	0.0	1	100.0	73.6	80.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	32.6	35.5
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	37.3	43.5
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	38.0	41.4
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	0	0.0	205	100.0	72.3	78.8

Access Detail By Zip Code

Access Analysis
 Adult Physical Medicine and Rehabilitation
 Member / Provider Groups
 Kern Enrollees
 Adult Physical Medicine and Rehabilitation

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	0	0.0	21	100.0	77.0	84.0
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	30.7	33.4
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	50.5	55.6
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	44.5	48.8
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	12.5	17.6
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	39.1	43.9
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	59.5	64.9
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	43.0	46.9
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	32.3	35.2
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	38.9	42.4
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	63.5	69.2
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	56.1	61.2
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	63.5	69.4
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	37.7	42.0
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,062	98.6	15	1.4	69.9	76.8
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	26.4	28.8
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	32.6	36.0
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	47.4	51.8
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	39.7	43.3
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	17.5	19.3
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	44.9	48.9
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	50.8	55.8
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	45.7	50.4
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	33.2	36.2
Grand Totals		253,317	1 in 45 miles or 75 mins	252,355	99.6	962	0.4	82.9	90.4

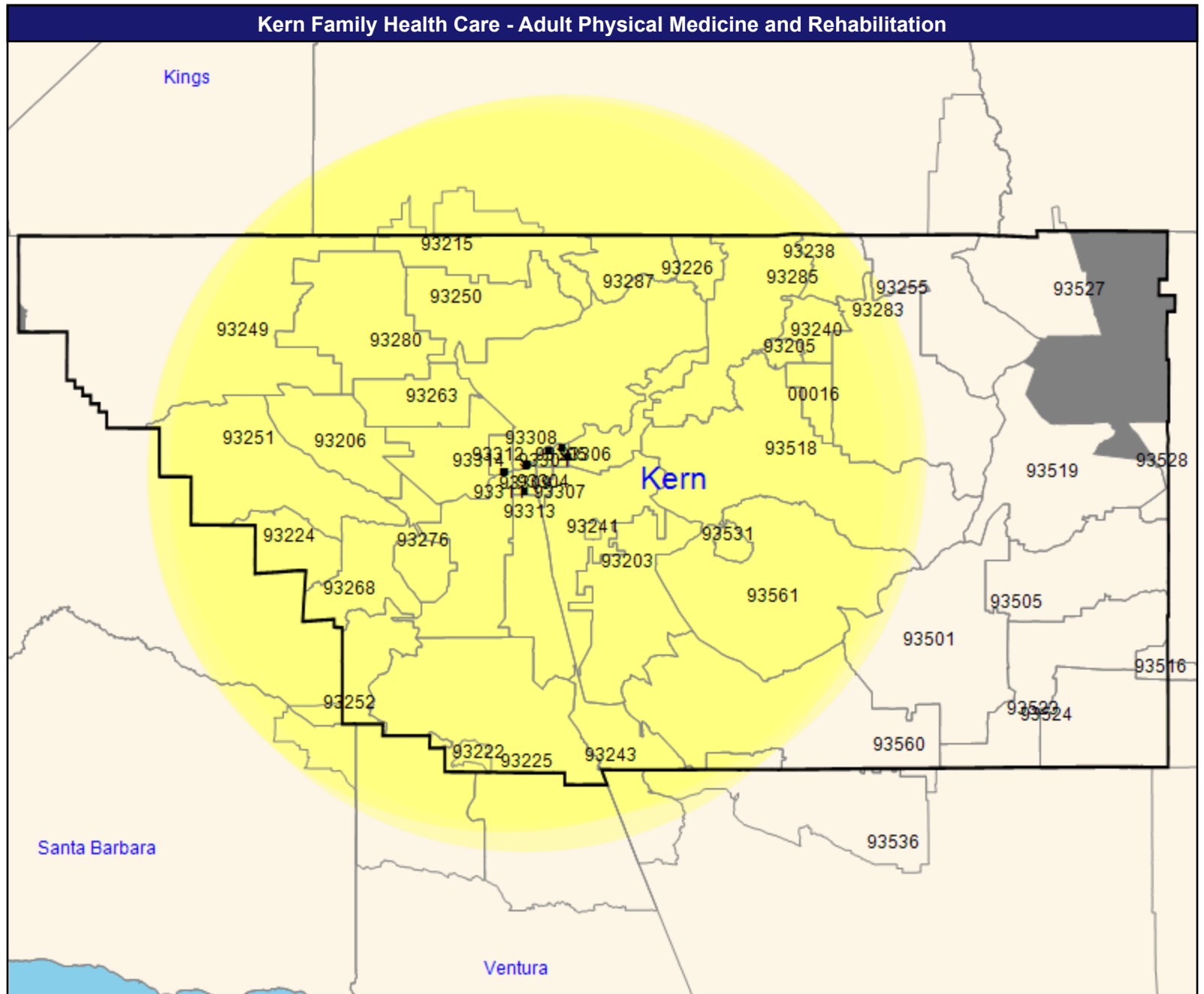
Map

Adult Physical Medicine and Rehabilitation

19 providers at 9 locations

- All providers
- 45 mile radius

18.18 miles



Map

Adult Physical Medicine and Rehabilitation

19 providers at 9 locations

- All providers
- 45 mile radius

Adult Physical Medicine and Rehabilitation

Employee Group

Kern Enrollees

Provider Group

Adult Physical Medicine and Rehabilitation

253,317 member locations

- ◆ With access (252,355)
- Without access (962)

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

- 1 (Adult Physical Medicine and Rehabilitation) provider in 45 miles or 75 minutes

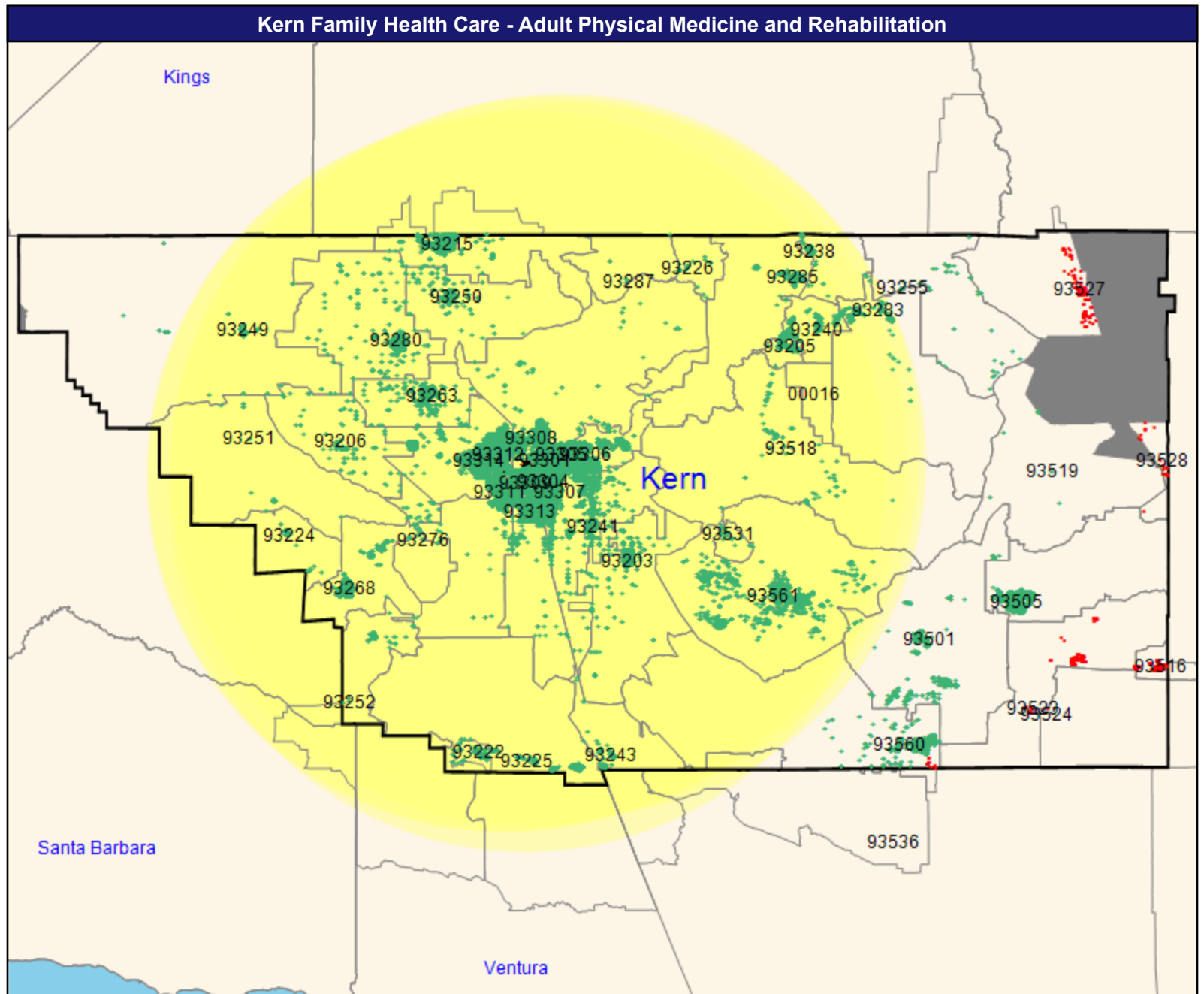
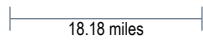




Exhibit B-3

Pediatric Physical Medicine and Rehabilitation Providers Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Pediatric Physical Medicine and
 Rehabilitation
 Member / Provider Groups
 Kern Enrollees
 Pediatric Physical Medicine and
 Rehabilitation

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
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	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	2.5	4.0
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	2.5	4.0
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	4.2	8.0
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.8	3.9
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	16.9	18.9
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.2	27.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	28.4	30.9
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	2.7	5.4
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	27.3	29.7
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	6.9	9.7
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	21.0	25.2
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	16.2	17.6
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	5.2	7.3
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	4.8	6.7
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	2.0	4.0
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	3.7	5.2
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	0.8	1.6
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.1	1.2
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	37.2	41.0
Boron, CA	93516	479	1 in 45 miles or 75 mins	0	0.0	479	100.0	82.9	90.4
	93596	11	1 in 45 miles or 75 mins	0	0.0	11	100.0	82.2	89.6
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	35.0	38.1
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	42.6	46.4
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	62.7	68.4
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	64.2	70.0
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	63.6	69.3
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	37.0	40.3
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	32.2	35.1
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	7.1	10.0
Edwards, CA	93523	230	1 in 45 miles or 75 mins	0	0.0	230	100.0	73.8	80.5
	93524	1	1 in 45 miles or 75 mins	0	0.0	1	100.0	73.6	80.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	32.6	35.8
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	37.3	43.5
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	38.0	41.4
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	0	0.0	205	100.0	72.3	78.8

Access Detail By Zip Code

Access Analysis
 Pediatric Physical Medicine and
 Rehabilitation
 Member / Provider Groups
 Kern Enrollees
 Pediatric Physical Medicine and
 Rehabilitation

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	0	0.0	21	100.0	77.0	84.0
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	30.7	33.4
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	50.5	55.6
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	44.5	48.8
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	12.5	17.6
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	39.1	43.9
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	59.7	65.1
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	43.4	47.3
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	32.6	35.5
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	39.2	42.7
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	63.5	69.2
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	56.1	61.2
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	63.5	69.4
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	37.7	42.2
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,062	98.6	15	1.4	69.9	76.8
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	26.7	29.1
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	32.6	36.2
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	47.4	51.8
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	39.7	43.3
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	17.5	19.6
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	45.1	49.2
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	50.8	55.8
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	45.7	50.4
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	33.2	36.2
Grand Totals		253,317	1 in 45 miles or 75 mins	252,355	99.6	962	0.4	82.9	90.4

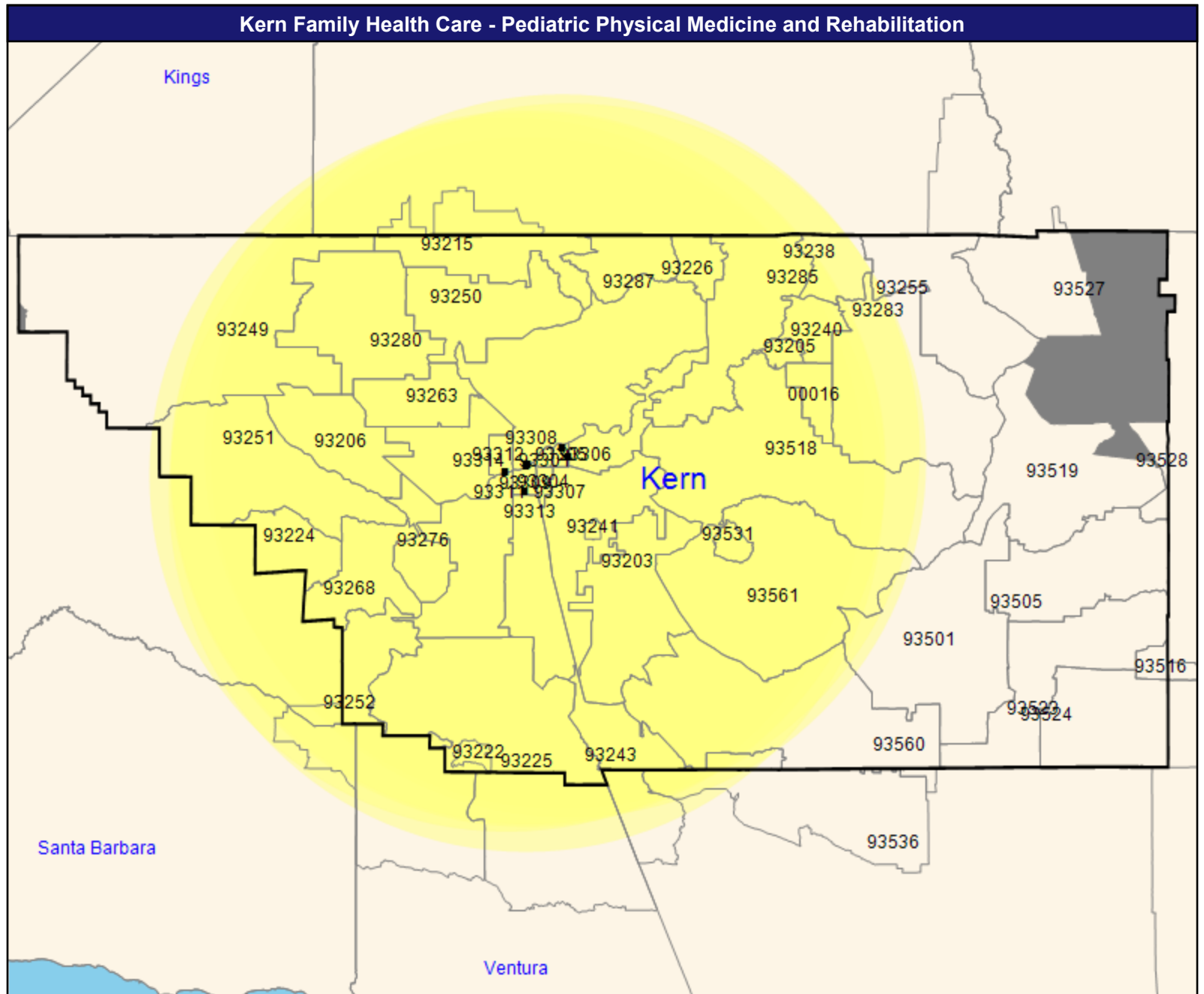
Map

Pediatric Physical Medicine and Rehabilitation

6 providers at 6 locations

- All providers
- 45 mile radius

18.18 miles



Map

Kern Family Health Care - Pediatric Physical Medicine and Rehabilitation

Pediatric Physical Medicine and Rehabilitation

6 providers at 6 locations

- All providers
- 45 mile radius

Pediatric Physical Medicine and Rehabilitation

Employee Group

Kern Enrollees

Provider Group

Pediatric Physical Medicine and Rehabilitation

253,317 member locations

- ◆ With access (252,355)
- Without access (962)

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

- 1 (Pediatric Physical Medicine and Rehabilitation) provider in 45 miles or 75 minutes

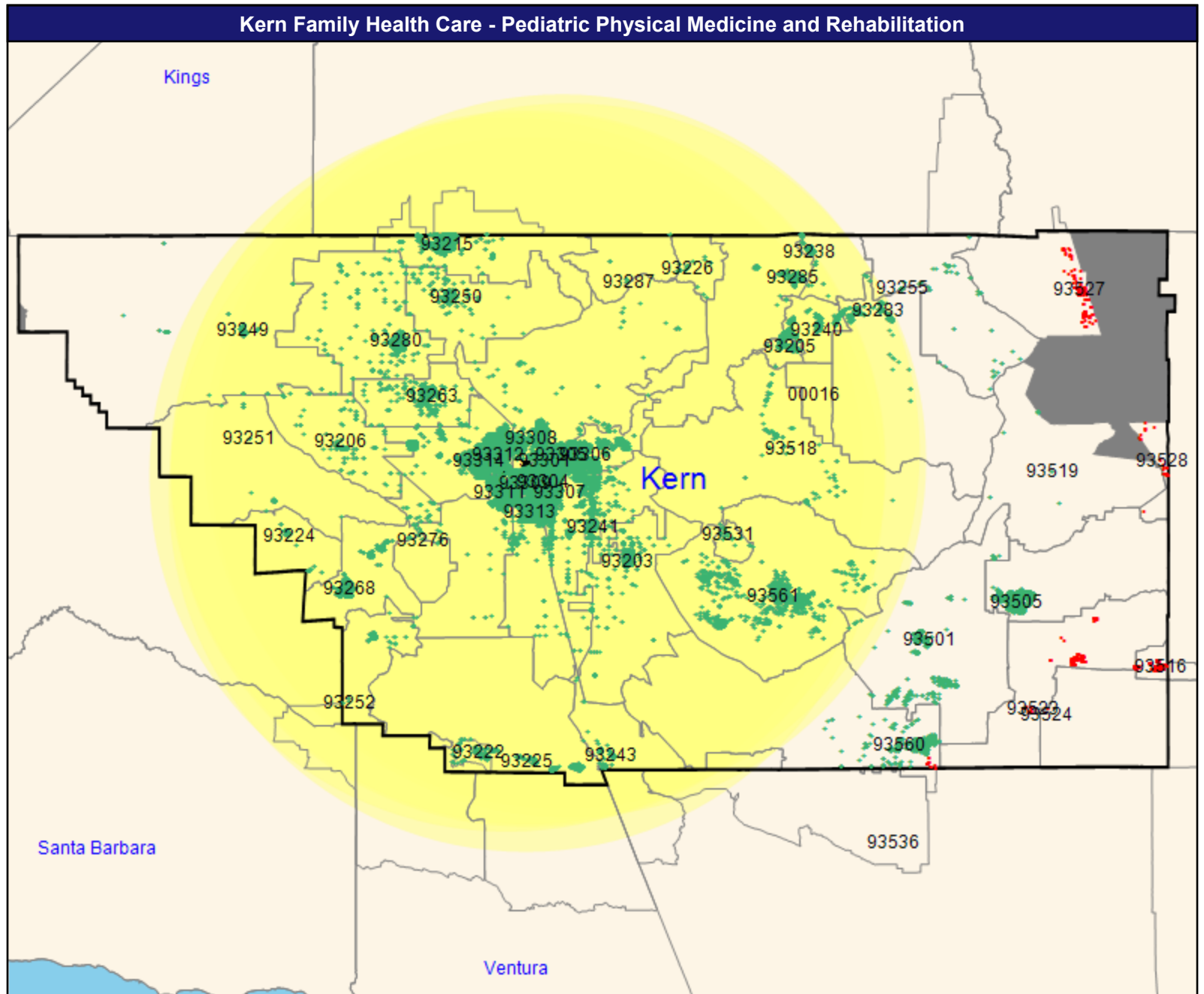




Exhibit B-3
Adult Psychiatry Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Adult Psychiatry
 Member / Provider Groups
 Kern Enrollees
 Adult Psychiatry

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	26.6	29.0
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.7	2.2
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.5	0.6
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.5	0.6
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	2.7	5.4
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.0	3.0
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	15.1	16.4
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	22.5	24.5
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	23.5	25.6
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	2.2	4.0
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	17.9	19.5
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	4.3	8.6
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	19.2	20.9
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	12.9	14.0
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	4.0	4.3
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	2.8	3.0
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	0.6	1.2
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.3	2.0
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	0.9	0.9
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	1.0	2.0
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.7	2.4
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	9.4	10.2
Boron, CA	93516	479	1 in 45 miles or 75 mins	479	100.0	0	0.0	25.1	27.3
	93596	11	1 in 45 miles or 75 mins	11	100.0	0	0.0	24.6	26.8
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	21.3	23.2
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	20.1	21.9
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	0.5	0.5
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	4.3	4.6
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	24.0	26.1
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	25.5	27.8
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	19.3	21.0
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	5.1	5.5
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	16.2	17.6
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	16.7	18.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	17.0	18.5
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	35.6	38.8
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	26.9	29.3
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	18.7	20.4

Access Detail By Zip Code

Access Analysis
 Adult Psychiatry
 Member / Provider Groups
 Kern Enrollees
 Adult Psychiatry

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	24.6	26.8
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	16.8	18.3
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	12.4	13.5
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	7.0	7.6
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	9.9	13.9
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	37.4	40.8
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	45.4	49.5
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	14.4	15.7
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	20.0	22.3
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	27.5	30.0
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	13.7	14.9
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	0.0	0.0
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	26.6	29.0
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	34.0	37.0
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	24.1	26.2
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	9.7	10.5
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	13.9	15.1
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	16.8	18.3
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	1.3	1.4
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	15.8	17.2
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	29.3	31.9
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	20.8	22.6
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	14.3	15.6
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	26.2	28.5
Grand Totals		253,317	1 in 45 miles or 75 mins	253,317	100.0	0	0.0	45.4	49.5

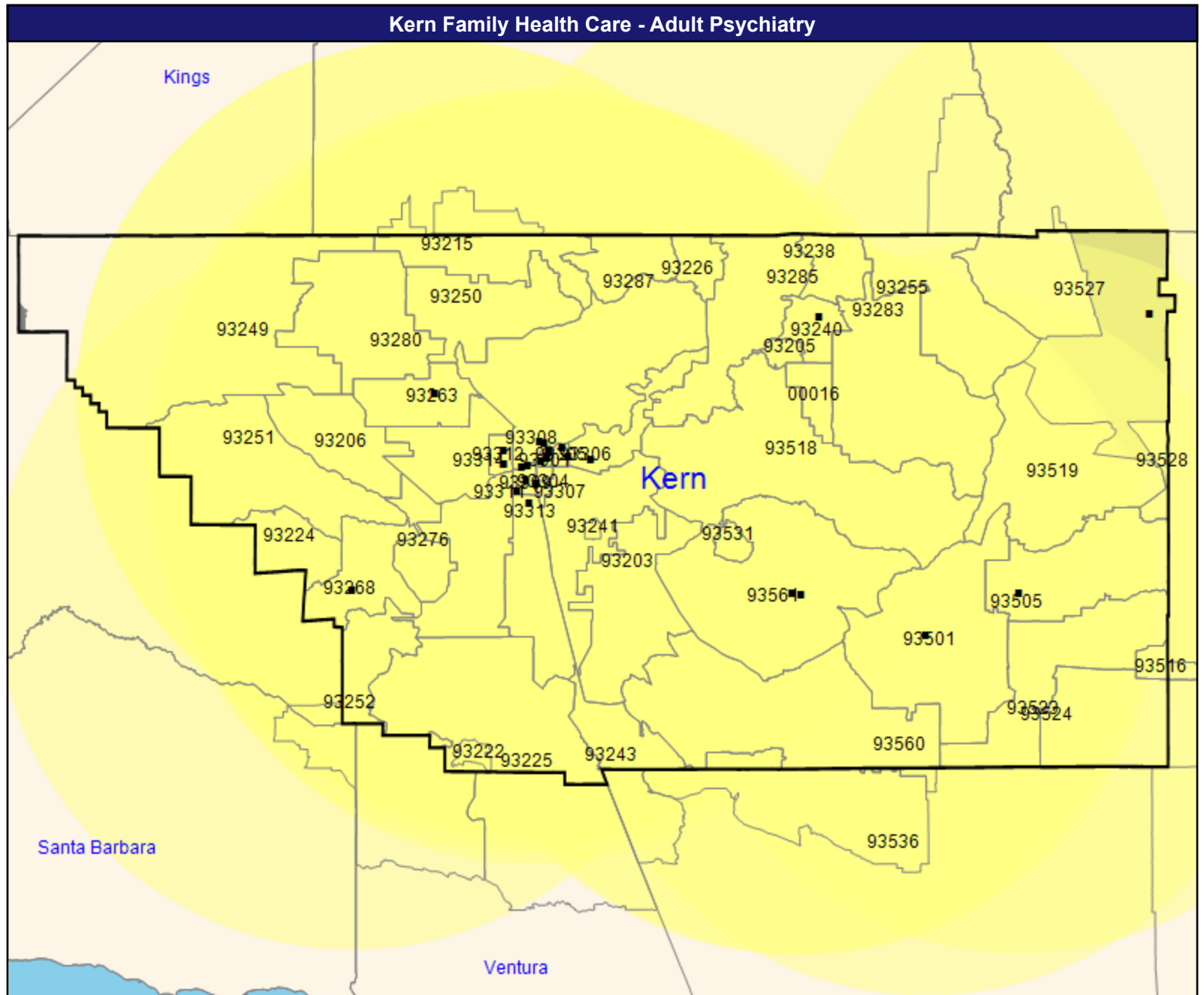
Map

Adult Psychiatry

43 providers at 27 locations

- All providers
- 45 mile radius

18.18 miles



Map

Adult Psychiatry
43 providers at 27 locations
■ All providers
○ 45 mile radius

Adult Psychiatry
Employee Group
Kern Enrollees
Provider Group
Adult Psychiatry

253,317 member locations
◆ With access (253,317)
● Without access (0)

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

18.18 miles

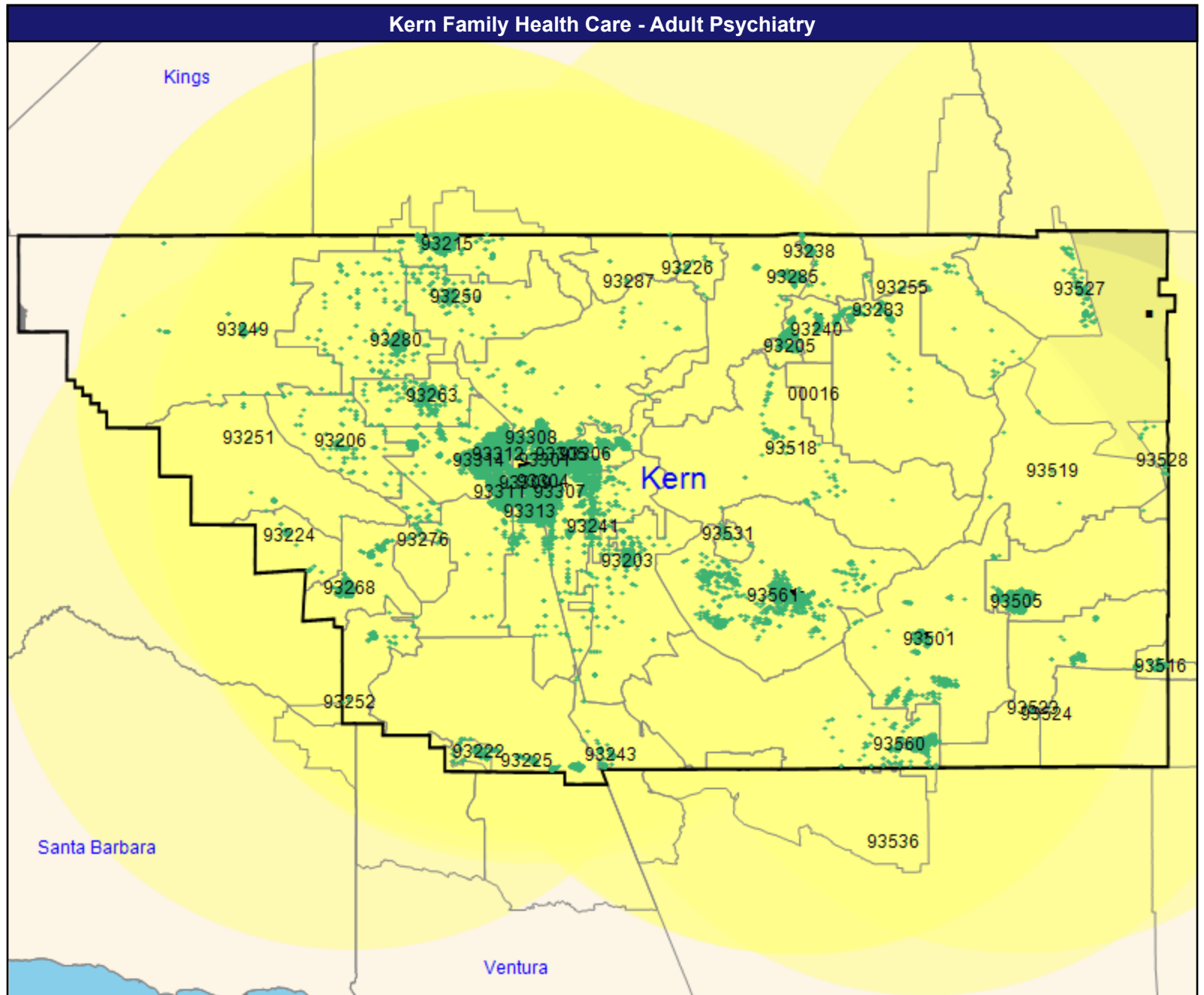




Exhibit B-3
Pediatric Psychiatry Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Pediatric Psychiatry
 Member / Provider Groups
 Kern Enrollees
 Pediatric Psychiatry

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	26.6	29.0
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	2.1	2.6
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.5	0.6
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.5	0.6
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	2.9	5.4
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.5	3.5
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	15.1	16.4
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	22.5	24.5
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	23.5	25.6
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	2.5	4.0
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	17.9	19.5
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	5.8	10.4
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	19.2	20.9
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	12.9	14.0
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	4.0	4.3
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	2.8	3.0
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	0.6	1.2
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	0.9	0.9
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	1.0	2.0
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.7	2.4
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	9.4	10.2
Boron, CA	93516	479	1 in 45 miles or 75 mins	479	100.0	0	0.0	25.1	27.3
	93596	11	1 in 45 miles or 75 mins	11	100.0	0	0.0	24.6	26.8
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	21.3	23.2
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	20.7	22.5
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	0.5	0.5
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	4.3	4.6
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	24.0	26.1
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	25.5	27.8
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	19.3	21.0
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	5.1	5.5
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	16.2	17.6
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	16.7	18.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	17.0	18.5
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	35.6	38.8
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	26.9	29.3
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	35.5	38.7

Access Detail By Zip Code

Access Analysis
 Pediatric Psychiatry
 Member / Provider Groups
 Kern Enrollees
 Pediatric Psychiatry

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	34.8	37.9
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	17.8	19.4
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	12.4	13.5
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	7.0	7.6
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	9.9	13.9
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	37.4	40.8
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	45.4	49.5
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	14.4	15.7
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	20.5	22.3
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	27.5	30.0
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	13.7	14.9
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	0.0	0.0
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	27.4	29.8
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	34.0	37.0
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	24.1	26.2
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	9.7	10.5
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	13.9	15.1
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	17.7	19.3
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	1.3	1.4
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	15.8	17.2
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	29.3	31.9
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	20.8	22.6
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	14.3	15.6
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	26.2	28.5
Grand Totals		253,317	1 in 45 miles or 75 mins	253,317	100.0	0	0.0	45.4	49.5

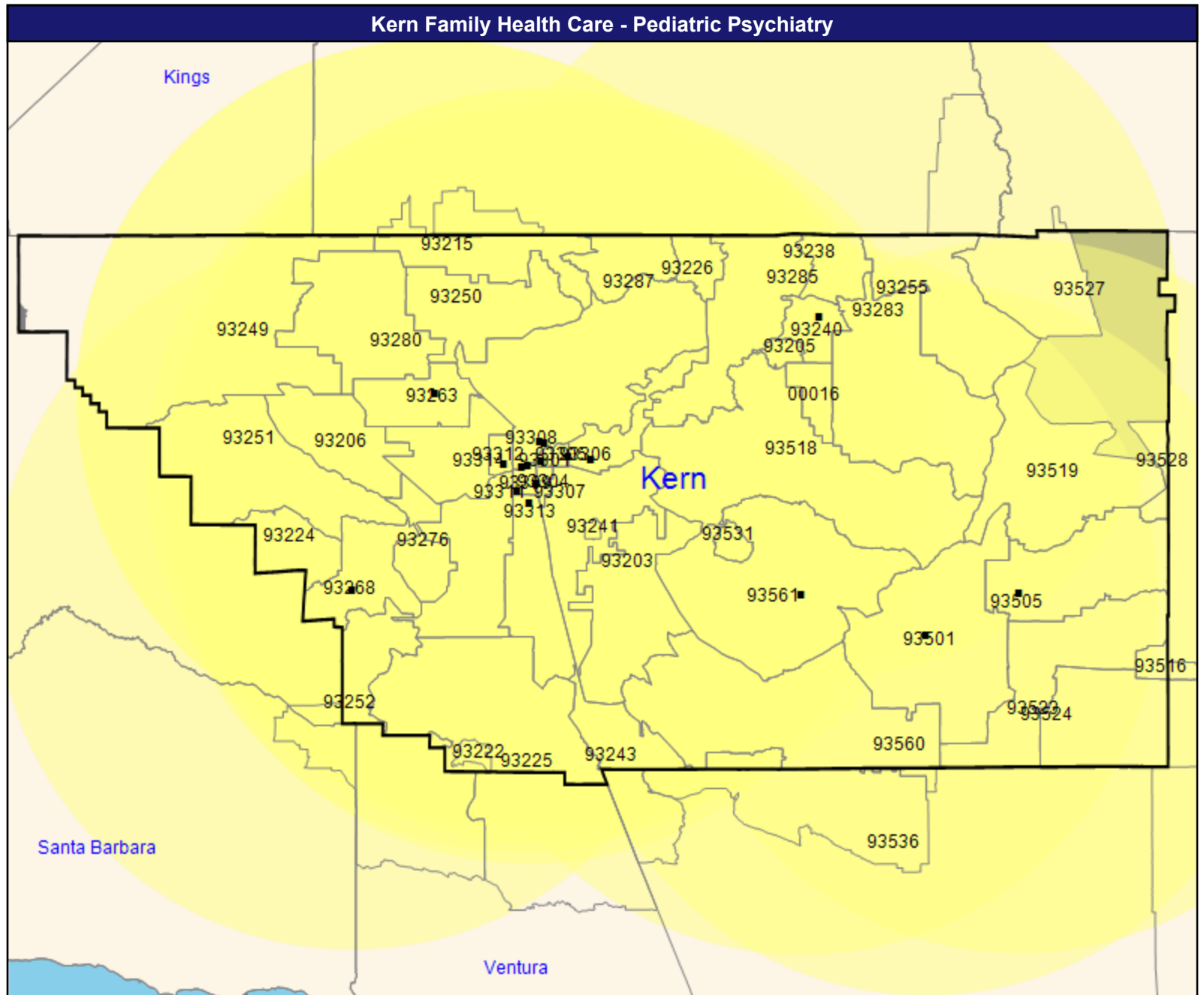
Map

Pediatric Psychiatry

28 providers at 18 locations

- All providers
- 45 mile radius

18.18 miles



Map

Pediatric Psychiatry

28 providers at 18 locations

- All providers
- 45 mile radius

Pediatric Psychiatry

Employee Group

Kern Enrollees

Provider Group

Pediatric Psychiatry

253,317 member locations

- ◆ With access (253,317)
- Without access (0)

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

- 1 (Pediatric Psychiatry) provider in 45 miles or 75 minutes

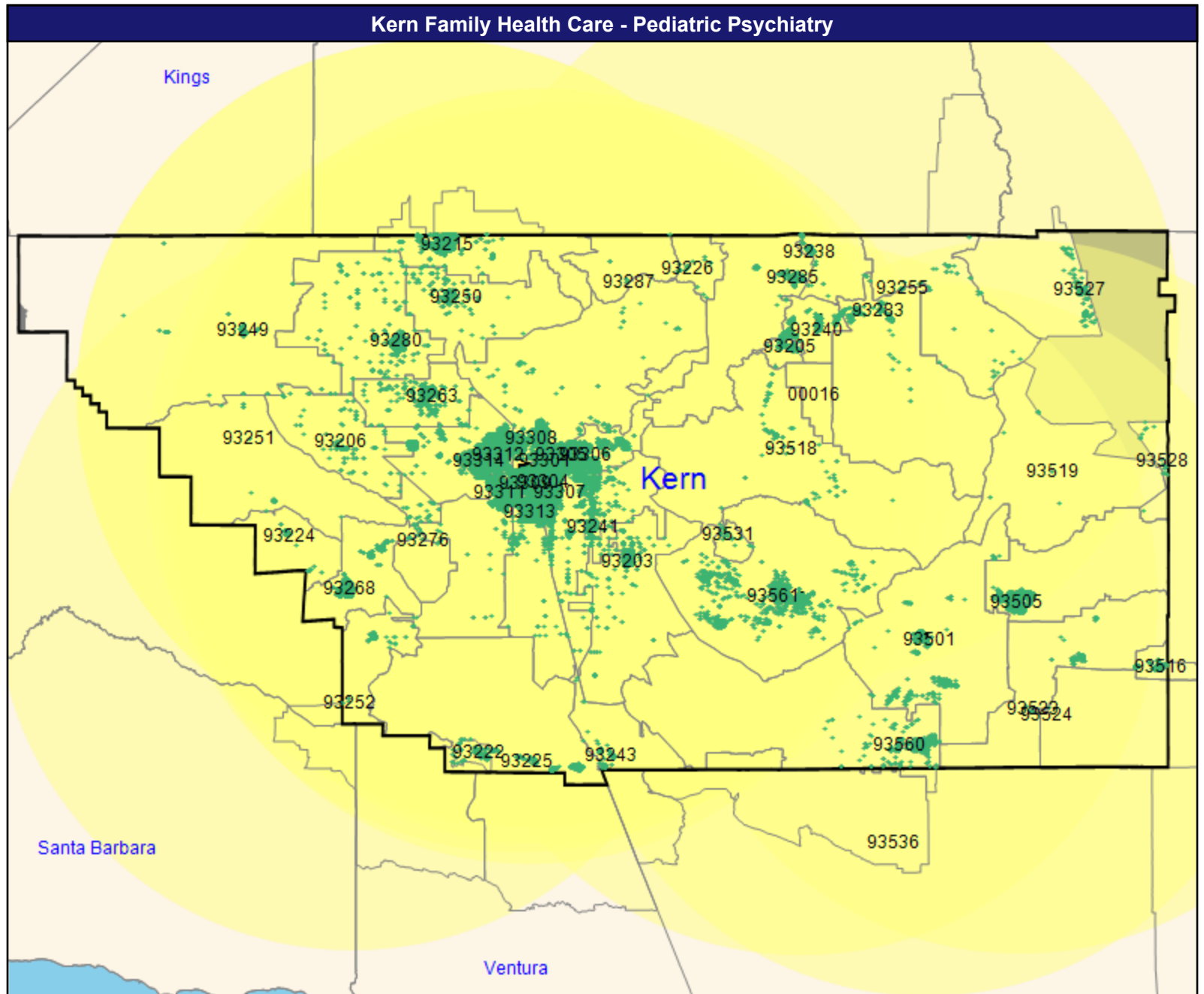
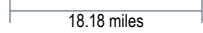




Exhibit B-3
Adult Pulmonology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Adult Pulmonology
 Member / Provider Groups
 Kern Enrollees
 Adult Pulmonology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	30.0	32.7
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.7	2.2
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.5	0.6
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.5	0.6
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	4.8	8.8
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.3	3.3
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	16.9	18.9
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.8	27.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	21.7	23.6
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	3.7	6.2
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	18.8	20.5
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	6.7	9.7
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	21.9	25.2
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	15.8	17.6
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	4.8	5.2
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	5.8	8.1
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	2.0	4.0
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	2.4	2.8
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	1.1	2.2
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.1	1.2
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	5.8	6.3
Boron, CA	93516	479	1 in 45 miles or 75 mins	0	0.0	479	100.0	75.2	82.0
	93596	11	1 in 45 miles or 75 mins	0	0.0	11	100.0	74.8	81.6
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	31.3	34.1
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	31.8	34.6
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	55.1	60.1
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	56.7	61.8
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	48.8	53.2
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	8.5	9.2
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	0.7	0.7
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	8.0	10.3
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	67.1	73.2
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	66.4	72.4
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	16.9	18.4
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	38.6	43.5
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	24.2	26.4
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	39.1	42.6

Access Detail By Zip Code

Access Analysis
 Adult Pulmonology
 Member / Provider Groups
 Kern Enrollees
 Adult Pulmonology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	56.6	61.7
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	30.3	33.0
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	11.8	12.8
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	6.9	7.5
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	12.5	17.6
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	40.1	43.9
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	43.1	47.0
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	14.5	15.8
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	15.7	17.1
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	35.8	39.0
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	55.5	60.5
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	48.1	52.4
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	30.8	33.6
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	35.1	38.2
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	62.1	67.7
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	25.4	28.0
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	13.9	15.1
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	41.3	45.0
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	34.3	37.4
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	16.5	18.0
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	26.6	29.0
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	23.6	25.7
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	10.9	11.8
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	23.4	25.5
Grand Totals		253,317	1 in 45 miles or 75 mins	252,827	99.8	490	0.2	75.2	82.0

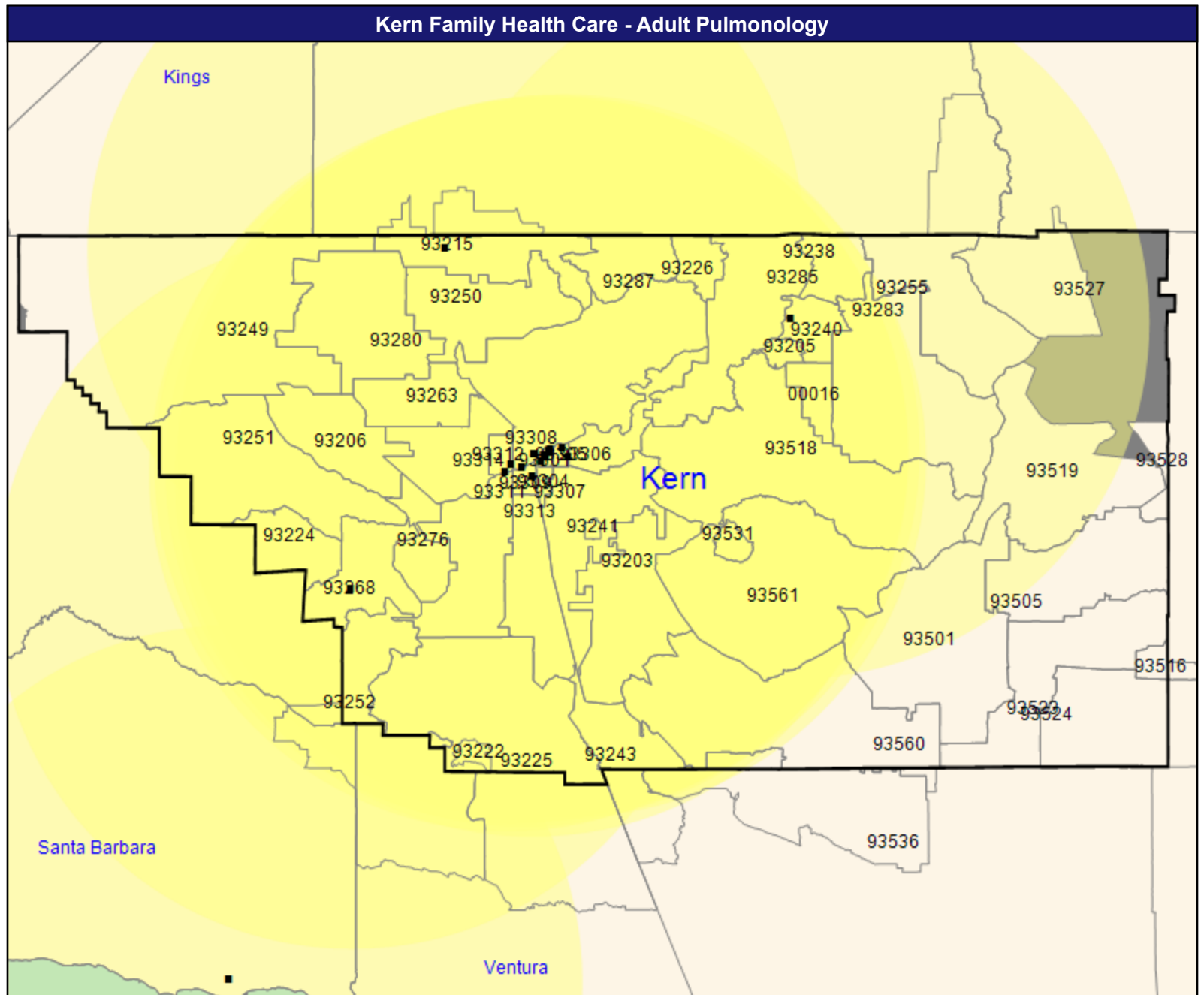
Map

Adult Pulmonology

20 providers at 20 locations

- All providers
- 45 mile radius

18.18 miles



Map

Kern Family Health Care - Adult Pulmonology

- Adult Pulmonology
- 20 providers at 20 locations
 - All providers
 - 45 mile radius
- Adult Pulmonology
- Employee Group
 - Kern Enrollees
- Provider Group
 - Adult Pulmonology
- 253,317 member locations
 - ◆ With access (252,827)
 - Without access (490)
- The Access Standard is defined as (Kern Enrollees) members accessing:
 - 1 (Adult Pulmonology) provider in 45 miles or 75 minutes

18.18 miles

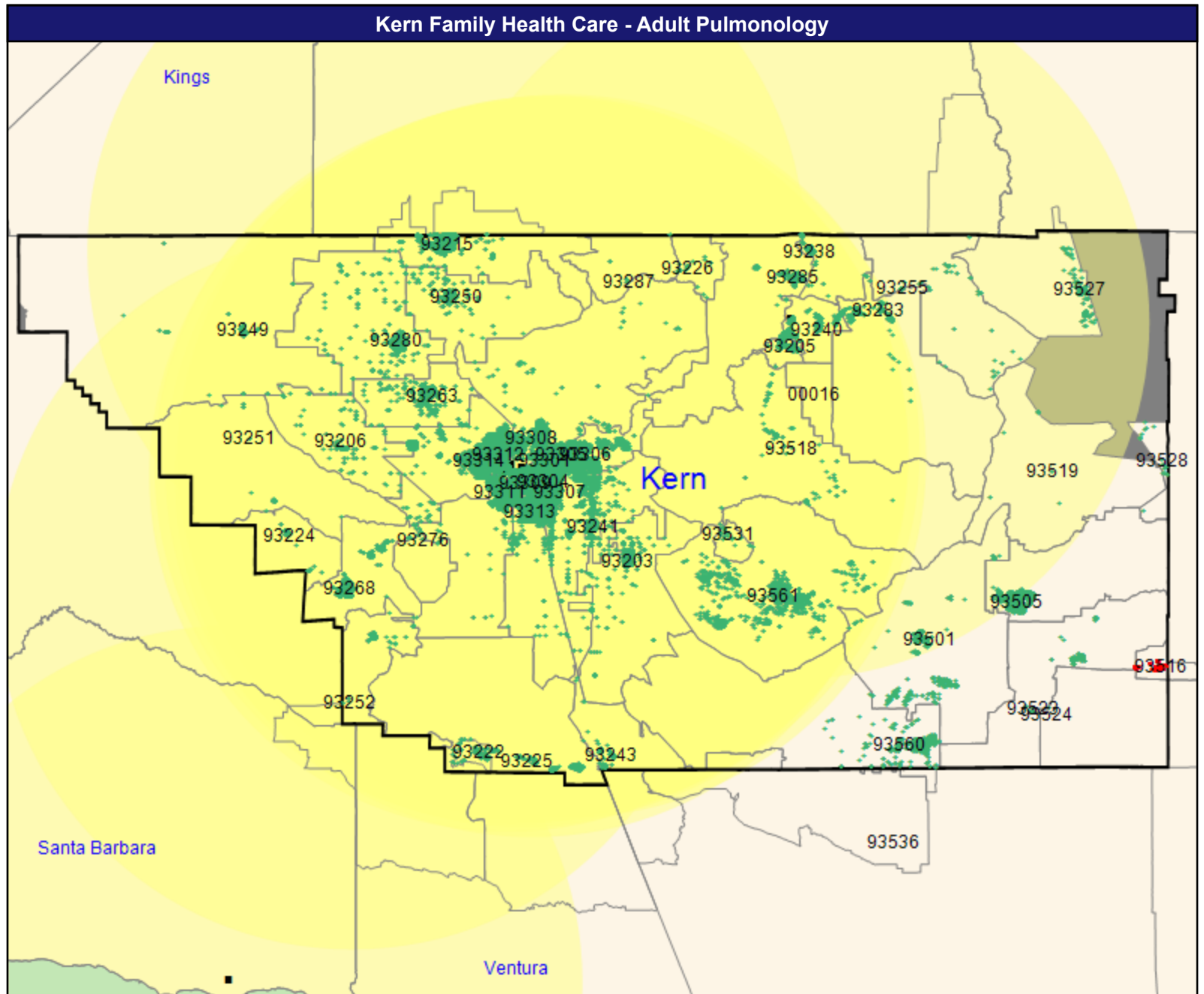




Exhibit B-3
Pediatric Pulmonology Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Pediatric Pulmonology
 Member / Provider Groups
 Kern Enrollees
 Pediatric Pulmonology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	30.0	32.7
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	2.0	2.6
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.6	0.8
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.6	0.8
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	4.8	9.6
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.3	3.3
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	16.9	18.9
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.8	27.0
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	21.7	23.6
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	3.7	6.2
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	18.8	20.5
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	6.9	9.7
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	21.9	25.2
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	16.2	17.6
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	4.8	5.2
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	5.8	8.1
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	2.0	4.0
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	2.4	2.8
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	1.1	2.2
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.1	1.2
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	5.8	6.3
Boron, CA	93516	479	1 in 45 miles or 75 mins	0	0.0	479	100.0	75.2	82.0
	93596	11	1 in 45 miles or 75 mins	0	0.0	11	100.0	74.8	81.6
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	31.3	34.1
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	31.8	34.6
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	55.1	60.1
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	56.7	61.8
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	48.8	53.2
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	8.5	9.2
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	0.7	0.7
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	8.0	10.5
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	67.1	73.2
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	66.4	72.4
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	16.9	18.4
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	38.6	43.5
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	24.2	26.4
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	39.1	42.6

Access Detail By Zip Code

Access Analysis
 Pediatric Pulmonology
 Member / Provider Groups
 Kern Enrollees
 Pediatric Pulmonology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	56.6	61.7
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	30.3	33.0
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	11.8	12.8
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	6.9	7.5
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	12.5	17.6
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	40.1	43.9
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	43.1	47.0
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	14.5	15.8
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	15.7	17.1
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	35.8	39.0
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	55.5	60.5
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	48.1	52.4
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	30.8	33.6
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	35.1	38.2
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	62.1	67.7
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	25.7	28.0
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	13.9	15.1
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	41.3	45.0
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	34.3	37.4
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	16.5	18.0
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	26.6	29.0
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	23.6	25.7
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	10.9	11.8
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	23.4	25.5
Grand Totals		253,317	1 in 45 miles or 75 mins	252,827	99.8	490	0.2	75.2	82.0

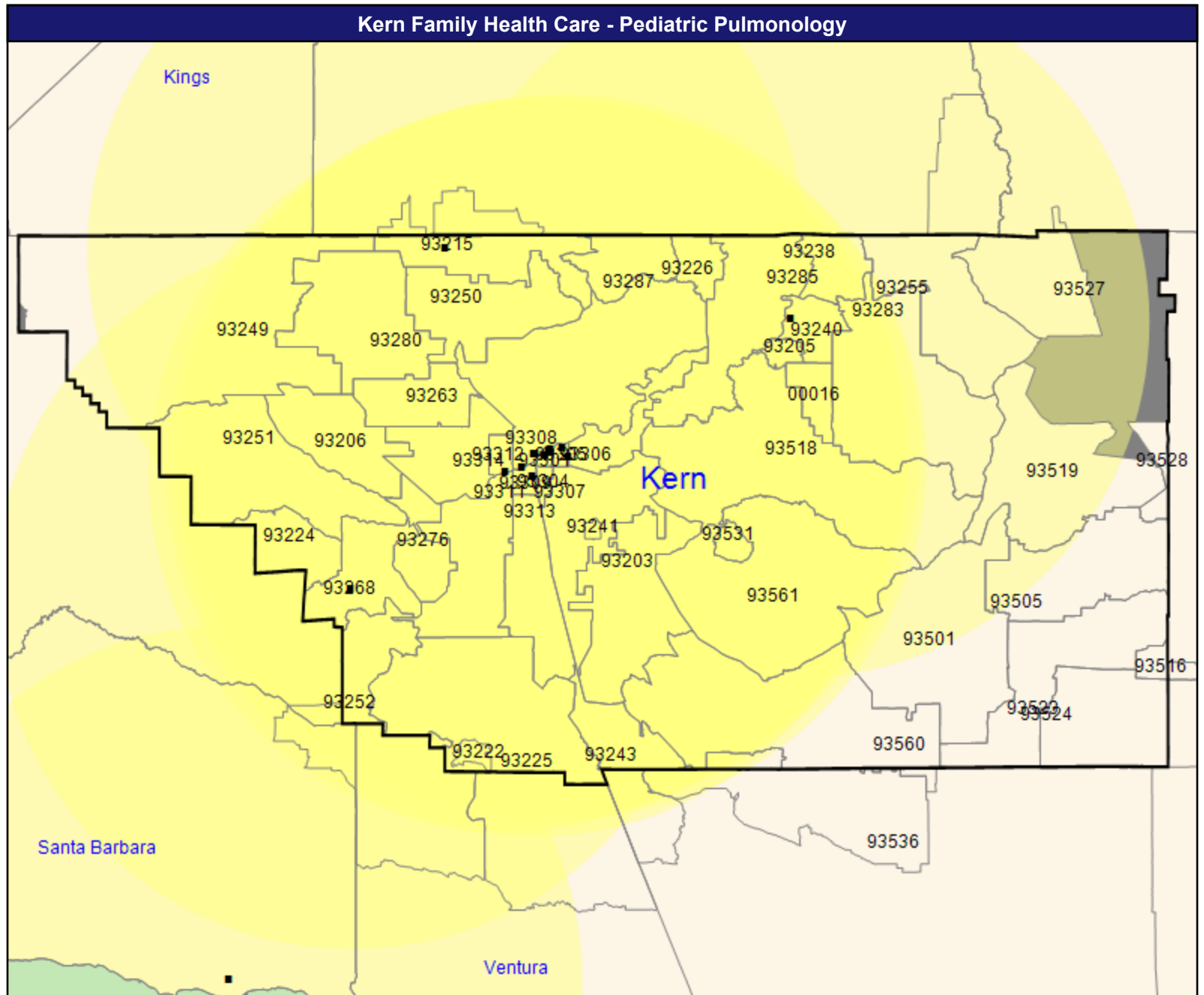
Map

Pediatric Pulmonology

13 providers at 16 locations

- All providers
- 45 mile radius

18.18 miles



Map

Pediatric Pulmonology
13 providers at 16 locations
■ All providers
○ 45 mile radius

Pediatric Pulmonology
Employee Group
Kern Enrollees
Provider Group
Pediatric Pulmonology

253,317 member locations
◆ With access (252,827)
● Without access (490)

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

18.18 miles

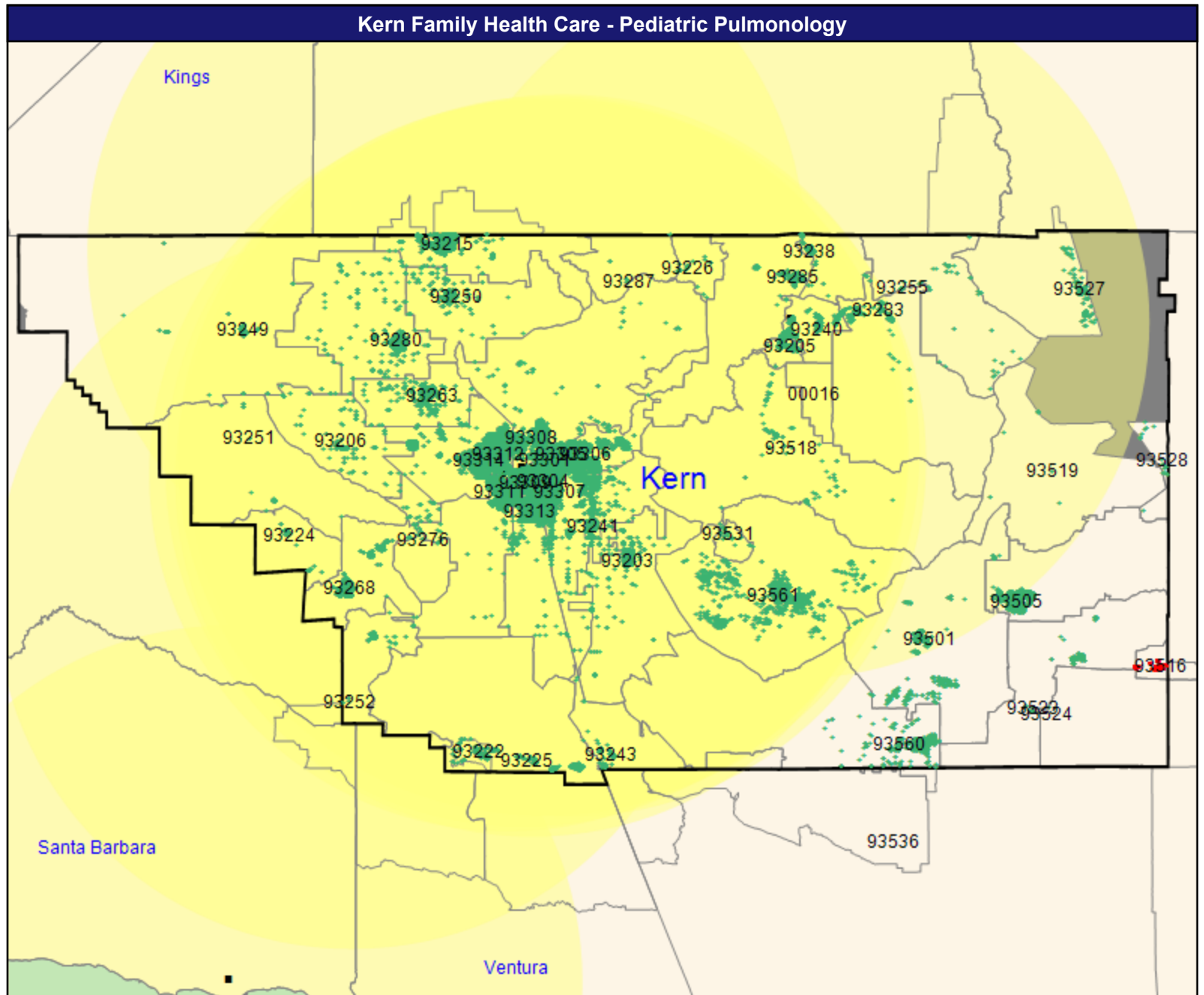




Exhibit B-3
Adult General Surgery Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Adult General Surgery
 Member / Provider Groups
 Kern Enrollees
 Adult General Surgery

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	27.4	29.8
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.6	2.1
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.3	0.4
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.3	0.4
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	3.9	7.4
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.2	3.3
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	15.1	16.4
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.2	26.7
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	23.5	25.6
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	2.8	4.9
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	26.9	29.3
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	4.4	8.8
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	21.0	24.5
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	13.6	17.3
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	3.3	3.6
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	4.8	6.7
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	2.0	4.0
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	1.5	1.6
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	1.0	2.0
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	0.9	0.9
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	9.4	10.2
Boron, CA	93516	479	1 in 45 miles or 75 mins	479	100.0	0	0.0	45.4	49.5
	93596	11	1 in 45 miles or 75 mins	11	100.0	0	0.0	45.0	49.0
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	33.3	38.0
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	22.7	24.7
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	28.2	30.7
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	30.0	32.7
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	32.5	35.4
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	8.4	9.1
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	0.6	0.6
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	7.1	10.0
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	39.0	42.5
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	39.2	42.7
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	32.3	35.2
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	37.3	43.2
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	26.9	29.3
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	18.7	20.4

Access Detail By Zip Code

Access Analysis
 Adult General Surgery
 Member / Provider Groups
 Kern Enrollees
 Adult General Surgery

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	24.9	27.1
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	17.8	19.4
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	12.4	13.5
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	7.0	7.6
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	9.9	13.9
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	39.0	42.9
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	43.1	47.0
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	43.1	47.0
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	15.5	17.0
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	38.3	42.6
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	28.3	30.8
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	19.3	21.0
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	26.6	29.0
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	37.7	41.4
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	35.0	38.1
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	24.0	27.4
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	32.6	35.5
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	17.7	19.3
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	1.3	1.4
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	17.3	18.8
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	26.6	29.0
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	20.8	22.6
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	14.3	15.6
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	24.4	26.6
Grand Totals		253,317	1 in 45 miles or 75 mins	253,317	100.0	0	0.0	45.4	49.5

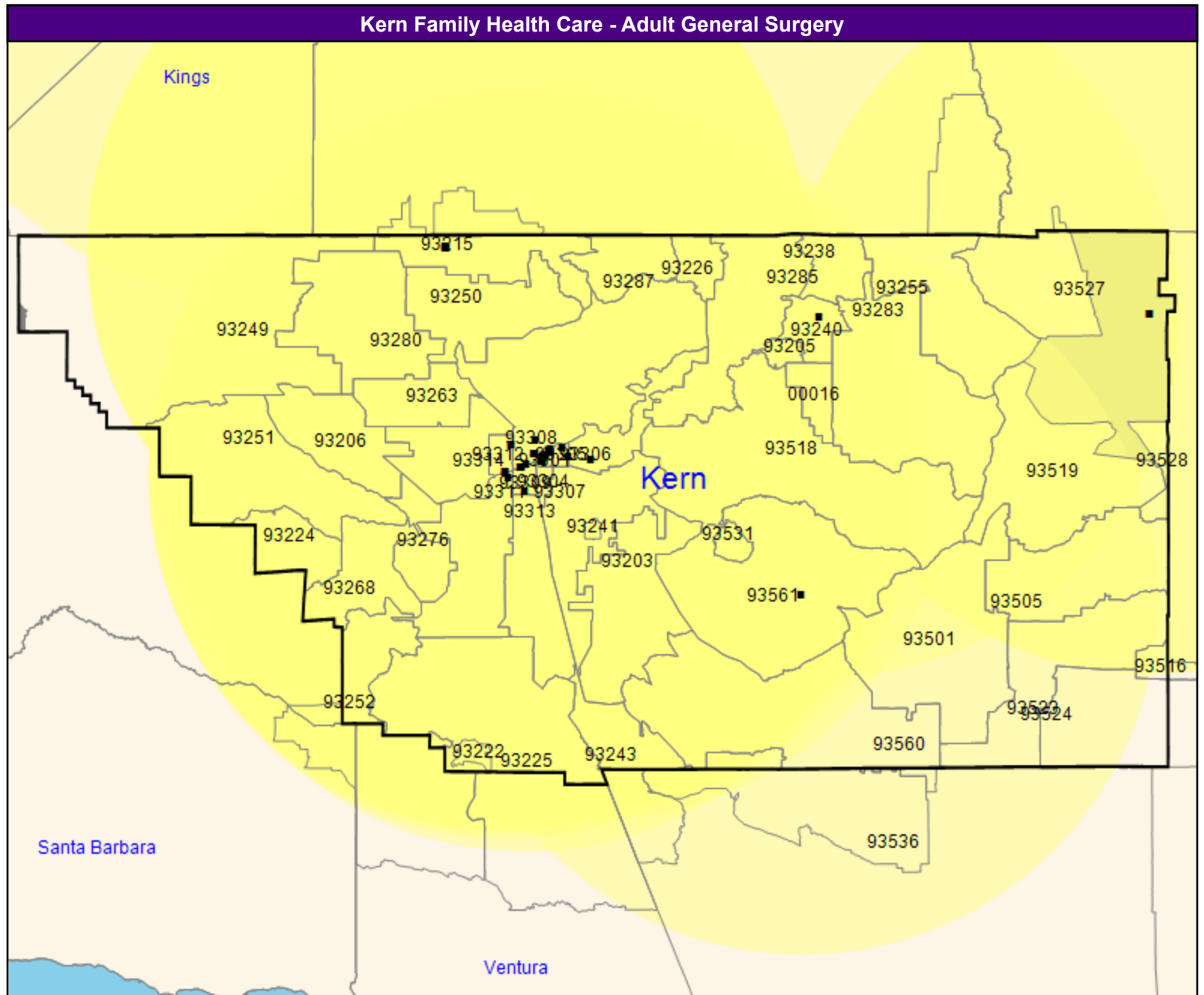
Map

Adult General Surgery

58 providers at 36 locations

- All providers
- 45 mile radius

18.18 miles



Map

Adult General Surgery

58 providers at 36 locations

- All providers
- 45 mile radius

Adult General Surgery

Employee Group

Kern Enrollees

Provider Group

Adult General Surgery

253,317 member locations

- ◆ With access (253,317)
- Without access (0)

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

1 (Adult General Surgery) provider in 45 miles or 75 minutes

18.18 miles

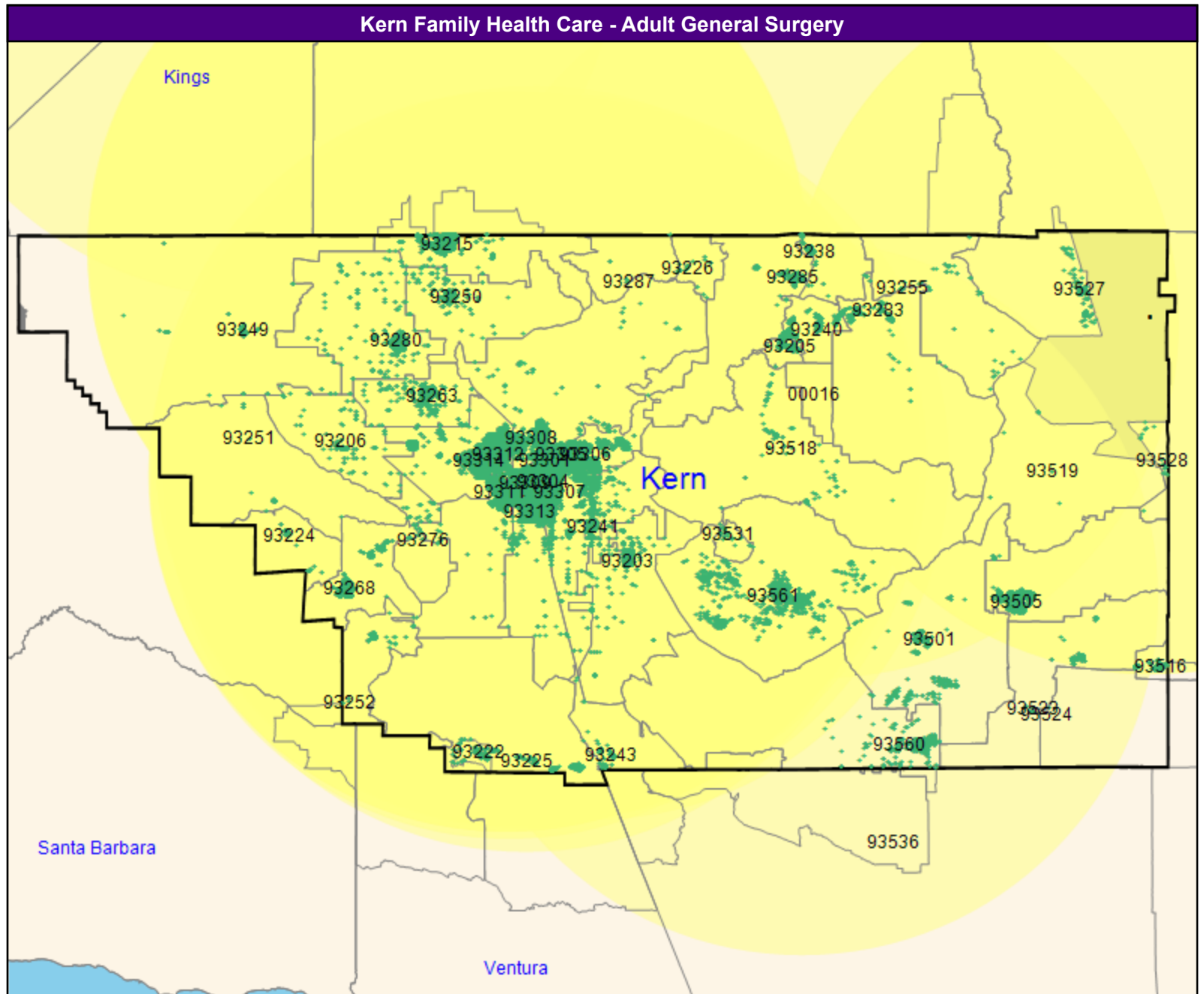




Exhibit B-3
Pediatric General Surgery Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Pediatric General Surgery
 Member / Provider Groups
 Kern Enrollees
 Pediatric General Surgery

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	27.4	29.8
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.6	2.1
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.3	0.4
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.3	0.4
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	3.9	7.4
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.2	3.3
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	15.1	16.4
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	24.2	26.7
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	23.5	25.6
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	3.0	4.9
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	26.9	29.3
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	4.4	8.8
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	21.0	24.5
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	13.6	17.3
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	3.3	3.6
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	4.8	6.7
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	2.0	4.0
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	1.5	1.6
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	1.1	2.2
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	0.9	0.9
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	9.4	10.2
Boron, CA	93516	479	1 in 45 miles or 75 mins	479	100.0	0	0.0	45.4	49.5
	93596	11	1 in 45 miles or 75 mins	11	100.0	0	0.0	45.0	49.0
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	33.3	38.0
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	22.7	24.7
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	28.2	30.7
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	30.0	32.7
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	32.5	35.4
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	8.4	9.1
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	0.6	0.6
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	7.1	10.0
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	39.0	42.5
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	39.2	42.7
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	32.3	35.2
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	37.3	43.2
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	26.9	29.3
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	18.7	20.4

Access Detail By Zip Code

Access Analysis
 Pediatric General Surgery
 Member / Provider Groups
 Kern Enrollees
 Pediatric General Surgery

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	24.9	27.1
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	17.8	19.4
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	12.4	13.5
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	7.0	7.6
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	9.9	13.9
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	39.0	42.9
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	43.1	47.0
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	43.1	47.0
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	15.5	17.0
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	38.3	42.6
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	28.3	30.8
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	19.3	21.0
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	26.6	29.0
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	37.7	41.4
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	35.0	38.1
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	24.0	27.4
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	32.6	35.5
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	17.7	19.3
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	1.3	1.4
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	17.3	18.8
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	26.6	29.0
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	20.8	22.6
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	14.3	15.6
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	24.4	26.6
Grand Totals		253,317	1 in 45 miles or 75 mins	253,317	100.0	0	0.0	45.4	49.5

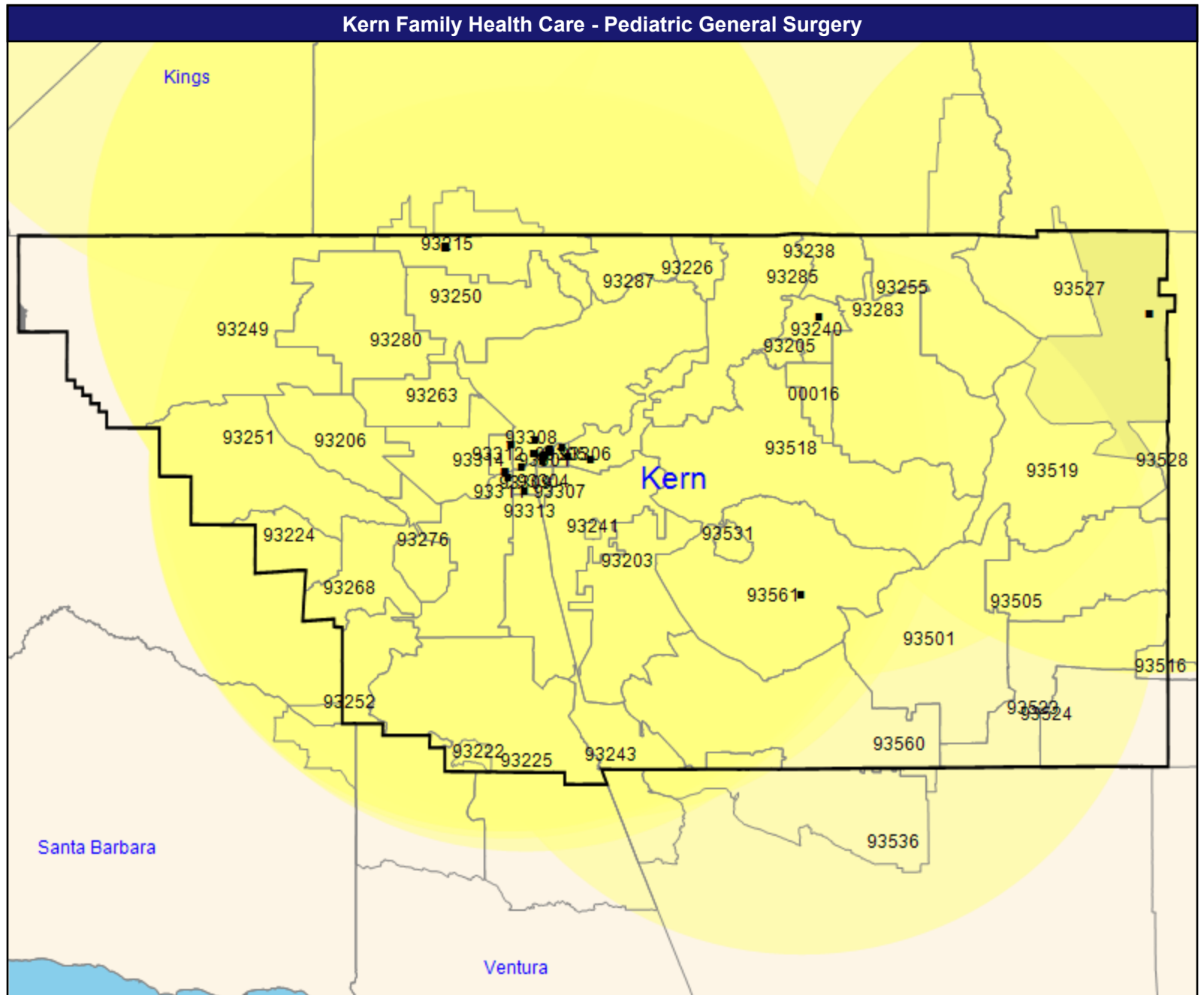
Map

Pediatric General Surgery

49 providers at 32 locations

- All providers
- 45 mile radius

18.18 miles



Map

Pediatric General Surgery

49 providers at 32 locations

- All providers
- 45 mile radius

Pediatric General Surgery

Employee Group

Kern Enrollees

Provider Group

Pediatric General Surgery

253,317 member locations

- ◆ With access (253,317)
- Without access (0)

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

- 1 (Pediatric General Surgery) provider in 45 miles or 75 minutes

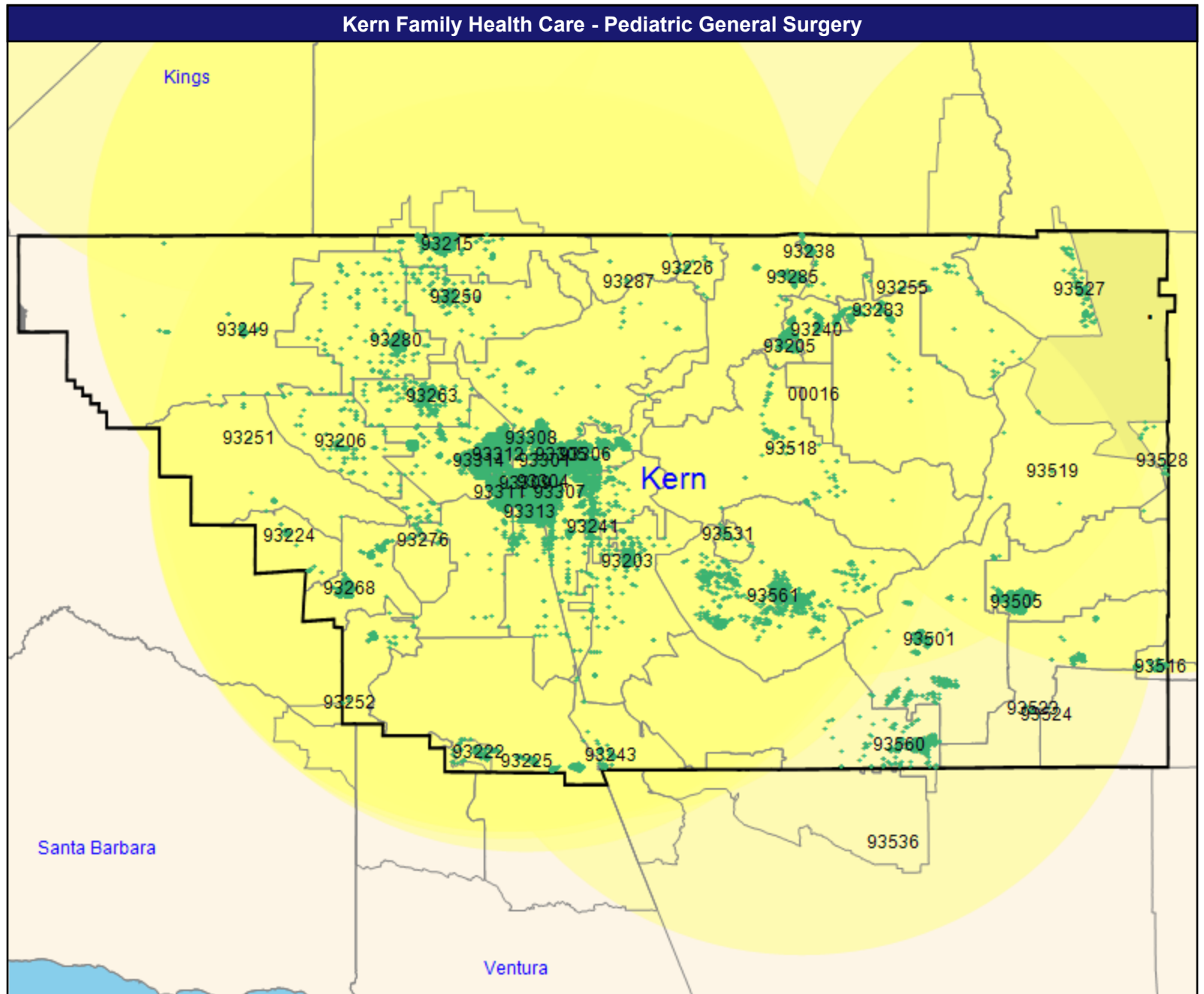
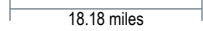




Exhibit B-4
Primary Care OB/GYN Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Primary Care OB/GYN
 Member / Provider Groups
 Kern Enrollees
 Primary Care OB/GYN

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 10 miles or 30 mins	9,939	100.0	0	0.0	15.5	16.9
Bakersfield, CA	93301	5,187	1 in 10 miles or 30 mins	5,187	100.0	0	0.0	2.7	3.8
	93302	31	1 in 10 miles or 30 mins	31	100.0	0	0.0	1.5	2.4
	93303	25	1 in 10 miles or 30 mins	25	100.0	0	0.0	1.5	2.4
	93304	20,857	1 in 10 miles or 30 mins	20,857	100.0	0	0.0	4.3	8.6
	93305	17,068	1 in 10 miles or 30 mins	17,068	100.0	0	0.0	4.2	7.2
	93306	22,689	1 in 10 miles or 30 mins	22,689	100.0	0	0.0	18.1	19.7
	93307	43,950	1 in 10 miles or 30 mins	43,950	100.0	0	0.0	17.1	18.9
	93308	14,661	1 in 10 miles or 30 mins	14,654	99.9	7	0.1	29.5	32.1
	93309	16,288	1 in 10 miles or 30 mins	16,288	100.0	0	0.0	5.0	8.3
	93311	6,651	1 in 10 miles or 30 mins	6,651	100.0	0	0.0	27.1	29.5
	93312	6,513	1 in 10 miles or 30 mins	6,513	100.0	0	0.0	5.8	9.6
	93313	14,015	1 in 10 miles or 30 mins	14,015	100.0	0	0.0	20.0	23.2
	93314	2,916	1 in 10 miles or 30 mins	2,916	100.0	0	0.0	13.6	15.3
	93380	5	1 in 10 miles or 30 mins	5	100.0	0	0.0	4.7	5.1
	93383	5	1 in 10 miles or 30 mins	5	100.0	0	0.0	7.0	9.8
	93384	32	1 in 10 miles or 30 mins	32	100.0	0	0.0	3.0	6.0
	93385	13	1 in 10 miles or 30 mins	13	100.0	0	0.0	2.5	5.0
	93386	8	1 in 10 miles or 30 mins	8	100.0	0	0.0	4.5	6.3
	93387	17	1 in 10 miles or 30 mins	17	100.0	0	0.0	1.7	2.4
	93388	7	1 in 10 miles or 30 mins	7	100.0	0	0.0	0.9	0.9
	93389	20	1 in 10 miles or 30 mins	20	100.0	0	0.0	2.4	3.8
	93390	12	1 in 10 miles or 30 mins	12	100.0	0	0.0	0.9	0.9
Bodfish, CA	93205	494	1 in 10 miles or 30 mins	0	0.0	494	100.0	38.3	41.7
Boron, CA	93516	479	1 in 10 miles or 30 mins	0	0.0	479	100.0	71.5	78.0
	93596	11	1 in 10 miles or 30 mins	0	0.0	11	100.0	70.7	77.1
Buttonwillow, CA	93206	726	1 in 10 miles or 30 mins	726	100.0	0	0.0	22.7	24.7
Caliente, CA	93518	177	1 in 10 miles or 30 mins	27	15.3	150	84.7	35.7	38.9
California City, CA	93504	49	1 in 10 miles or 30 mins	0	0.0	49	100.0	51.0	55.6
	93505	3,148	1 in 10 miles or 30 mins	0	0.0	3,148	100.0	52.7	57.4
Cantil, CA	93519	10	1 in 10 miles or 30 mins	0	0.0	10	100.0	57.9	63.1
Delano, CA	93215	18,360	1 in 10 miles or 30 mins	18,360	100.0	0	0.0	8.3	9.0
	93216	36	1 in 10 miles or 30 mins	36	100.0	0	0.0	0.3	0.3
Edison, CA	93220	28	1 in 10 miles or 30 mins	28	100.0	0	0.0	5.6	7.9
Edwards, CA	93523	230	1 in 10 miles or 30 mins	0	0.0	230	100.0	61.5	67.0
	93524	1	1 in 10 miles or 30 mins	0	0.0	1	100.0	58.1	63.3
Fellows, CA	93224	120	1 in 10 miles or 30 mins	0	0.0	120	100.0	32.8	35.7
Frazier Park, CA	93225	525	1 in 10 miles or 30 mins	525	100.0	0	0.0	16.1	17.5
Glennville, CA	93226	28	1 in 10 miles or 30 mins	0	0.0	28	100.0	34.6	37.7
Inyokern, CA	93527	205	1 in 10 miles or 30 mins	0	0.0	205	100.0	73.9	80.6

Access Detail By Zip Code

Access Analysis
 Primary Care OB/GYN
 Member / Provider Groups
 Kern Enrollees
 Primary Care OB/GYN

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 10 miles or 30 mins	0	0.0	21	100.0	70.2	76.5
Keene, CA	93531	43	1 in 10 miles or 30 mins	43	100.0	0	0.0	15.9	17.3
Kernville, CA	93238	183	1 in 10 miles or 30 mins	0	0.0	183	100.0	47.3	51.6
Lake Isabella, CA	93240	1,421	1 in 10 miles or 30 mins	0	0.0	1,421	100.0	45.6	49.7
Lamont, CA	93241	7,652	1 in 10 miles or 30 mins	7,652	100.0	0	0.0	2.1	4.2
Lebec, CA	93243	197	1 in 10 miles or 30 mins	197	100.0	0	0.0	14.1	15.3
Lost Hills, CA	93249	897	1 in 10 miles or 30 mins	829	92.4	68	7.6	35.9	39.1
Maricopa, CA	93252	445	1 in 10 miles or 30 mins	0	0.0	445	100.0	36.5	39.8
Mc Farland, CA	93250	6,224	1 in 10 miles or 30 mins	6,224	100.0	0	0.0	13.2	14.4
Mc Kittrick, CA	93251	57	1 in 10 miles or 30 mins	19	33.3	38	66.7	32.9	35.8
Mojave, CA	93501	1,635	1 in 10 miles or 30 mins	0	0.0	1,635	100.0	48.1	52.4
	93502	60	1 in 10 miles or 30 mins	0	0.0	60	100.0	41.8	45.6
Onyx, CA	93255	99	1 in 10 miles or 30 mins	0	0.0	99	100.0	64.6	70.4
Pine Mountain Club, CA	93222	116	1 in 10 miles or 30 mins	116	100.0	0	0.0	20.1	21.9
Rosamond, CA	93560	1,077	1 in 10 miles or 30 mins	0	0.0	1,077	100.0	43.4	47.3
Shafter, CA	93263	7,960	1 in 10 miles or 30 mins	7,960	100.0	0	0.0	13.4	15.6
Taft, CA	93268	5,519	1 in 10 miles or 30 mins	522	9.5	4,997	90.5	33.1	36.1
Tehachapi, CA	93561	4,133	1 in 10 miles or 30 mins	3,945	95.5	188	4.5	32.2	35.1
	93581	38	1 in 10 miles or 30 mins	38	100.0	0	0.0	23.6	25.7
Tupman, CA	93276	92	1 in 10 miles or 30 mins	92	100.0	0	0.0	17.8	19.4
Wasco, CA	93280	8,990	1 in 10 miles or 30 mins	8,990	100.0	0	0.0	19.6	21.3
Weldon, CA	93283	467	1 in 10 miles or 30 mins	0	0.0	467	100.0	51.8	56.5
Wofford Heights, CA	93285	442	1 in 10 miles or 30 mins	0	0.0	442	100.0	46.0	50.1
Woody, CA	93287	13	1 in 10 miles or 30 mins	12	92.3	1	7.7	29.9	32.6
Grand Totals		253,317	1 in 10 miles or 30 mins	237,243	93.7	16,074	6.3	73.9	80.6

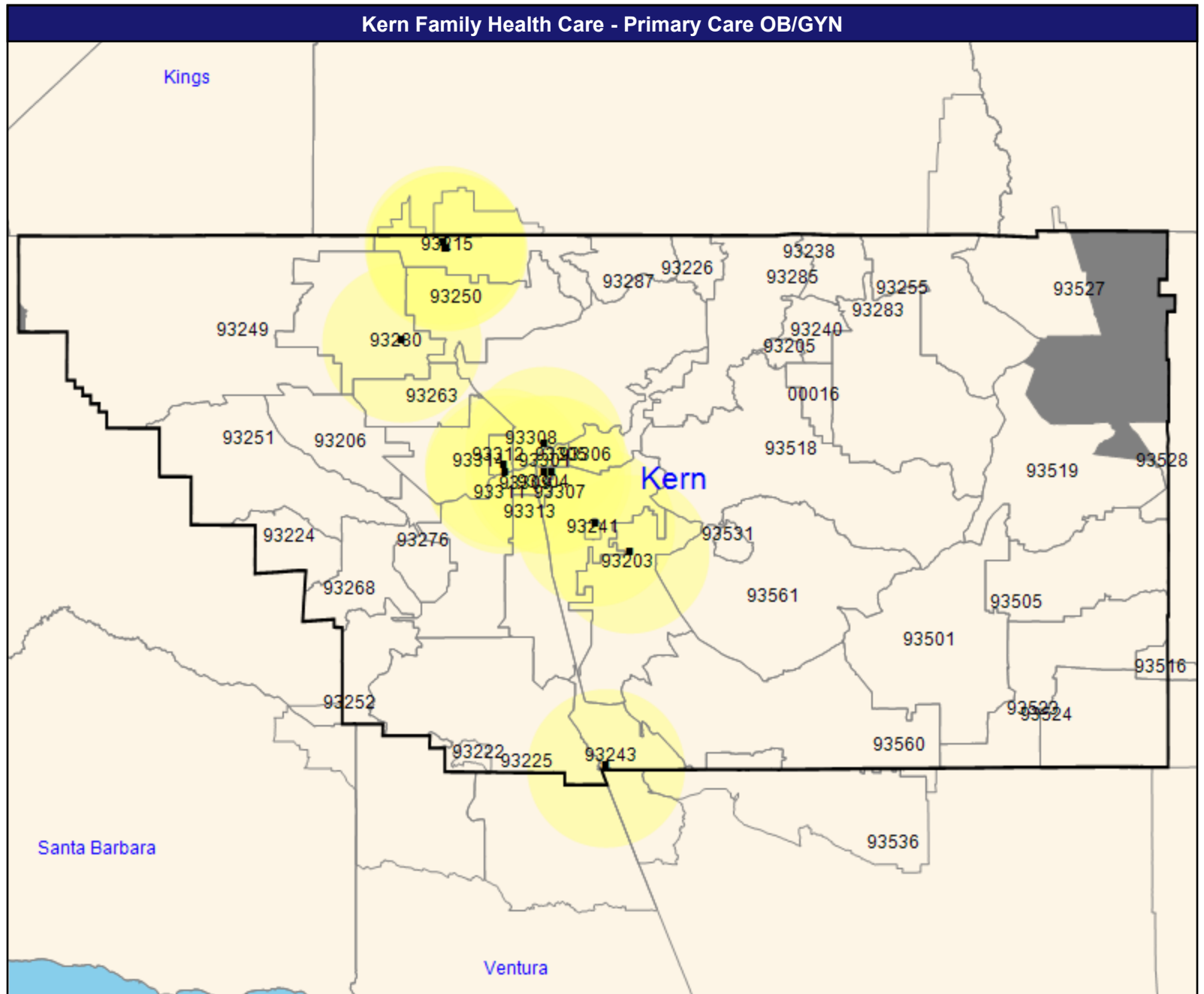
Map

Primary Care OB/GYN

7 providers at 12 locations

- All providers
- 10 mile radius

18.18 miles



Map

- Primary Care OB/GYN
- 7 providers at 12 locations
 - All providers
 - 10 mile radius
- Primary Care OB/GYN
- Employee Group
 - Kern Enrollees
- Provider Group
 - Primary Care OB/GYN
- 253,317 member locations
 - ◆ With access (237,243)
 - Without access (16,074)
- The Access Standard is defined as (Kern Enrollees) members accessing:
 - 1 (Primary Care OB/GYN) provider in 10 miles or 30 minutes

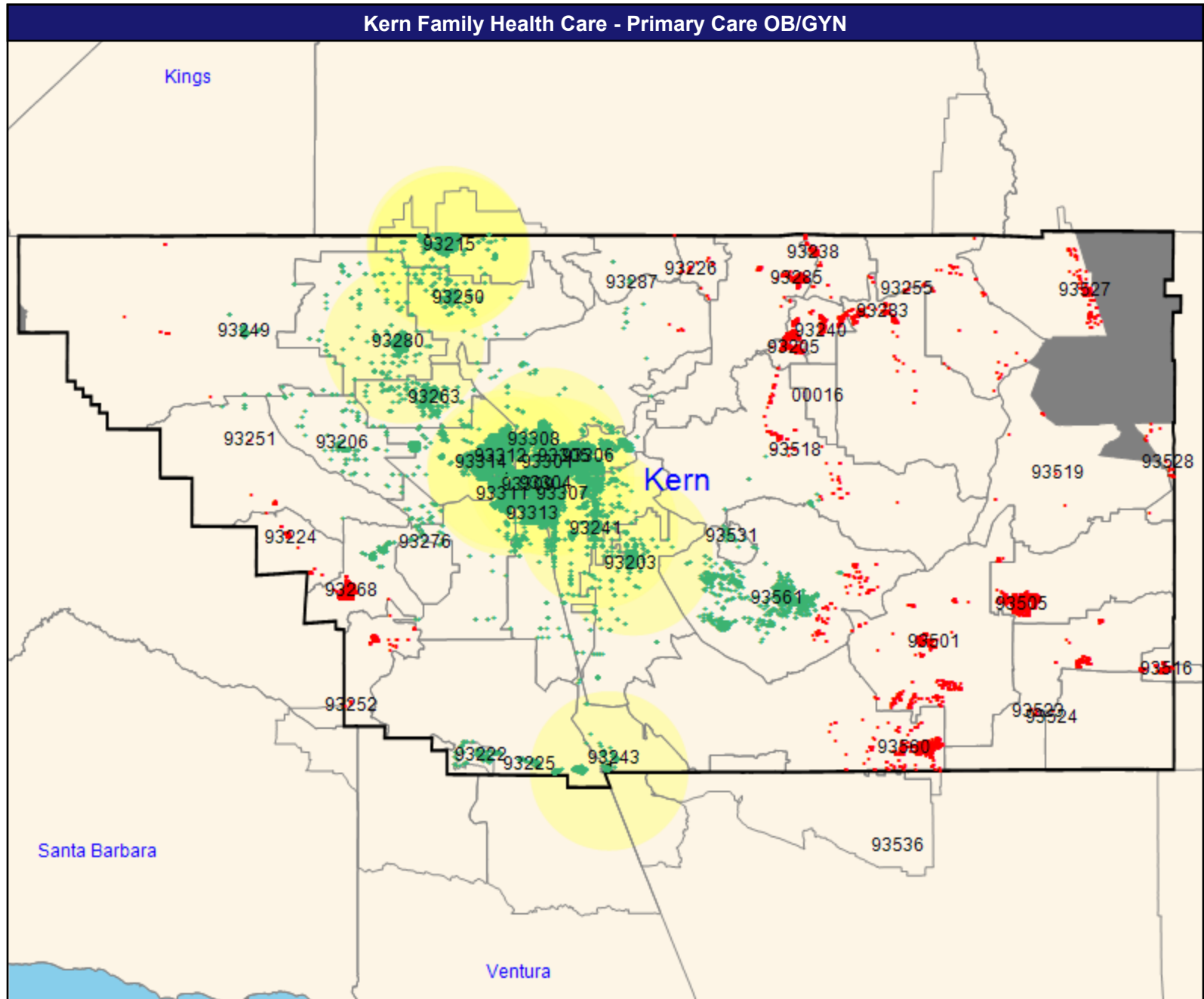
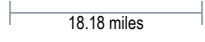




Exhibit B-4
Specialty Care OB/GYN Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Specialty Care OB/GYN
 Member / Provider Groups
 Kern Enrollees
 Specialty Care OB/GYN

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	15.5	16.9
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.2	1.6
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.3	0.4
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.3	0.4
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	3.0	5.5
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	1.5	2.4
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	16.9	18.9
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	17.1	18.9
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	28.4	30.9
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	2.5	4.0
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	17.9	19.5
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	5.7	9.4
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	17.3	19.2
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	12.5	13.6
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	4.7	5.1
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	2.8	3.0
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	2.2	4.0
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.3	1.8
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	1.3	1.4
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	0.9	0.9
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	0.8	1.6
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	0.5	0.5
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	33.1	36.1
Boron, CA	93516	479	1 in 45 miles or 75 mins	479	100.0	0	0.0	44.7	49.4
	93596	11	1 in 45 miles or 75 mins	11	100.0	0	0.0	44.5	48.9
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	20.7	22.5
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	29.6	32.2
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	28.9	31.5
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	30.7	33.4
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	33.2	36.2
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	8.3	9.0
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	0.3	0.3
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	5.1	5.5
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	39.1	42.9
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	29.3	35.1
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	16.2	17.6
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	16.1	17.5
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	34.5	37.6
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	18.7	20.4

Access Detail By Zip Code

Access Analysis
 Specialty Care OB/GYN
 Member / Provider Groups
 Kern Enrollees
 Specialty Care OB/GYN

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	24.8	27.0
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	14.2	15.4
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	45.4	49.5
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	37.4	40.8
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	2.1	4.2
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	14.1	15.3
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	35.7	38.9
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	15.0	16.3
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	13.2	14.4
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	27.0	29.4
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	28.2	30.7
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	19.5	21.2
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	36.6	39.9
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	20.1	21.9
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	21.6	24.7
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	9.0	9.8
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	13.4	14.6
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	13.7	14.9
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	1.8	1.9
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	14.8	16.1
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	19.0	20.7
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	38.6	42.1
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	41.7	45.4
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	29.9	32.6
Grand Totals		253,317	1 in 45 miles or 75 mins	253,317	100.0	0	0.0	45.4	49.5

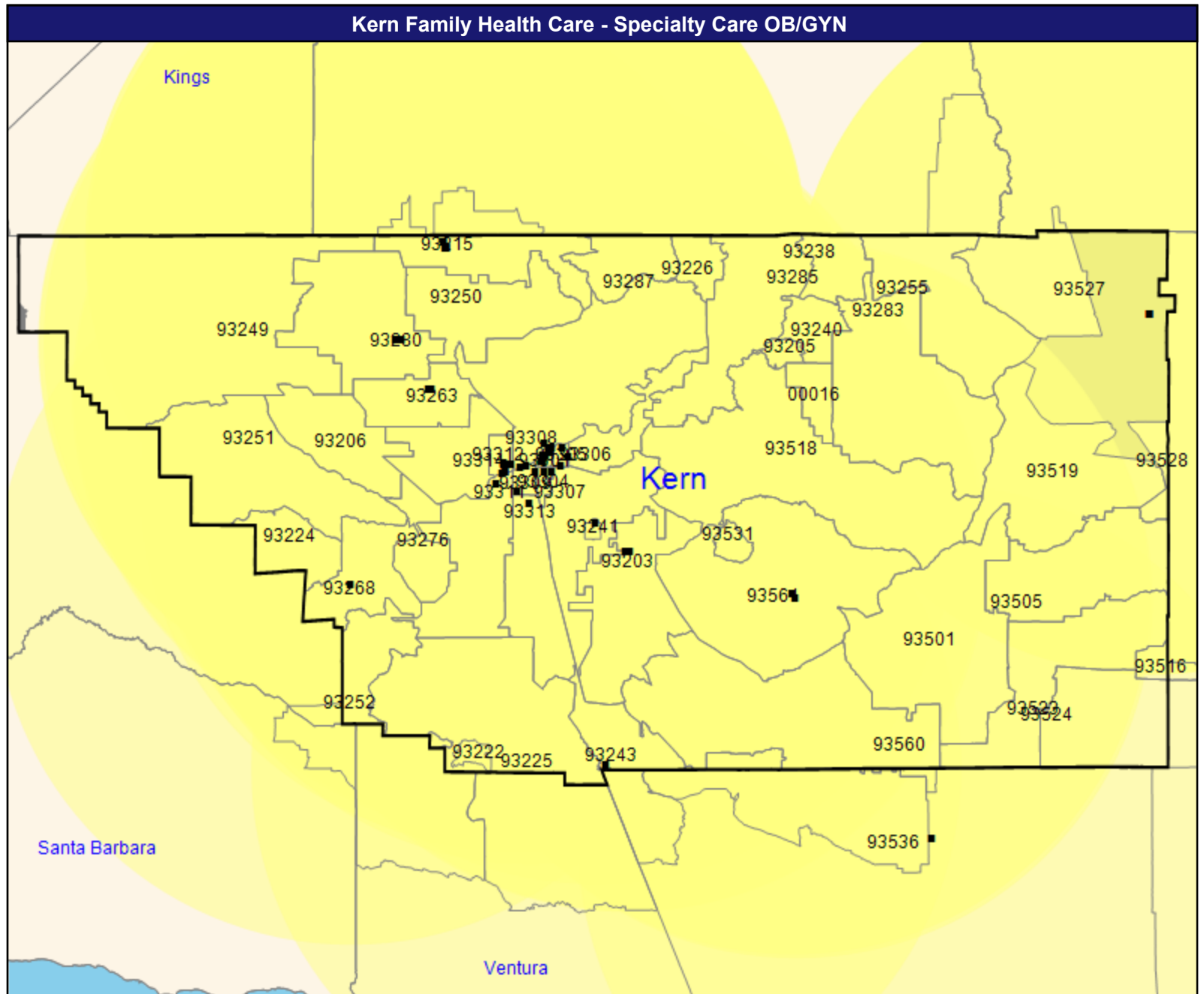
Map

Specialty Care OB/GYN

74 providers at 57 locations

- All providers
- 45 mile radius

18.18 miles



Map

- Specialty Care OB/GYN
- 74 providers at 57 locations
 - All providers
 - 45 mile radius
- Specialty Care OB/GYN
- Employee Group
 - Kern Enrollees
- Provider Group
 - Specialty Care OB/GYN
- 253,317 member locations
 - ◆ With access (253,317)
 - Without access (0)
- The Access Standard is defined as (Kern Enrollees) members accessing:
 - 1 (Specialty Care OB/GYN) provider in 45 miles or 75 minutes

18.18 miles

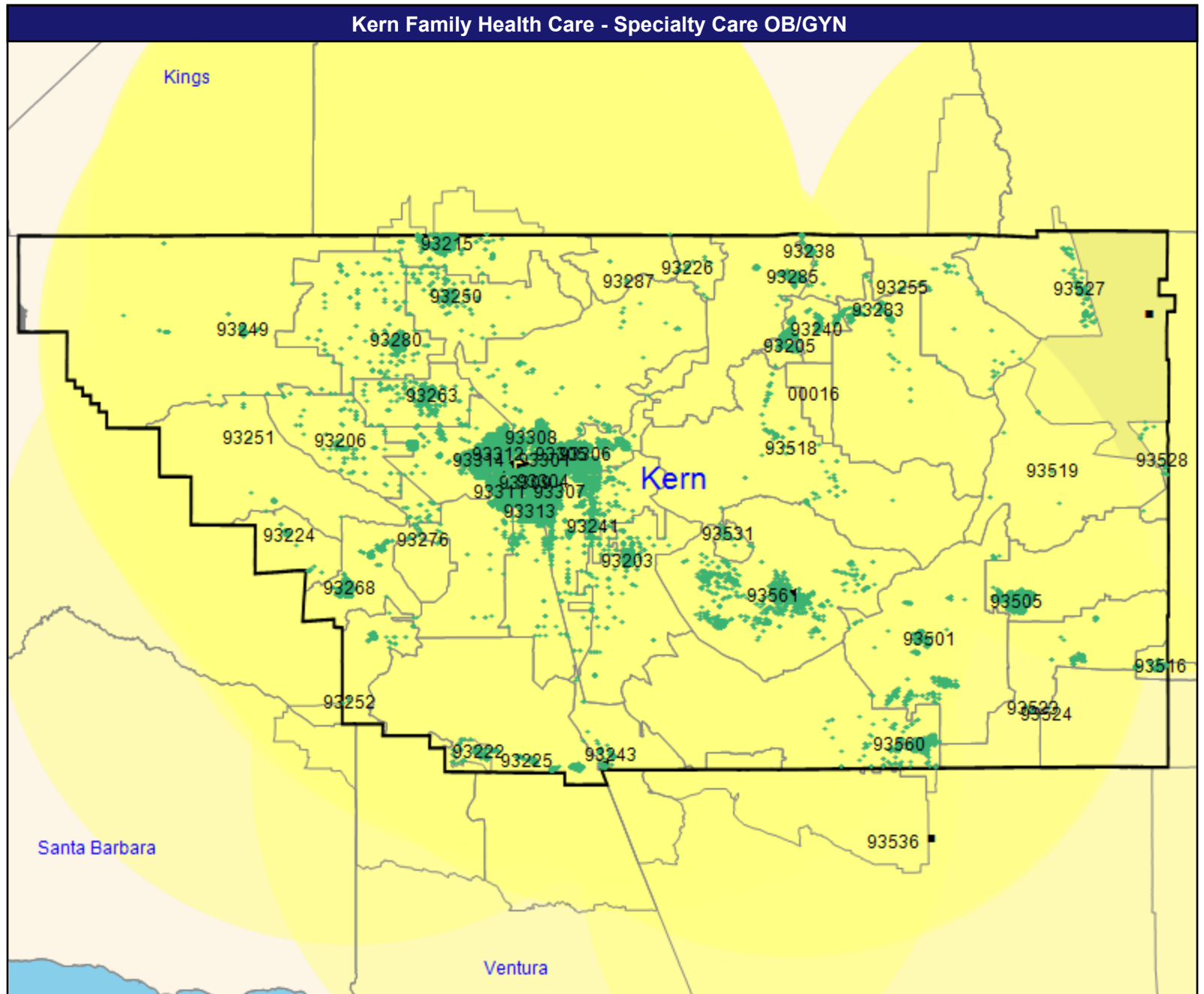




Exhibit B-5
Hospitals
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Hospitals
 Member / Provider Groups
 Kern Enrollees
 Hospitals

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 15 miles or 30 mins	9,914	99.7	25	0.3	28.4	30.9
Bakersfield, CA	93301	5,187	1 in 15 miles or 30 mins	5,187	100.0	0	0.0	1.7	2.2
	93302	31	1 in 15 miles or 30 mins	31	100.0	0	0.0	0.5	0.6
	93303	25	1 in 15 miles or 30 mins	25	100.0	0	0.0	0.5	0.6
	93304	20,857	1 in 15 miles or 30 mins	20,857	100.0	0	0.0	5.5	8.8
	93305	17,068	1 in 15 miles or 30 mins	17,068	100.0	0	0.0	2.7	4.0
	93306	22,689	1 in 15 miles or 30 mins	22,689	100.0	0	0.0	17.4	18.9
	93307	43,950	1 in 15 miles or 30 mins	43,950	100.0	0	0.0	24.8	27.0
	93308	14,661	1 in 15 miles or 30 mins	14,661	100.0	0	0.0	23.7	25.8
	93309	16,288	1 in 15 miles or 30 mins	16,288	100.0	0	0.0	4.4	7.4
	93311	6,651	1 in 15 miles or 30 mins	6,651	100.0	0	0.0	26.7	29.1
	93312	6,513	1 in 15 miles or 30 mins	6,513	100.0	0	0.0	6.6	9.3
	93313	14,015	1 in 15 miles or 30 mins	14,015	100.0	0	0.0	22.5	25.2
	93314	2,916	1 in 15 miles or 30 mins	2,916	100.0	0	0.0	15.9	17.3
	93380	5	1 in 15 miles or 30 mins	5	100.0	0	0.0	3.3	3.6
	93383	5	1 in 15 miles or 30 mins	5	100.0	0	0.0	7.7	9.1
	93384	32	1 in 15 miles or 30 mins	32	100.0	0	0.0	3.9	6.2
	93385	13	1 in 15 miles or 30 mins	13	100.0	0	0.0	1.5	2.1
	93386	8	1 in 15 miles or 30 mins	8	100.0	0	0.0	1.1	1.2
	93387	17	1 in 15 miles or 30 mins	17	100.0	0	0.0	2.3	2.5
	93388	7	1 in 15 miles or 30 mins	7	100.0	0	0.0	1.5	1.6
	93389	20	1 in 15 miles or 30 mins	20	100.0	0	0.0	1.3	2.6
	93390	12	1 in 15 miles or 30 mins	12	100.0	0	0.0	0.6	0.6
Bodfish, CA	93205	494	1 in 15 miles or 30 mins	494	100.0	0	0.0	9.5	10.3
Boron, CA	93516	479	1 in 15 miles or 30 mins	0	0.0	479	100.0	44.7	49.5
	93596	11	1 in 15 miles or 30 mins	0	0.0	11	100.0	44.4	49.0
Buttonwillow, CA	93206	726	1 in 15 miles or 30 mins	670	92.3	56	7.7	34.8	37.9
Caliente, CA	93518	177	1 in 15 miles or 30 mins	177	100.0	0	0.0	26.4	28.8
California City, CA	93504	49	1 in 15 miles or 30 mins	0	0.0	49	100.0	30.6	33.3
	93505	3,148	1 in 15 miles or 30 mins	9	0.3	3,139	99.7	32.5	35.4
Cantil, CA	93519	10	1 in 15 miles or 30 mins	5	50.0	5	50.0	35.9	39.1
Delano, CA	93215	18,360	1 in 15 miles or 30 mins	18,360	100.0	0	0.0	8.5	9.2
	93216	36	1 in 15 miles or 30 mins	36	100.0	0	0.0	0.8	0.8
Edison, CA	93220	28	1 in 15 miles or 30 mins	28	100.0	0	0.0	8.6	10.3
Edwards, CA	93523	230	1 in 15 miles or 30 mins	0	0.0	230	100.0	40.3	43.9
	93524	1	1 in 15 miles or 30 mins	0	0.0	1	100.0	29.3	35.1
Fellows, CA	93224	120	1 in 15 miles or 30 mins	0	0.0	120	100.0	32.3	35.2
Frazier Park, CA	93225	525	1 in 15 miles or 30 mins	0	0.0	525	100.0	39.9	43.5
Glennville, CA	93226	28	1 in 15 miles or 30 mins	28	100.0	0	0.0	26.8	29.2
Inyokern, CA	93527	205	1 in 15 miles or 30 mins	205	100.0	0	0.0	18.7	20.4

Access Detail By Zip Code

Access Analysis
 Hospitals
 Member / Provider Groups
 Kern Enrollees
 Hospitals

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 15 miles or 30 mins	21	100.0	0	0.0	24.9	27.1
Keene, CA	93531	43	1 in 15 miles or 30 mins	43	100.0	0	0.0	17.5	19.0
Kernville, CA	93238	183	1 in 15 miles or 30 mins	183	100.0	0	0.0	12.4	13.5
Lake Isabella, CA	93240	1,421	1 in 15 miles or 30 mins	1,421	100.0	0	0.0	7.0	7.6
Lamont, CA	93241	7,652	1 in 15 miles or 30 mins	7,652	100.0	0	0.0	12.5	17.6
Lebec, CA	93243	197	1 in 15 miles or 30 mins	0	0.0	197	100.0	38.4	41.8
Lost Hills, CA	93249	897	1 in 15 miles or 30 mins	0	0.0	897	100.0	43.2	47.1
Maricopa, CA	93252	445	1 in 15 miles or 30 mins	0	0.0	445	100.0	42.8	46.6
Mc Farland, CA	93250	6,224	1 in 15 miles or 30 mins	6,224	100.0	0	0.0	15.7	17.1
Mc Kittrick, CA	93251	57	1 in 15 miles or 30 mins	1	1.8	56	98.2	38.9	42.4
Mojave, CA	93501	1,635	1 in 15 miles or 30 mins	1,619	99.0	16	1.0	30.6	33.3
	93502	60	1 in 15 miles or 30 mins	60	100.0	0	0.0	19.6	21.3
Onyx, CA	93255	99	1 in 15 miles or 30 mins	99	100.0	0	0.0	26.6	29.0
Pine Mountain Club, CA	93222	116	1 in 15 miles or 30 mins	0	0.0	116	100.0	38.3	41.7
Rosamond, CA	93560	1,077	1 in 15 miles or 30 mins	1,077	100.0	0	0.0	21.4	24.7
Shafter, CA	93263	7,960	1 in 15 miles or 30 mins	7,960	100.0	0	0.0	25.2	27.4
Taft, CA	93268	5,519	1 in 15 miles or 30 mins	522	9.5	4,997	90.5	32.7	35.6
Tehachapi, CA	93561	4,133	1 in 15 miles or 30 mins	4,133	100.0	0	0.0	17.8	19.4
	93581	38	1 in 15 miles or 30 mins	38	100.0	0	0.0	5.0	5.4
Tupman, CA	93276	92	1 in 15 miles or 30 mins	92	100.0	0	0.0	17.4	18.9
Wasco, CA	93280	8,990	1 in 15 miles or 30 mins	8,990	100.0	0	0.0	26.7	29.1
Weldon, CA	93283	467	1 in 15 miles or 30 mins	467	100.0	0	0.0	20.8	22.6
Wofford Heights, CA	93285	442	1 in 15 miles or 30 mins	442	100.0	0	0.0	14.3	15.6
Woody, CA	93287	13	1 in 15 miles or 30 mins	13	100.0	0	0.0	24.5	26.7
Grand Totals		253,317	1 in 15 miles or 30 mins	241,953	95.5	11,364	4.5	44.7	49.5

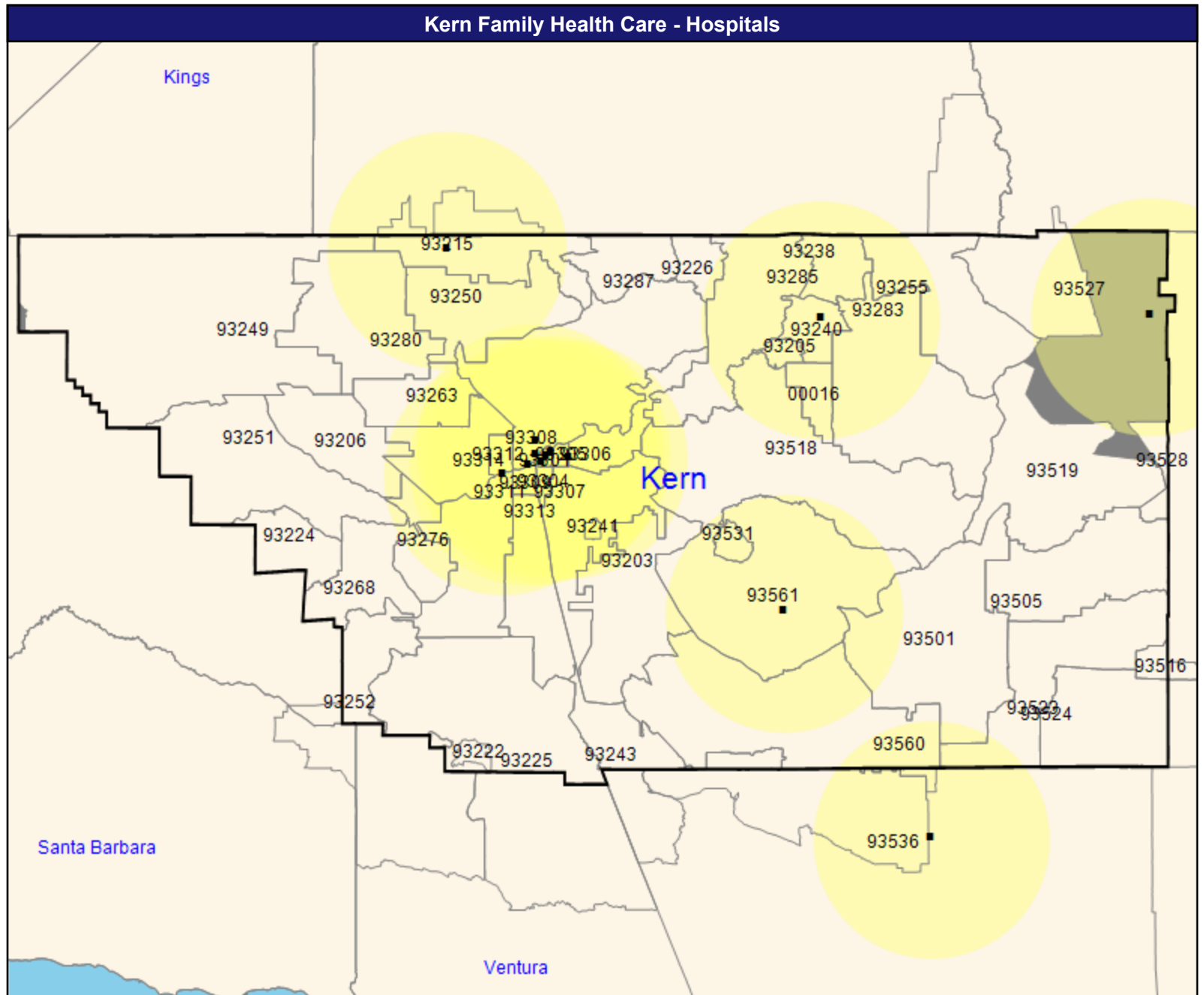
Map

Hospitals

19 providers at 19 locations

- All providers
- 15 mile radius

18.18 miles



Map

- Hospitals
- 19 providers at 19 locations
 - All providers
 - 15 mile radius
- Hospitals
- Employee Group
 - Kern Enrollees
- Provider Group
 - Hospitals
- 253,317 member locations
 - ◆ With access (241,953)
 - Without access (11,364)
- The Access Standard is defined as (Kern Enrollees) members accessing:
 - 1 (Hospitals) provider in 15 miles or 30 minutes

18.18 miles

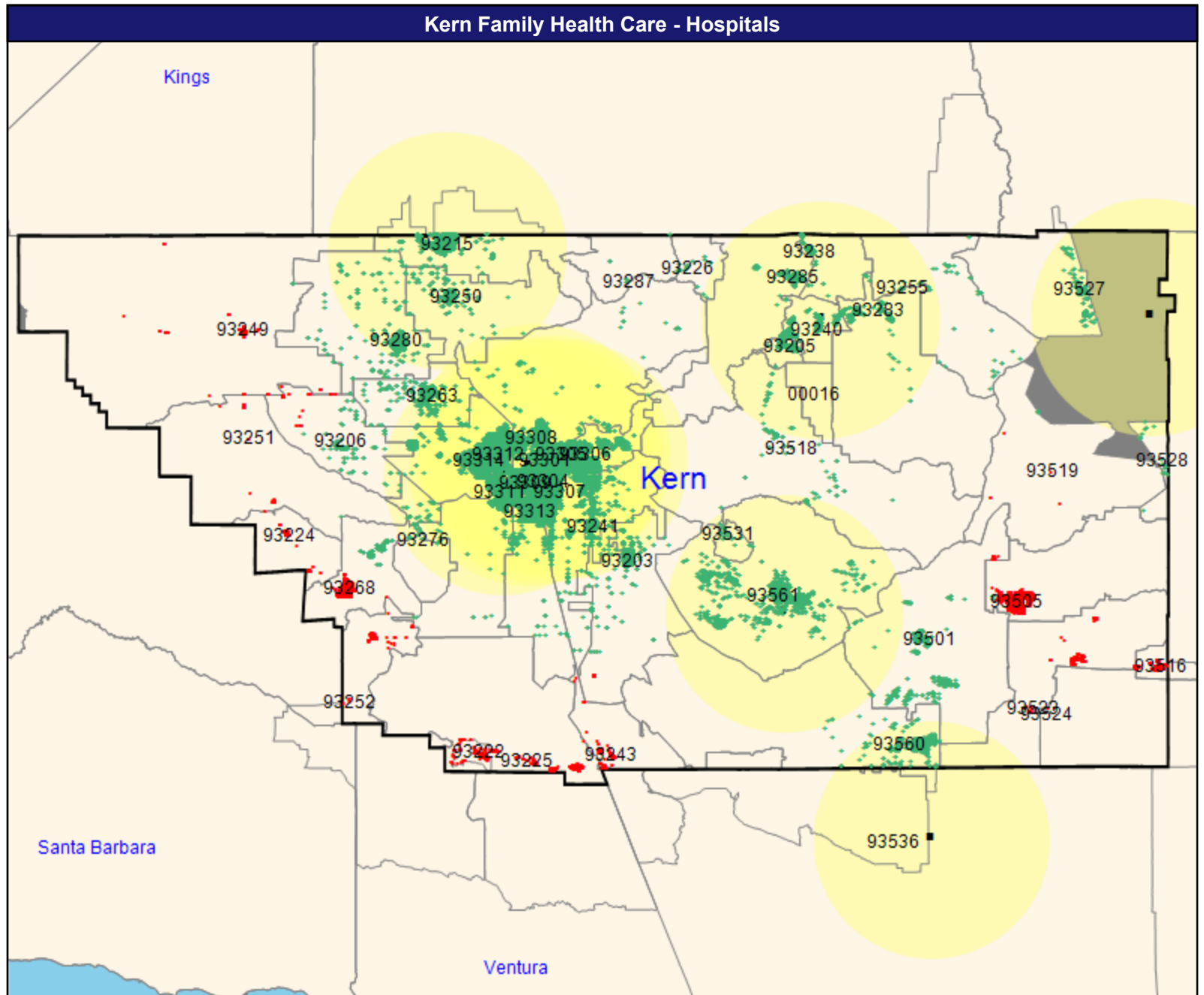




Exhibit B-6
Adult Mental Health Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Adult Mental Health Providers
 Member / Provider Groups
 Kern Enrollees
 Adult Mental Health

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	17.8	19.4
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.2	1.4
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.3	0.4
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.3	0.4
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	2.5	3.8
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.7	4.3
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	15.1	16.4
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	17.6	19.2
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	25.9	28.2
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	2.6	4.2
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	17.2	18.7
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	4.3	8.6
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	16.6	18.1
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	12.9	14.0
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	4.0	4.3
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	1.6	1.7
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	0.6	1.2
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.0	1.6
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	0.4	0.4
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.8
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	0.9	0.9
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	0.6	1.2
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.7	2.4
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	33.1	36.1
Boron, CA	93516	479	1 in 45 miles or 75 mins	479	100.0	0	0.0	25.1	27.3
	93596	11	1 in 45 miles or 75 mins	11	100.0	0	0.0	24.6	26.8
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	20.8	22.6
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	29.7	32.4
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	0.5	0.5
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	4.3	4.6
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	23.9	26.0
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	24.8	27.0
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	16.8	18.3
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	1.7	1.8
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	16.2	17.6
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	16.7	18.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	16.2	17.6
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	13.8	15.0
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	35.5	38.7
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	18.7	20.4

Access Detail By Zip Code

Access Analysis
 Adult Mental Health Providers
 Member / Provider Groups
 Kern Enrollees
 Adult Mental Health

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	24.4	26.6
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	14.7	16.0
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	46.2	50.4
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	36.9	40.2
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	7.3	10.3
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	19.9	21.7
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	36.1	39.3
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	14.4	15.7
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	18.4	20.0
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	27.0	29.4
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	13.7	14.9
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	0.0	0.0
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	36.3	39.6
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	5.4	5.8
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	24.1	26.2
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	9.1	9.9
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	13.4	14.6
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	14.6	15.9
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	0.8	0.8
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	15.4	16.8
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	19.0	20.7
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	38.1	41.5
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	41.6	45.3
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	30.9	33.7
Grand Totals		253,317	1 in 45 miles or 75 mins	253,317	100.0	0	0.0	46.2	50.4

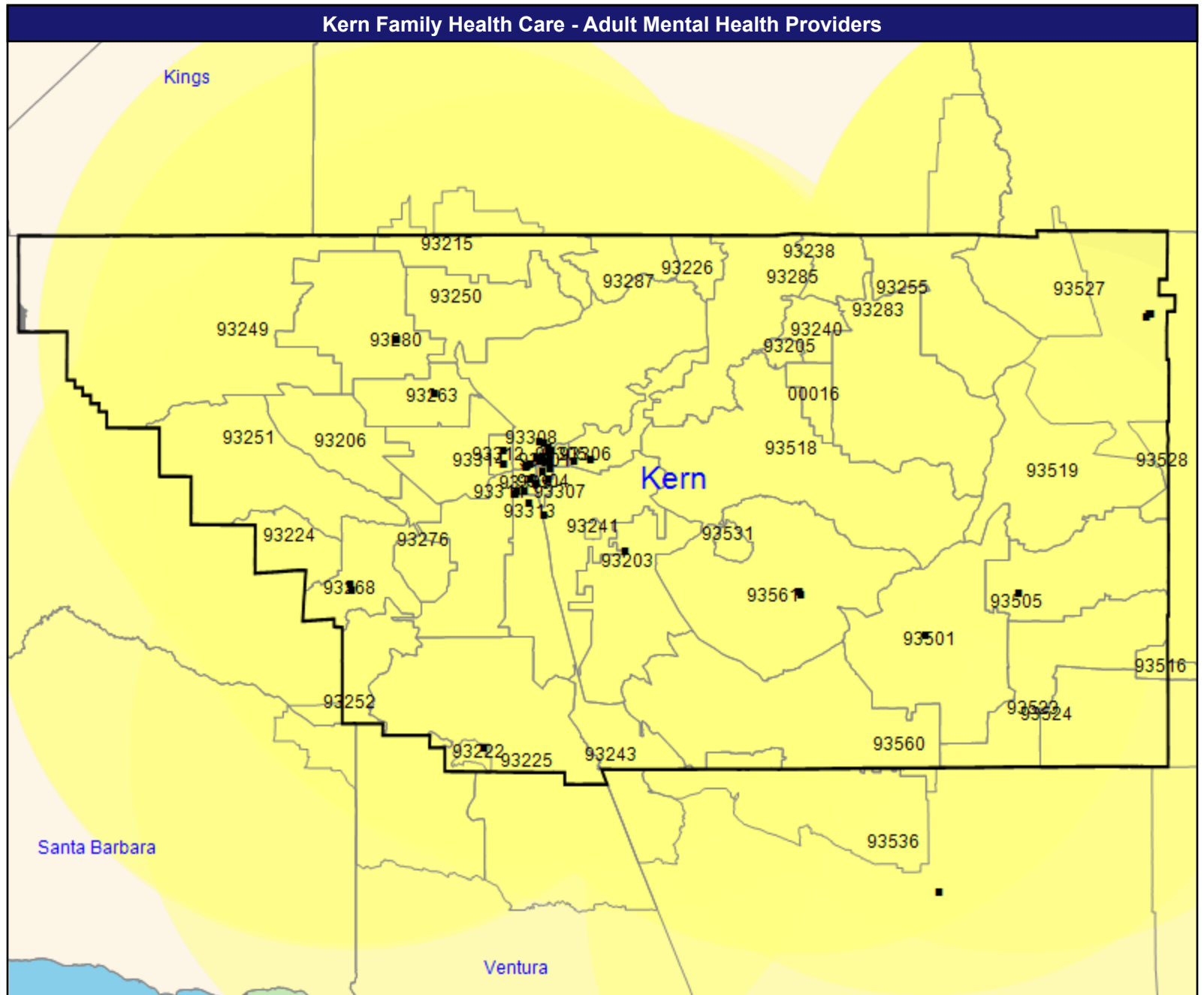
Map

Adult Mental Health

57 providers at 52 locations

- All providers
- 45 mile radius

18.18 miles



Map

Adult Mental Health
57 providers at 52 locations
■ All providers
○ 45 mile radius

Adult Mental Health Providers
Employee Group
Kern Enrollees
Provider Group
Adult Mental Health

253,317 member locations
◆ With access (253,317)
● Without access (0)

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

18.18 miles

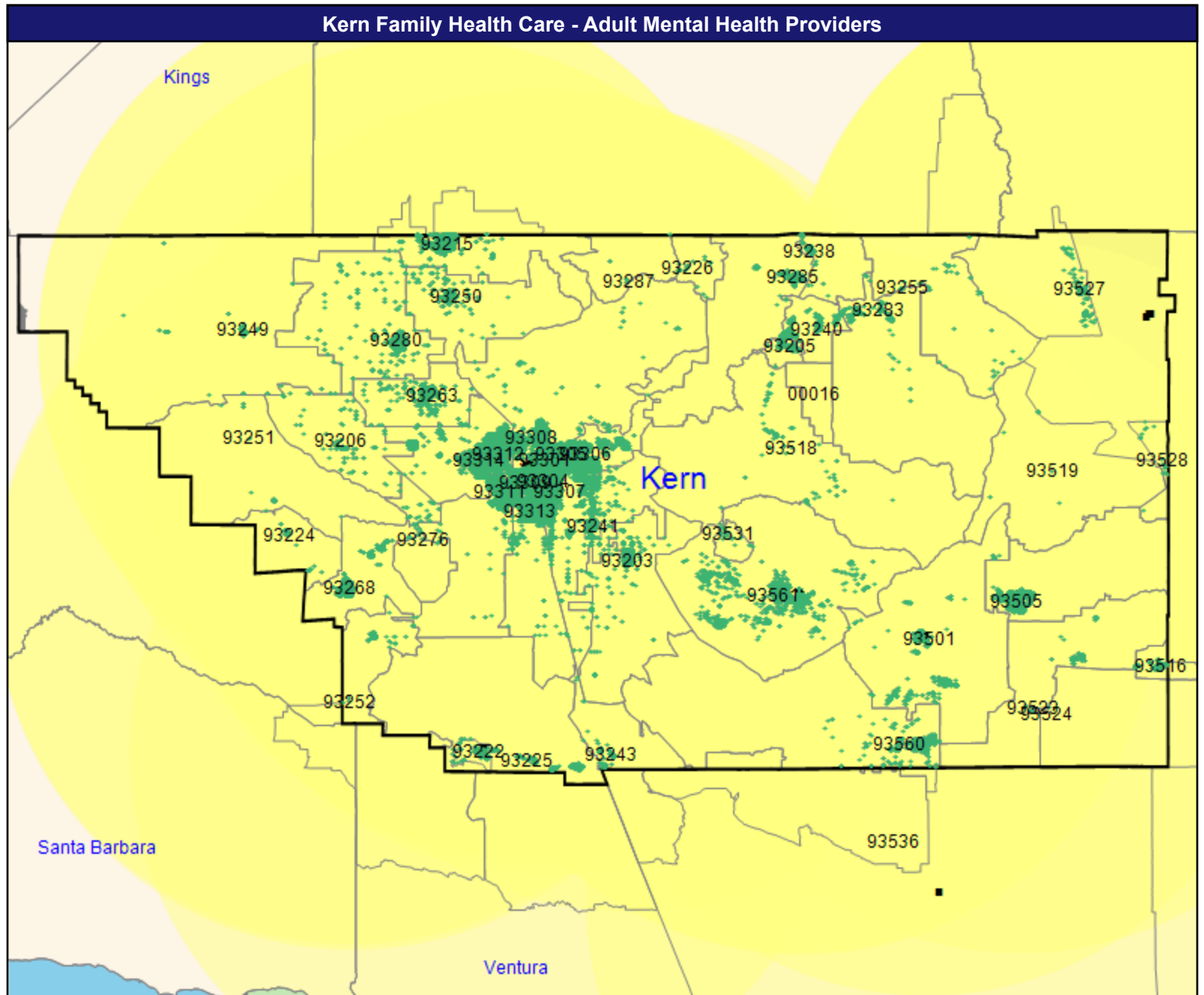




Exhibit B-6
Pediatric Mental Health Providers
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Pediatric Mental Health Providers
 Member / Provider Groups
 Kern Enrollees
 Pediatric Mental Health

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 45 miles or 75 mins	9,939	100.0	0	0.0	17.8	19.4
Bakersfield, CA	93301	5,187	1 in 45 miles or 75 mins	5,187	100.0	0	0.0	1.2	1.4
	93302	31	1 in 45 miles or 75 mins	31	100.0	0	0.0	0.3	0.4
	93303	25	1 in 45 miles or 75 mins	25	100.0	0	0.0	0.3	0.4
	93304	20,857	1 in 45 miles or 75 mins	20,857	100.0	0	0.0	2.5	3.8
	93305	17,068	1 in 45 miles or 75 mins	17,068	100.0	0	0.0	2.7	4.3
	93306	22,689	1 in 45 miles or 75 mins	22,689	100.0	0	0.0	15.1	16.4
	93307	43,950	1 in 45 miles or 75 mins	43,950	100.0	0	0.0	17.6	19.2
	93308	14,661	1 in 45 miles or 75 mins	14,661	100.0	0	0.0	25.9	28.2
	93309	16,288	1 in 45 miles or 75 mins	16,288	100.0	0	0.0	2.6	4.2
	93311	6,651	1 in 45 miles or 75 mins	6,651	100.0	0	0.0	17.2	18.7
	93312	6,513	1 in 45 miles or 75 mins	6,513	100.0	0	0.0	4.3	8.6
	93313	14,015	1 in 45 miles or 75 mins	14,015	100.0	0	0.0	16.6	18.1
	93314	2,916	1 in 45 miles or 75 mins	2,916	100.0	0	0.0	12.9	14.0
	93380	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	4.0	4.3
	93383	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	1.6	1.7
	93384	32	1 in 45 miles or 75 mins	32	100.0	0	0.0	0.6	1.2
	93385	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	1.0	1.6
	93386	8	1 in 45 miles or 75 mins	8	100.0	0	0.0	0.4	0.4
	93387	17	1 in 45 miles or 75 mins	17	100.0	0	0.0	2.3	2.8
	93388	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	0.9	0.9
	93389	20	1 in 45 miles or 75 mins	20	100.0	0	0.0	0.6	1.2
	93390	12	1 in 45 miles or 75 mins	12	100.0	0	0.0	1.7	2.4
Bodfish, CA	93205	494	1 in 45 miles or 75 mins	494	100.0	0	0.0	33.1	36.1
Boron, CA	93516	479	1 in 45 miles or 75 mins	479	100.0	0	0.0	25.1	27.3
	93596	11	1 in 45 miles or 75 mins	11	100.0	0	0.0	24.6	26.8
Buttonwillow, CA	93206	726	1 in 45 miles or 75 mins	726	100.0	0	0.0	20.8	22.6
Caliente, CA	93518	177	1 in 45 miles or 75 mins	177	100.0	0	0.0	29.7	32.4
California City, CA	93504	49	1 in 45 miles or 75 mins	49	100.0	0	0.0	0.5	0.5
	93505	3,148	1 in 45 miles or 75 mins	3,148	100.0	0	0.0	4.3	4.6
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	23.9	26.0
Delano, CA	93215	18,360	1 in 45 miles or 75 mins	18,360	100.0	0	0.0	24.8	27.0
	93216	36	1 in 45 miles or 75 mins	36	100.0	0	0.0	16.8	18.3
Edison, CA	93220	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	1.7	1.8
Edwards, CA	93523	230	1 in 45 miles or 75 mins	230	100.0	0	0.0	16.2	17.6
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	16.7	18.2
Fellows, CA	93224	120	1 in 45 miles or 75 mins	120	100.0	0	0.0	16.2	17.6
Frazier Park, CA	93225	525	1 in 45 miles or 75 mins	525	100.0	0	0.0	13.8	15.0
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	35.5	38.7
Inyokern, CA	93527	205	1 in 45 miles or 75 mins	205	100.0	0	0.0	18.7	20.4

Access Detail By Zip Code

Access Analysis
 Pediatric Mental Health Providers
 Member / Provider Groups
 Kern Enrollees
 Pediatric Mental Health

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 45 miles or 75 mins	21	100.0	0	0.0	24.4	26.6
Keene, CA	93531	43	1 in 45 miles or 75 mins	43	100.0	0	0.0	14.7	16.0
Kernville, CA	93238	183	1 in 45 miles or 75 mins	183	100.0	0	0.0	46.2	50.4
Lake Isabella, CA	93240	1,421	1 in 45 miles or 75 mins	1,421	100.0	0	0.0	36.9	40.2
Lamont, CA	93241	7,652	1 in 45 miles or 75 mins	7,652	100.0	0	0.0	7.3	10.3
Lebec, CA	93243	197	1 in 45 miles or 75 mins	197	100.0	0	0.0	19.9	21.7
Lost Hills, CA	93249	897	1 in 45 miles or 75 mins	897	100.0	0	0.0	36.1	39.3
Maricopa, CA	93252	445	1 in 45 miles or 75 mins	445	100.0	0	0.0	14.4	15.7
Mc Farland, CA	93250	6,224	1 in 45 miles or 75 mins	6,224	100.0	0	0.0	18.4	20.0
Mc Kittrick, CA	93251	57	1 in 45 miles or 75 mins	57	100.0	0	0.0	27.0	29.4
Mojave, CA	93501	1,635	1 in 45 miles or 75 mins	1,635	100.0	0	0.0	13.7	14.9
	93502	60	1 in 45 miles or 75 mins	60	100.0	0	0.0	0.0	0.0
Onyx, CA	93255	99	1 in 45 miles or 75 mins	99	100.0	0	0.0	36.3	39.6
Pine Mountain Club, CA	93222	116	1 in 45 miles or 75 mins	116	100.0	0	0.0	5.4	5.8
Rosamond, CA	93560	1,077	1 in 45 miles or 75 mins	1,077	100.0	0	0.0	24.1	26.2
Shafter, CA	93263	7,960	1 in 45 miles or 75 mins	7,960	100.0	0	0.0	9.1	9.9
Taft, CA	93268	5,519	1 in 45 miles or 75 mins	5,519	100.0	0	0.0	13.4	14.6
Tehachapi, CA	93561	4,133	1 in 45 miles or 75 mins	4,133	100.0	0	0.0	14.6	15.9
	93581	38	1 in 45 miles or 75 mins	38	100.0	0	0.0	0.8	0.8
Tupman, CA	93276	92	1 in 45 miles or 75 mins	92	100.0	0	0.0	15.4	16.8
Wasco, CA	93280	8,990	1 in 45 miles or 75 mins	8,990	100.0	0	0.0	19.0	20.7
Weldon, CA	93283	467	1 in 45 miles or 75 mins	467	100.0	0	0.0	38.1	41.5
Wofford Heights, CA	93285	442	1 in 45 miles or 75 mins	442	100.0	0	0.0	41.6	45.3
Woody, CA	93287	13	1 in 45 miles or 75 mins	13	100.0	0	0.0	30.9	33.7
Grand Totals		253,317	1 in 45 miles or 75 mins	253,317	100.0	0	0.0	46.2	50.4

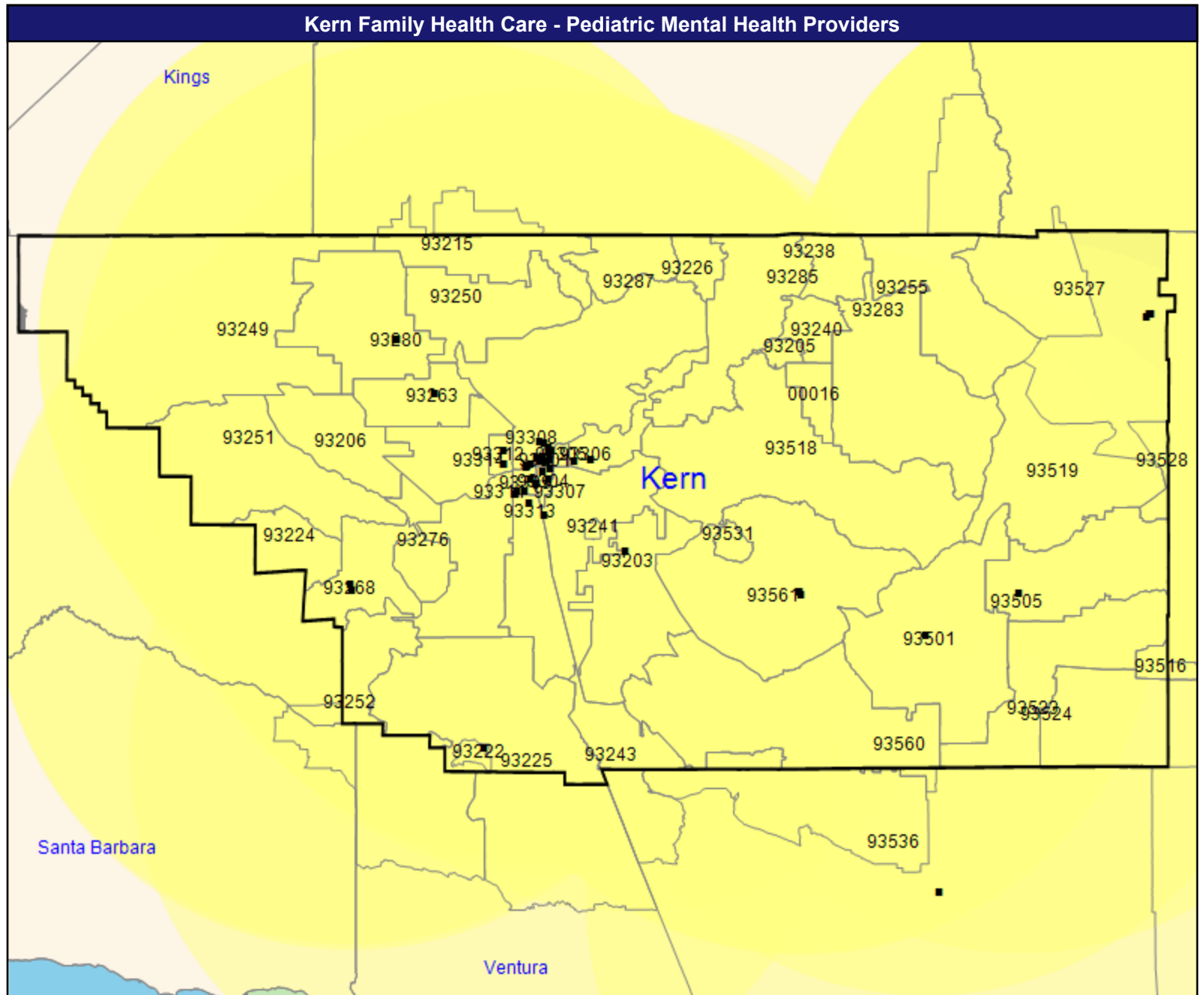
Map

Pediatric Mental Health

52 providers at 50 locations

- All providers
- 45 mile radius

18.18 miles



Map

Kern Family Health Care - Pediatric Mental Health Providers

- Pediatric Mental Health
 - 52 providers at 50 locations
 - All providers
 - 45 mile radius
- Pediatric Mental Health Providers
- Employee Group
 - Kern Enrollees
- Provider Group
 - Pediatric Mental Health
- 253,317 member locations
 - ◆ With access (253,317)
 - Without access (0)
- The Access Standard is defined as (Kern Enrollees) members accessing:
 - 1 (Pediatric Mental Health) provider in 45 miles or 75 minutes

18.18 miles

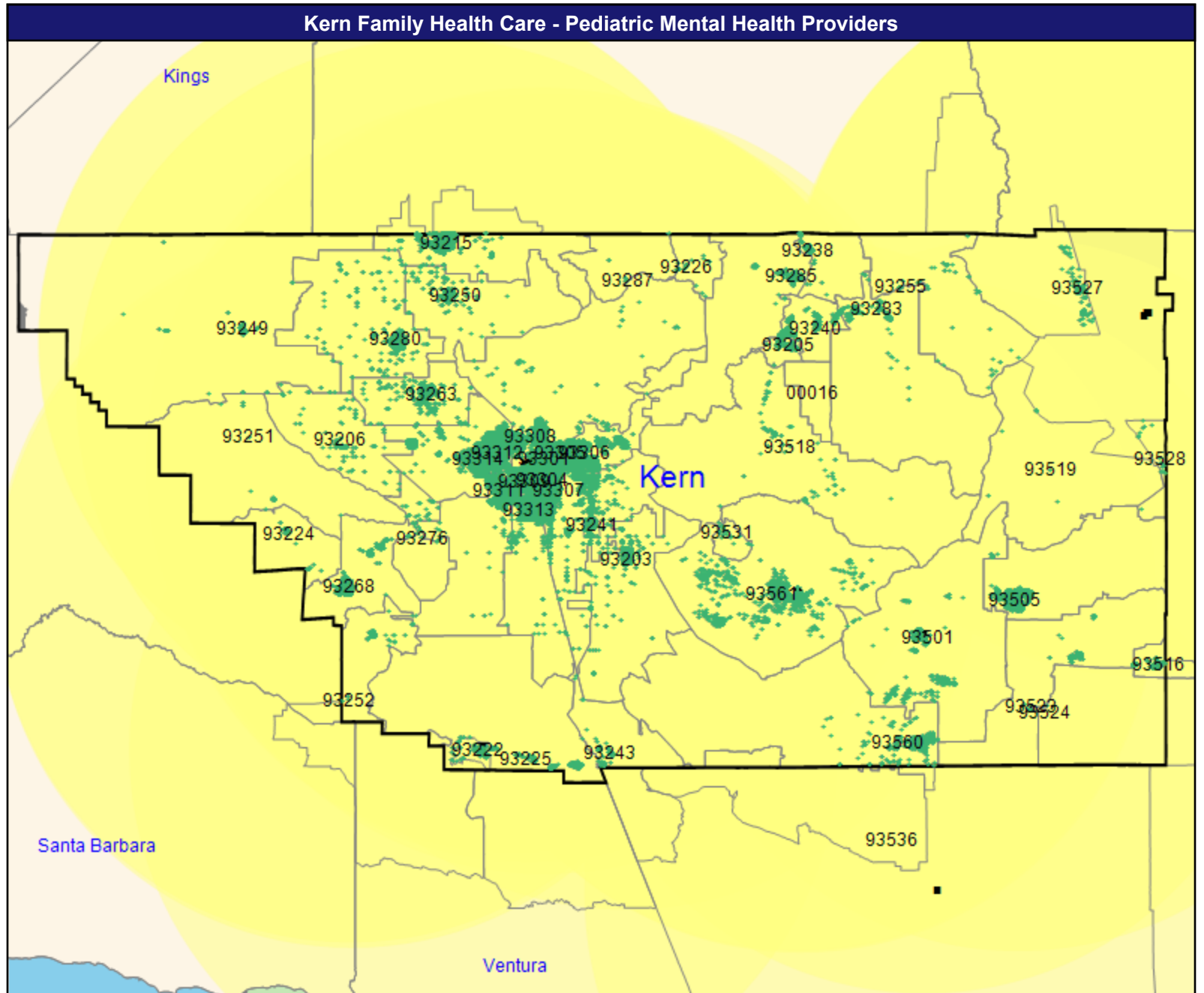




Exhibit B-7
Pharmacies
Kern Family Health Care, Kern County

Access Detail By Zip Code

Access Analysis
 Pharmacies
 Member / Provider Groups
 Kern Enrollees
 Pharmacy

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,939	1 in 10 miles or 30 mins	9,939	100.0	0	0.0	15.5	16.9
Bakersfield, CA	93301	5,187	1 in 10 miles or 30 mins	5,187	100.0	0	0.0	1.3	1.7
	93302	31	1 in 10 miles or 30 mins	31	100.0	0	0.0	0.4	0.5
	93303	25	1 in 10 miles or 30 mins	25	100.0	0	0.0	0.4	0.5
	93304	20,857	1 in 10 miles or 30 mins	20,857	100.0	0	0.0	1.7	2.7
	93305	17,068	1 in 10 miles or 30 mins	17,068	100.0	0	0.0	1.8	2.9
	93306	22,689	1 in 10 miles or 30 mins	22,689	100.0	0	0.0	14.5	15.8
	93307	43,950	1 in 10 miles or 30 mins	43,950	100.0	0	0.0	16.2	18.3
	93308	14,661	1 in 10 miles or 30 mins	14,661	100.0	0	0.0	21.0	22.9
	93309	16,288	1 in 10 miles or 30 mins	16,288	100.0	0	0.0	1.7	2.6
	93311	6,651	1 in 10 miles or 30 mins	6,651	100.0	0	0.0	16.7	18.2
	93312	6,513	1 in 10 miles or 30 mins	6,513	100.0	0	0.0	1.8	3.0
	93313	14,015	1 in 10 miles or 30 mins	14,015	100.0	0	0.0	16.7	18.4
	93314	2,916	1 in 10 miles or 30 mins	2,916	100.0	0	0.0	11.2	12.2
	93380	5	1 in 10 miles or 30 mins	5	100.0	0	0.0	2.8	3.0
	93383	5	1 in 10 miles or 30 mins	5	100.0	0	0.0	2.1	2.2
	93384	32	1 in 10 miles or 30 mins	32	100.0	0	0.0	0.9	1.8
	93385	13	1 in 10 miles or 30 mins	13	100.0	0	0.0	0.7	1.4
	93386	8	1 in 10 miles or 30 mins	8	100.0	0	0.0	0.8	0.8
	93387	17	1 in 10 miles or 30 mins	17	100.0	0	0.0	1.6	1.7
	93388	7	1 in 10 miles or 30 mins	7	100.0	0	0.0	0.3	0.3
	93389	20	1 in 10 miles or 30 mins	20	100.0	0	0.0	0.2	0.4
	93390	12	1 in 10 miles or 30 mins	12	100.0	0	0.0	0.5	0.5
Bodfish, CA	93205	494	1 in 10 miles or 30 mins	494	100.0	0	0.0	4.5	4.9
Boron, CA	93516	479	1 in 10 miles or 30 mins	479	100.0	0	0.0	24.5	26.7
	93596	11	1 in 10 miles or 30 mins	11	100.0	0	0.0	24.0	26.1
Buttonwillow, CA	93206	726	1 in 10 miles or 30 mins	726	100.0	0	0.0	18.8	20.5
Caliente, CA	93518	177	1 in 10 miles or 30 mins	177	100.0	0	0.0	23.1	25.2
California City, CA	93504	49	1 in 10 miles or 30 mins	49	100.0	0	0.0	0.1	0.1
	93505	3,148	1 in 10 miles or 30 mins	3,148	100.0	0	0.0	5.0	5.4
Cantil, CA	93519	10	1 in 10 miles or 30 mins	10	100.0	0	0.0	22.1	24.1
Delano, CA	93215	18,360	1 in 10 miles or 30 mins	18,360	100.0	0	0.0	6.8	7.4
	93216	36	1 in 10 miles or 30 mins	36	100.0	0	0.0	0.3	0.3
Edison, CA	93220	28	1 in 10 miles or 30 mins	28	100.0	0	0.0	2.2	2.4
Edwards, CA	93523	230	1 in 10 miles or 30 mins	230	100.0	0	0.0	15.6	17.0
	93524	1	1 in 10 miles or 30 mins	1	100.0	0	0.0	16.1	17.5
Fellows, CA	93224	120	1 in 10 miles or 30 mins	120	100.0	0	0.0	15.7	17.1
Frazier Park, CA	93225	525	1 in 10 miles or 30 mins	525	100.0	0	0.0	12.8	13.9
Glennville, CA	93226	28	1 in 10 miles or 30 mins	28	100.0	0	0.0	18.8	20.5
Inyokern, CA	93527	205	1 in 10 miles or 30 mins	205	100.0	0	0.0	18.9	20.6

Access Detail By Zip Code

Access Analysis
 Pharmacies
 Member / Provider Groups
 Kern Enrollees
 Pharmacy

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Johannesburg, CA	93528	21	1 in 10 miles or 30 mins	21	100.0	0	0.0	22.4	24.4
Keene, CA	93531	43	1 in 10 miles or 30 mins	43	100.0	0	0.0	14.3	15.6
Kernville, CA	93238	183	1 in 10 miles or 30 mins	183	100.0	0	0.0	4.6	5.0
Lake Isabella, CA	93240	1,421	1 in 10 miles or 30 mins	1,421	100.0	0	0.0	2.9	3.1
Lamont, CA	93241	7,652	1 in 10 miles or 30 mins	7,652	100.0	0	0.0	2.3	4.6
Lebec, CA	93243	197	1 in 10 miles or 30 mins	197	100.0	0	0.0	11.3	12.3
Lost Hills, CA	93249	897	1 in 10 miles or 30 mins	897	100.0	0	0.0	22.7	24.7
Maricopa, CA	93252	445	1 in 10 miles or 30 mins	445	100.0	0	0.0	14.6	15.9
Mc Farland, CA	93250	6,224	1 in 10 miles or 30 mins	6,224	100.0	0	0.0	10.0	10.9
Mc Kittrick, CA	93251	57	1 in 10 miles or 30 mins	57	100.0	0	0.0	19.1	20.8
Mojave, CA	93501	1,635	1 in 10 miles or 30 mins	1,635	100.0	0	0.0	15.5	16.9
	93502	60	1 in 10 miles or 30 mins	60	100.0	0	0.0	13.5	14.7
Onyx, CA	93255	99	1 in 10 miles or 30 mins	99	100.0	0	0.0	24.2	26.4
Pine Mountain Club, CA	93222	116	1 in 10 miles or 30 mins	116	100.0	0	0.0	16.9	18.4
Rosamond, CA	93560	1,077	1 in 10 miles or 30 mins	1,077	100.0	0	0.0	13.9	15.1
Shafter, CA	93263	7,960	1 in 10 miles or 30 mins	7,960	100.0	0	0.0	8.9	9.7
Taft, CA	93268	5,519	1 in 10 miles or 30 mins	5,519	100.0	0	0.0	14.2	15.4
Tehachapi, CA	93561	4,133	1 in 10 miles or 30 mins	4,133	100.0	0	0.0	13.3	14.5
	93581	38	1 in 10 miles or 30 mins	38	100.0	0	0.0	1.3	1.4
Tupman, CA	93276	92	1 in 10 miles or 30 mins	92	100.0	0	0.0	13.8	15.0
Wasco, CA	93280	8,990	1 in 10 miles or 30 mins	8,990	100.0	0	0.0	16.7	18.2
Weldon, CA	93283	467	1 in 10 miles or 30 mins	467	100.0	0	0.0	20.8	22.6
Wofford Heights, CA	93285	442	1 in 10 miles or 30 mins	442	100.0	0	0.0	8.7	9.4
Woody, CA	93287	13	1 in 10 miles or 30 mins	13	100.0	0	0.0	23.0	25.0
Grand Totals		253,317	1 in 10 miles or 30 mins	253,317	100.0	0	0.0	24.5	26.7

Map

Pharmacy

144 providers at 141 locations

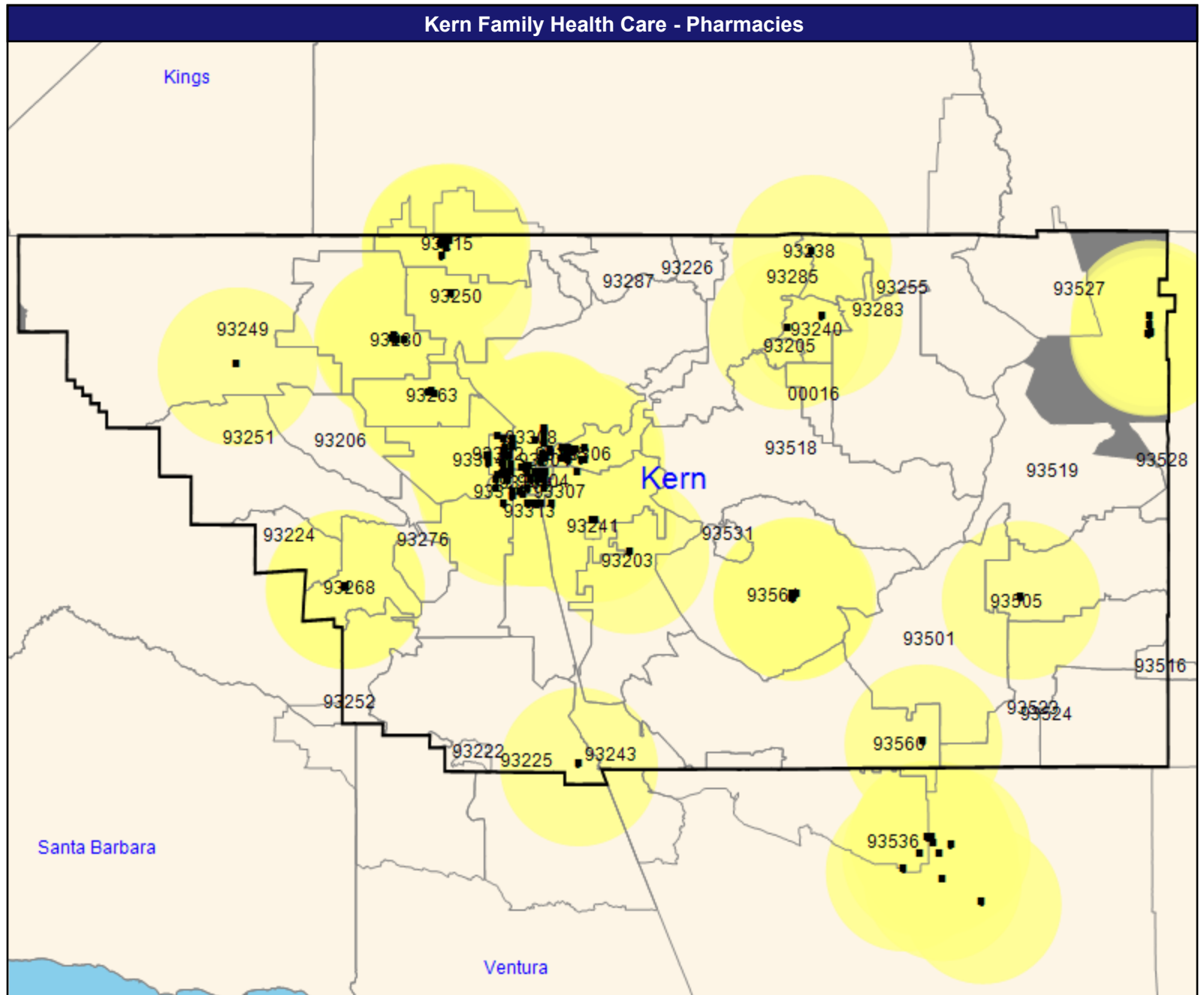
- All providers
- 10 mile radius

Pharmacy

144 providers at 141 locations

- All providers
- 10 mile radius

18.18 miles



Map

Pharmacy

144 providers at 141 locations

- All providers
- 10 mile radius

Pharmacies

Employee Group

Kern Enrollees

Provider Group

Pharmacy

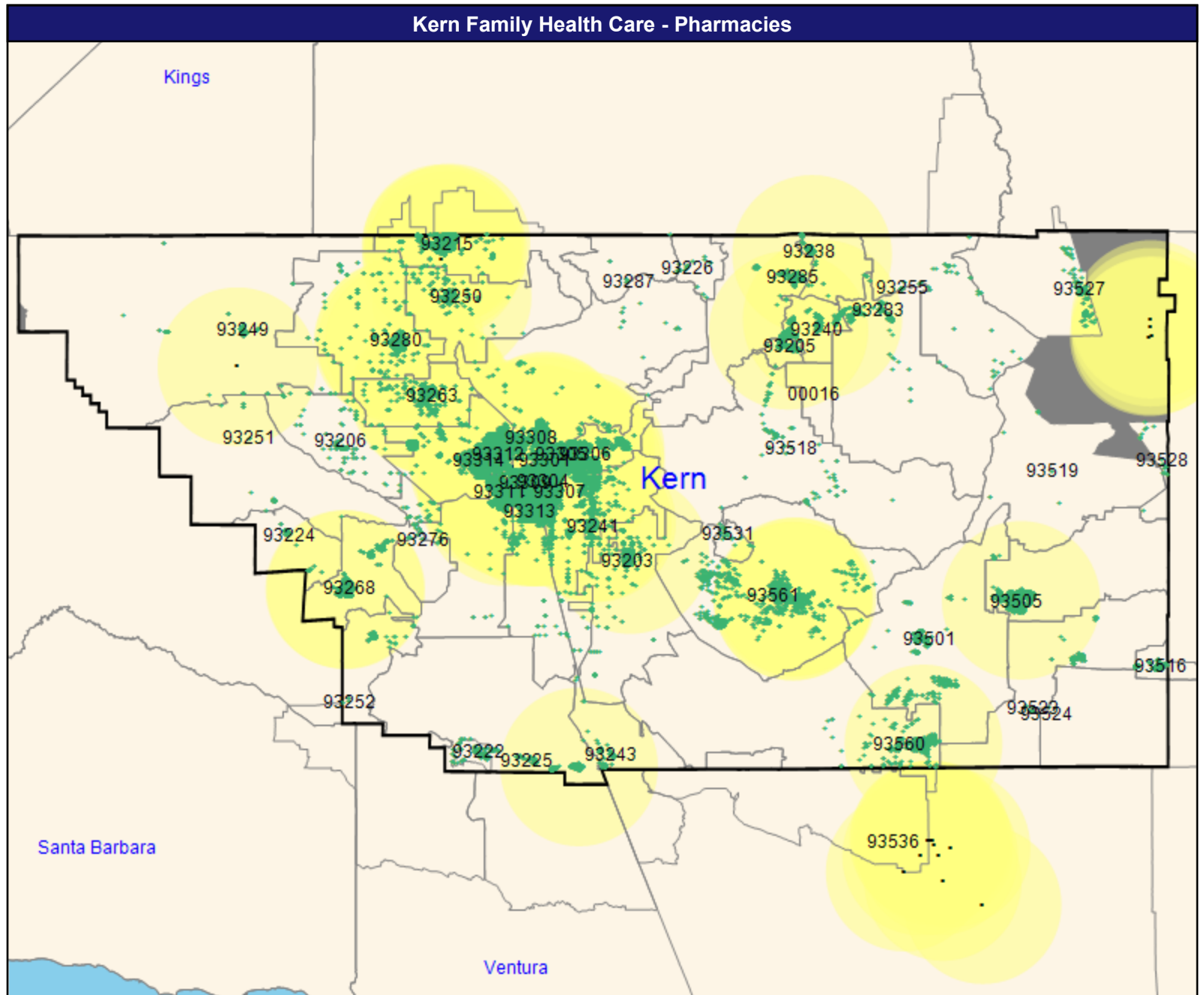
253,317 member locations

- ◆ With access (253,317)
- Without access (0)

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

- 1 (Pharmacy) provider in 10 miles or 30 minutes

18.18 miles

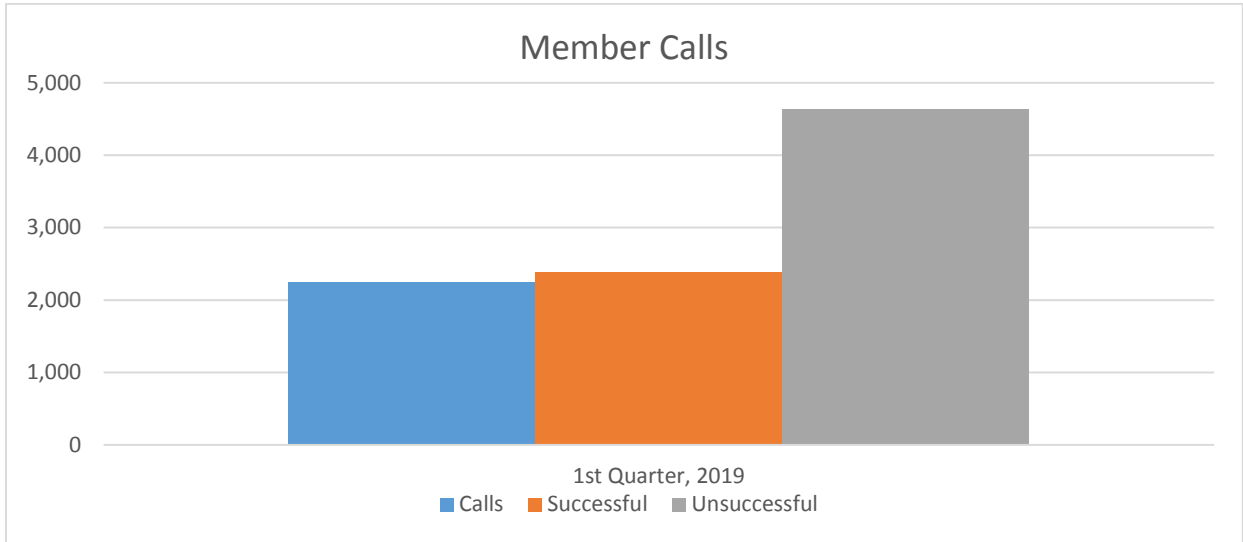


Disease Management Quarterly Report

1st Quarter, 2019

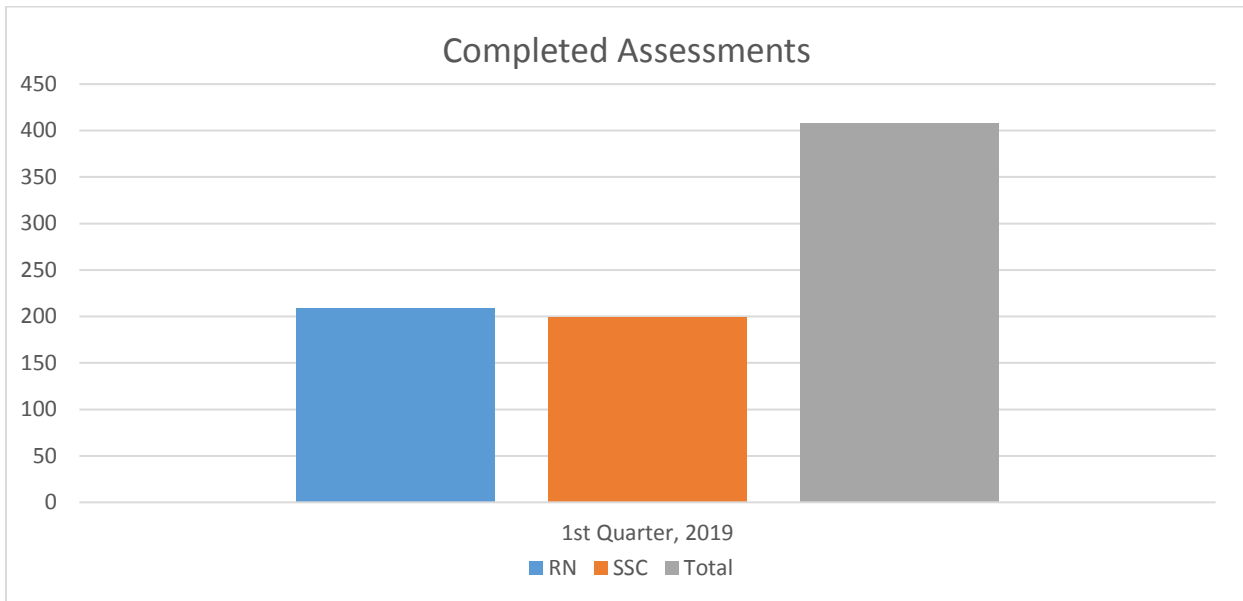
Telephone Calls: A total of 4,632 calls were made by the DM staff during the 1st Quarter, 2019.

Member Calls Attempted	Successful Calls	Unsuccessful Calls	Total Member Calls	% Contacted
RN	1,067	1,460	2,527	42%
SSC	1,183	922	2,105	56%
Total	2,250	2,382	4,632	49%



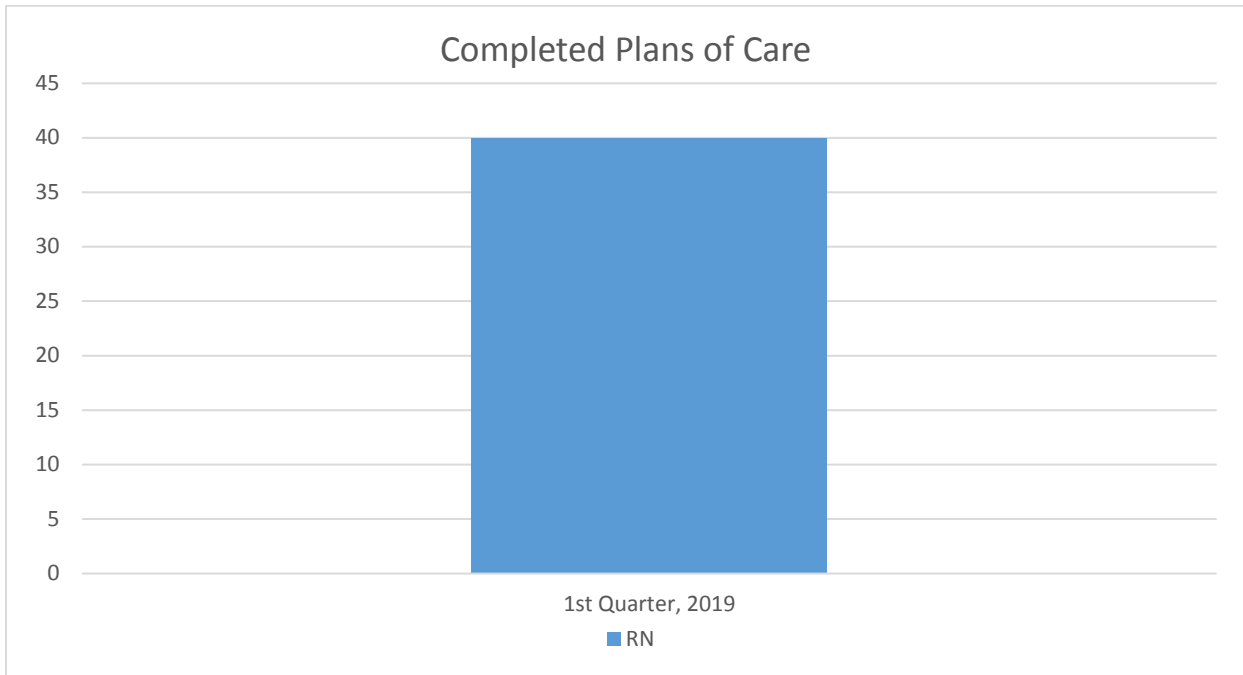
New Assessments Completed.

RN	SSC	Total
209	199	408



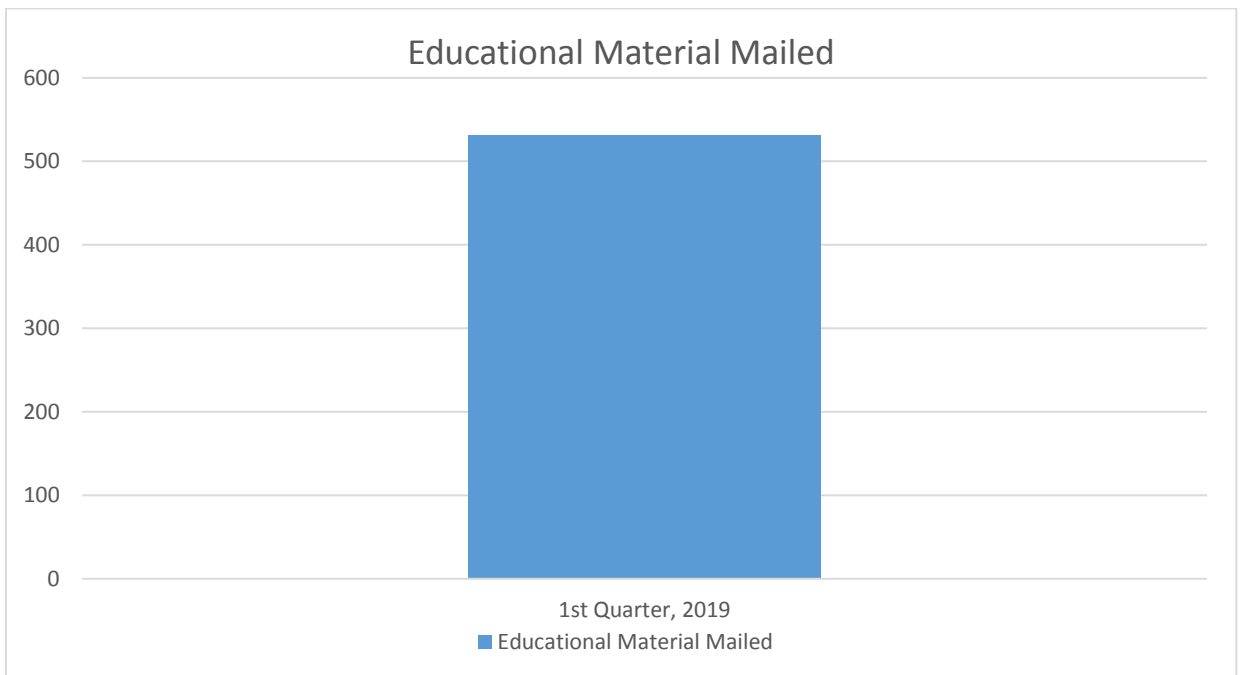
Plans of Care Completed & Closed.

RN
40



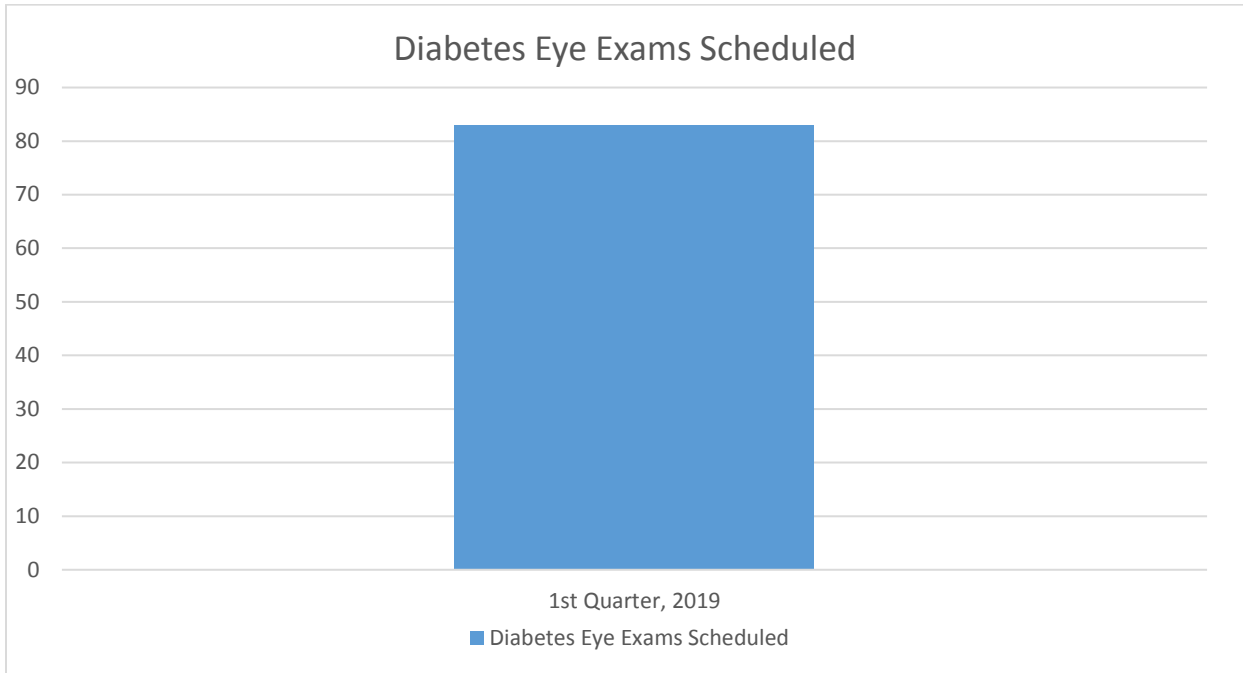
Educational Material Mailed.

531



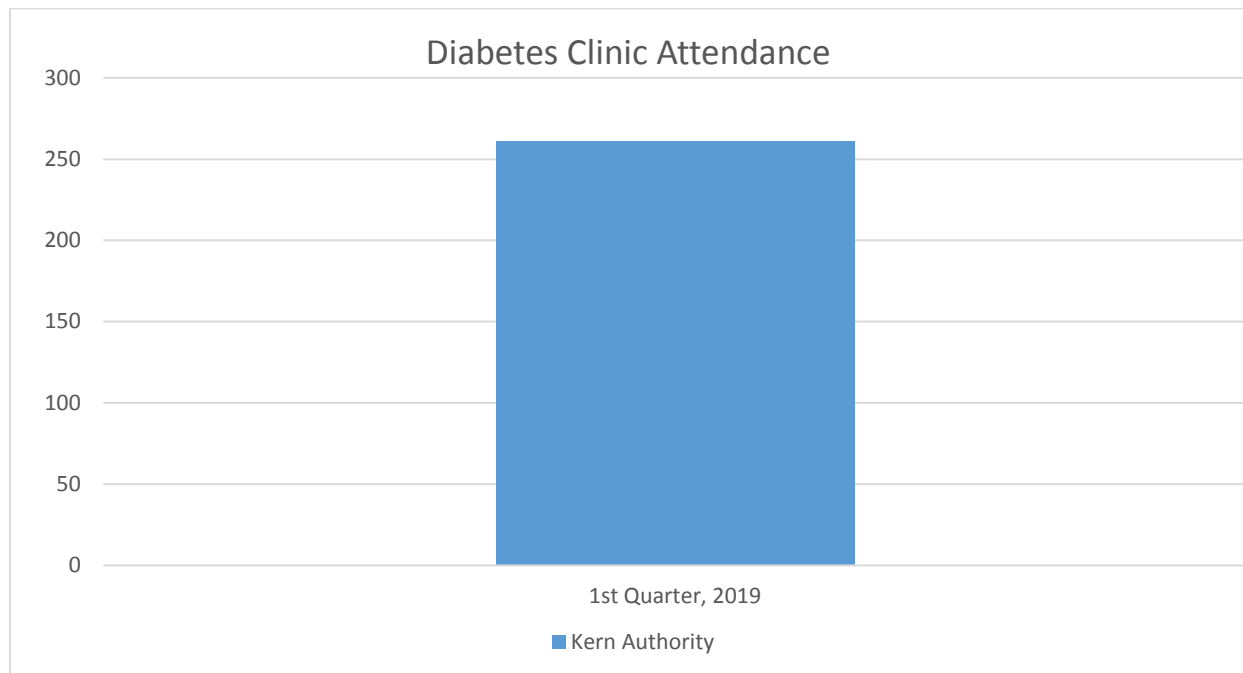
Diabetes Eye Exams Scheduled.

83



Diabetes Clinic Attendance.

Kern Authority
261





KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Major Organ Transplant				POLICY #: 3.02-P	
DEPARTMENT: Health Services – Utilization Management					
Effective Date: 08/1997	Review/Revised Date: 02/10/2019	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Douglas A. Hayward

 Douglas A. Hayward
 Chief Executive Officer

Date 2/10/19

M. Masinga

 Chief Medical Officer

Date 2/6/19

Natasha

 Director of Member Services

Date 2-4-19

Deborah L. Kuenen

 Senior Director of Health Services

Date 1/15/19

POLICY¹:

Coverage for major organ transplants differs according to member's Plan.

Transplants qualifying as a CCS eligible condition are referred to and provided by the CCS Program.

Under the Medi-Cal Product, major organ transplant procedures are not covered with the exception of kidney transplants.² Kern Health Systems (KHS) providers will follow systematic methods for identifying members in need of major organ transplants. KHS providers will refer these members to a Medi-Cal approved transplant center and coordinate care as needed. KHS Utilization Management staff will assist providers as needed in the referral process and act as a liaison between transplant center staff and KHS providers. Transplant procedures which are not covered include:

- Bone marrow transplants (BMT)
- Heart transplants (HT)
- Liver transplants (LT)

- Lung transplants (LUT)
- Heart/lung transplants (HT/LUT)
- Combined liver and kidney transplants (LT/KT)
- Combined liver and small bowel transplants (LT/SBT)
- Small Bowel Transplants (SBT)

In cases where a non-covered major organ transplant is needed, members will be disenrolled should they meet all criteria for disenrollment.

A listing of MCAL participating transplant centers can be located on the DHCS website:

<https://www.dhcs.ca.gov/services/ccs/scc/Pages/SCCType.aspx>

<http://livingdonationcalifornia.org/about-us/california-transplant-centers/>

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Transplant.html>

<https://www.srtr.org/transplant-centers/?query=&distance=50&location=&state=CA&recipientType=adult&organ=liver&sort=rating>

PROCEDURE:

1.0 PROGRAM DESCRIPTION AND CONTACT INFORMATION

The Medi-Cal Fee-For-Service (FFS) Program is responsible for the provision of major organ transplants for Medi-Cal Members. Medi-Cal FFS has designated approved Medi-Cal Transplant Centers.

The California Children's Services Program is responsible for the provision of major organ transplants that are determined to be CCS eligible conditions. See *KHS Policy and Procedure #3.16-P: California Children's Services* for additional information on the CCS Program.

2.0 ACCESS

Members requiring major organ transplants are identified by their KHS provider. Organ transplant services require prior authorization. Providers should submit referrals to KHS as outlined in *KHS Policy and Procedure #3.22-P: Referral and Authorization Process*. KHS UM staff assist the provider in making the referral to an appropriate transplant center and act as a liaison between transplant center staff and the provider.

2.1 Medi-Cal Members

KHS providers follow the Medi-Cal patient selection criteria in identifying Medi-Cal members in need of major organ transplants. Medi-Cal members meeting the selection criteria are referred to an approved Medi-Cal Transplant Center.³ If the transplant center physician considers the member to be a suitable candidate, a prior authorization request will be submitted by the transplant center M.D. to either the San Francisco Medi-Cal Field Office (for adults) or the California Children's Services Program (for children) for approval.⁴

3.0 PROVISION OF SERVICES

Kidney only transplants are a covered benefit for Medi-Cal Members. Transplants qualifying as a CCS eligible condition are referred to and provided by the CCS Program for Medi-Cal members.

Benefits for those transplants covered and approved by KHS include the following

- A. Reasonable medical and hospital expenses of a donor or an individual identified as a prospective donor, if these expenses are directly related to the transplant
- B. Testing the member's relatives for matching bone marrow transplants
- C. Searching for and testing unrelated bone marrow donors through a recognized Donor Registry

- D. Charges associated with procuring donor organs through a recognized Donor Transplant Bank, if these expenses are directly related to the transplant

3.1 Carved Out Transplant Services

With the exception of kidney only transplants, major organ transplant procedures are not covered under the KHS Medi-Cal Product.⁵ Potential candidates for such transplants are referred to either Medi-Cal FFS or CCS. Should the member's evaluation by the transplant physician rule the member out as a transplant candidate or if CCS or the Medi-Cal field office denies prior authorization, the evaluation cost and the responsibility for the continuing treatment of the member will remain with KHS and further care will be coordinated and carried out by the PCP and Specialist as needed.⁶

4.0 COORDINATION OF CARE

KHS promotes the continuity of care of KHS members by transferring all of the members' pertinent medical documentation to the transplant physician.⁷ KHS continues to provide all medically necessary covered services for the member until the member is disenrolled.⁸

KHS UM staff will be the liaison for KHS providers and the transplant centers and will facilitate the collection of pertinent records from the appropriate providers for the KHS provider and/or the transplant center.

4.1 Disenrollment of Medi-Cal Members

KHS will initiate disenrollment of the member after all of the following has occurred⁹:

- A. A referral of the member to the Medi-Cal approved organ transplant facility has been completed.
- B. The transplant facility/physician concurs that the member is a suitable candidate for an organ transplant.
- C. The transplant is authorized by either the DHCS Medi-Cal Field Office (for adults) or the California Children's Service Program (for children).

Members will not be disenrolled until the above criteria have been met. The effective date of disenrollment will be retroactive to the beginning of the month in which the transplant is

approved.¹⁰ All services provided during this month will be paid at fee-for-service rates.

5.0 PROVIDER AND MEMBER EDUCATION

Providers are informed of the referral process for major organ transplants through Provider Orientations and the inclusion of this Policy and Procedure in the *KHS Provider Manual*.

When a member is identified as a potential organ transplant candidate, the KHS Member Services department contacts the member to facilitate member understanding of the process and potential outcomes (disenrollment and transplant vs. continued medical management through KHS).

6.0 REIMBURSEMENT

KHS pays Medi-Cal fee-for-service rates for costs associated with evaluations by which the Medi-Cal member is ruled out for transplant services.

PCPs and Specialists that possess Medi-Cal provider numbers may bill Medi-Cal FFS for any retroactive care on disenrolled Medi-Cal members.¹¹

7.0 DELEGATION OVERSIGHT

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 Policy Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

REFERENCE:

¹ **Revision 2019-01:** Policy reviewed as part of Internal Compliance Review of APL 17-006. No revision to policy, Attachment replaced with DHCS link to approved transplant centers. **Revision 2015-01:** "Attachment A" the Medi-Cal approved transplant list updated. **Revision 2013-12:** Minor revisions provided by Director of Health Services to remove references to Health Families. **Revision 2010-05:** Reviewed by KHS Chief Health Services Officer. Attachment updated. **Revision 2006-02:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004). **Revision 2001-05:** Routine review. Added Attachments A-D per DHS Comment Letter (4/30/01).

² DHS Contract A-11 (17)(B)

³ DHS Contract A-11 (17)(B)

⁴ DHS Contract A-11 (17)(B)

⁵ DHS Contract A-11 (17)(B)

⁶ DHS Contract A-11 (17)(B)

⁷ DHS Contract A-11 (17)(B)

⁸ DHS Contract A-11 (17)(B)

⁹ DHS Contract A-11 (17)(B)

¹⁰ DHS Contract A-11 (17)(B) and A-16 (3)(A)

¹¹ DHS Contract A-11 (17)(B)



KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Kern Regional Center Services (Developmental Disabilities and Early Intervention)				POLICY #: 3.03-P	
DEPARTMENT: Health Services					
Effective Date: 08/1997	Review/Revised Date: 04/18/2019	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

 Date 4/18/19
 Douglas A. Hayward
 Chief Executive Officer

 Date 4/17/19
 Chief Medical Officer

 Date 4/16/19
 Chief Operating Officer

 Date 4/9/19
 Director of Claims

 Date 4/4/19
 Director of Provide Relations

 Date 4/3/19
 Senior Director of Health Services

POLICY¹:

Kern Health Systems (KHS) will develop and implement procedures for the identification of members with developmental disabilities.²

KHS will refer to the Kern Early Start program those children between the ages of 0 and 36 months in need of early intervention services. KHS will collaborate with the Primary Care Practitioners (PCPs) to identify those members who are eligible for and/or in need of Early Start Services. KHS will collaborate with the Early Start Program to provide other services which are medically necessary

and preventive.

KHS will coordinate with the Kern Regional Center (KRC) as appropriate.

This policy and procedure does not apply to those services provided under the Home and Community-Based Services (HCBS) waiver programs to persons with developmental disabilities.³ Information on HCBS programs is included in *KHS Policy and Procedure #3.11-I – Waiver Programs*.

PROCEDURES:

1.0 PROGRAM DESCRIPTION

The Department of Developmental Services (DDS) under authorization of the Lanterman Developmental Disabilities Services Act, is responsible for a system of diagnosis, counseling, case management, and community support of persons with developmental disabilities such as mental retardation, cerebral palsy, and autism. These services are provided statewide by contract with the California regional centers that rely on existing public and private community health care resources to deliver medically related services. In Kern County the contracted regional center is KRC.

KRC services also include those provided under the DDS Early Start Program. This program provides early intervention services to children between the ages of 0 and 36 months with a condition known to lead to developmental delay, those in whom a significant developmental delay is suspected, or whose early health history places them at risk for delay.⁴ Such services may include⁵:

- A. Assistive technology
- B. Audiology
- C. Family training, counseling, and home visits
- D. Health services
- E. Medical services for diagnostic/evaluation purposes only
- F. Nursing services
- G. Nutrition services
- H. Occupational therapy
- I. Physical therapy
- J. Psychological services
- K. Respite services
- L. Service coordination (case management)
- M. Social work services
- N. Special instruction
- O. Speech and language services
- P. Transportation and related costs
- Q. Vision services

The following conditions are appropriate for the early start program:

- A. Problems due to premature birth
- B. Significant learning or muscle tone problems
- C. Identified conditions such as Down's syndrome or cerebral palsy
- D. History of serious illness with multiple admissions to the hospital

- E. Developmental delays in one or more areas such as walking or talking
- F. Born to parents needing assistance due to their own special needs

2.0 ACCESS

KHS contract providers refer members with developmental disabilities (including those potentially eligible for Early Start⁶) to KRC for evaluation and for access to those non-medical services provided through KRC such as, but not limited to, respite, out-of-home placement, and supportive living.⁷ PCPs must refer members within two (2) working days of determining the need for developmental services. No prior authorization is required from the Plan for non-medical services.

2.1 Referral Process

Referral to KRC by a KHS contract Provider involves notification of both KRC and KHS. Contract providers may initiate referrals to KRC by any of the following methods:

- A. Contacting the KRC Intake Coordinator at phone number (661) 327-8531, ext. 220
- B. Submitting referrals to KRC
- C. Submitting referrals to KHS

For purposes of tracking and follow-up, contract providers should notify KHS of all referrals to KRC. This may be done either by telephone, in writing, or by faxing KHS copies of any referral forms submitted to KRC.

Referrals for Early Start services may also be faxed to one of the following primary service agencies:

- A. Kern County Superintendent of Schools – (661) 636-4817
- B. Bakersfield City School District- (661) 631-5850
- C. Sierra Sands Unified School District – (760) 446-7631

3.0 PROVISION OF SERVICES

KHS Utilization Management and Disease Management staff identifies conditions appropriate for KRC services through the referral and authorization process, outpatient referral case management, inpatient case management and discharge planning, and disease management. Upon identification, members are referred to KRC as outlined above in Section 2.1.

3.1 Kern Regional Center Services

KHS participates with KRC staff as necessary in the development of the individual developmental services plan required for all persons with developmental disabilities. This plan includes identification of all appropriate services, including medical care services, which need to be provided to the Member.⁸

3.1.1 Provider and Member Notification

Notice of Action documents are provided to members and Providers as

3.2 Other Services

KHS contract providers provide screening, preventive, medically necessary and therapeutic services covered by KHS to members with developmental disabilities when those services are not covered by KRC. KHS contract providers are responsible for determination of medical necessity and coordination of all medical services rendered to the KHS members. PCPs must submit a referral to KHS for those services requiring authorization from KHS.

4.0 REIMBURSEMENT

KHS is responsible for payment of EPDST except for services provided under California Children Services (CCS) or mental health and for Case Management services provided by a State-contracted referral provider such as a Regional Center.

5.0 COORDINATION OF CARE

KHS collaborates with KRC to identify individuals receiving KRC services in order to ensure coordinated service delivery and efficient and effective joint case management.¹⁰ The Clinical Intake Coordinator and/or Utilization Management Social Worker are responsible for reviewing request for services and forwarding to KRC when appropriate.

KHS provides case management and care coordination to the member to encourage and facilitate the provision of all medically necessary covered diagnostic, preventive and treatment services identified in the individual family service plan developed by the Early Start program, with Primary Care Provider participation.¹¹

Identified medical conditions for EI/DD coordination is a shared responsibility between Kern Regional Center (KRC) and KHS. KHS will provide medically necessary services for each member and forward all medically necessary supporting documentation to KRC for review and a final ruling of eligibility. Coordination of services will be a collaborative process between KHS and KRC to ensure members receive appropriate medical care and services without interruptions or barriers.

All potentially KRC identified conditions will be reviewed for medical necessity and will be forwarded to KRC for review for final determination of services required and financial responsibility.

KHS beneficiaries 0 to 21 years diagnosed with ASD who are currently receiving BHT services including ABA services through a Regional Center will continue to receive these services through the Regional Center until such time that the department and the Department of Developmental Services develop a plan for transition. In addition, for Medi-Cal beneficiaries receiving ABA services outside of KHSs' network for Medi-Cal services, KHS will ensure continuity of care for up to 12 months in accordance with existing contract requirements.

An adjudicator is currently in place in our core claim adjudication system will allow for reporting and tracking of the potential KRC eligible services. Updates to the member's treatment plan and authorization history will be completed to ensure accuracy.

KHS is responsible for coordinating the member's health care with the Targeted Case Management provider. UM Staff works with the EPSDT Provider to ensure communication with and reporting back to the member's PCP regarding all services provided and the outcome of such services.

Quarterly meetings between KHS and KRC clinical personnel will ensure timely eligibility determination, coordination of care, and financial responsibility for the services rendered. A Memorandum of Understanding (MOU) is maintained with KRC for the coordination of services.¹²

5.1 KHS Responsibilities

The KHS Administrative Director of Health Services is the KHS liaison to KRC and through the terms and processes of the MOU (see Attached) assures that KHS members with developmental disabilities are referred within two (2) working days of determining the need for developmental services¹³. The KHS Utilization Management Department collects data on referrals to KRC, tracks referrals, and initiates and coordinates necessary follow-up activities for members. A KHS UM Clinical Intake Coordinator will be available to assist KRC staff when medical management becomes necessary. A KHS UM Clinical Intake Coordinator will coordinate the medical care between KRC, the member's PCP, and specialist when indicated.

5.2 PCP Responsibilities

Providers are responsible for identifying conditions eligible for KRC Services through IHAs, CHDP, Staying Healthy, Periodicity table physical assessments, or at any time during routine or follow-up care. Upon identification of qualifying conditions, providers are responsible for submitting a referral to KRC or the appropriate primary service agency and documenting the referral in either the progress note, *PM 160 (CHDP) form*, or the *Staying Healthy Assessment form*.

6.0 TRACKING AND MONITORING

Follow up on open authorizations for KRC services are accomplished in accordance with KHS Policy and Procedure #3.22-P: *Referral and Authorization Process*.

PCP preventive care follow-up and documentation is monitored by the QI Department through chart and/or authorized for KRC services to include with the QI chart review to monitor and follow up on KRC services as well as monitor the provision of primary care interventions and other medically necessary covered services unrelated to the developmental disabilities.¹⁴

7.0 REPORTING

Reporting of KRC monitoring activities is the responsibility of the Administrative Director of Health Services or designee. Reports are submitted as outlined in the following table.

Reported To	Report	Due Date
CEO, Associate Medical Director, Director of Claims and Provider Relations and Administrative Director of Health Services.	Results of overall chart audits and any related Corrective Action Plans through the QI/UM Committee.	Quarterly

8.0 PROVIDER AND MEMBER EDUCATION

KHS contract providers and members are informed of Early Start services through provider and member newsletters. KHS contracted Providers are educated regarding case management and coordination of care through Provider Orientations and in-service meetings along with focus reviews.¹⁵

A copy of this policy and procedure is distributed to all contracted providers as part of the *Provider Manual*.

9.0 REIMBURSEMENT

KHS is responsible for payment of EPSDT except for services provided under CCS or mental health and for Case Management services provided by a State-contracted referral provider such as a Regional Center.

10.0 CHROMOSOMAL STUDIES

Kern Health Systems covers chromosomal studies when medically indicated.

ATTACHMENT: *Memorandum of Understanding (MOU), 2018*

REFERENCE:

¹ **Revision 03/2019:** Revisions provided by Administrative Director of Health Services in 2018. Autism language added to policy in accordance with APL 18-006. **Revision 2016-03:** No material change to policy. MOUs added as attachment. **Revision 04/2015:** Revisions provided by Administrative Director of Health Services. Autism language added to policy in accordance with APL 14-011. Language should be removed upon KHS assuming responsibility of services, approximately 9/2015. **Revision 2014-03:** Policy revised by Director of Health Services to comply with DHCS 2013 Medical Audit and 1115 SPD Survey. Section 4.0 revised to improve monitoring. **Revision 2010-05:** Reviewed by KHS Chief Health Services Officer. No revisions needed. **Revision 2009-06:** Routine review by UM Supervisor. **Revision 2006-02:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004). **Revision 2004-05:** Revised to include information on Early Intervention Services. DHS/DMHC Medical Review Audit (YE Oct03) Finding 2.2.4. **Revision 2001-02:** Revisions due to DHS/DMHC Medical Review Audit (YE08/31/00).

² 2004 DHS Contract Exhibit A – Attachment 11 (9)(A)

³ 2011 DHCS Contract Exhibit A, Attachment 11, Provision 10 and 11

⁴ 2004 DHS Contract Exhibit A – Attachment 11 (10)

⁵ Early Start Website (www.dds.ca.gov/EarlyStart)

⁶ DHS Contract A-11 (10)

⁷ 2004 DHS Contract Exhibit A – Attachment 11(9)(B) and (10)

⁸ 2004 DHS Contract Exhibit A – Attachment 11(9)(B) and (10) --- Early Start Services are included in general KRC services.

¹⁰ 2004 DHS Contract Exhibit A – Attachment 11(4)

¹¹ DHS Contract A-11 (10)

¹² 2004 DHS Contract Exhibit A – Attachment 11(9)(D)

¹³ CFR, Section 303.321, MMCD 97-02 page 3

¹⁴ Process as described in 2004 CAP Response to Medical Review Audit of 11/2002 to 10/2003.

¹⁵ Process as described in 2004 CAP Response to Medical Review Audit of 11/2002 to 10/2003.

Attachment A

**MEMORANDUM OF UNDERSTANDING
BETWEEN
KERN HEALTH SYSTEMS (KHS)
AND
KERN REGIONAL CENTER (KRC)
FOR BEHAVIORAL HEALTH TREATMENT SERVICES**

I. BACKGROUND

Medi-Cal managed care health plans (KHS) are required to cover and coordinate all medically necessary Behavioral Health Treatment (BHT) services for members under the age 21 as an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. The Department of Health Care Services (DHCS) provided All Plan Letters¹ (APLs) as guidance to KHS about their responsibility to cover BHT services for eligible members.

BHT services are scientifically established, evidence-based treatments that prevent or minimize the adverse effects of behaviors that interfere with learning and social interaction, and promote, to the maximum extent practicable, the functioning of a member with social, communication and behavioral challenges.

Effective July 1, 2018, the provision of medically necessary BHT services is transitioning from the Department of Developmental Services' Regional Centers (RC) system to KHS.

II. PURPOSE

This Memorandum of Understanding (MOU) is entered into by and between KHS and KRC for the County of Kern to perform care coordination and information exchange activities when Medi-Cal members/clients are accessing medically necessary BHT services. This MOU addresses both new referrals and clients/members receiving BHT services when funding for this service is transitioning from KRC to KHS.

III. SCOPE OF WORK

KHS is responsible for the provision of BHT as a managed care benefit, including the coordination of the client's/member's care with the client's/member's RC and BHT provider, as applicable. KRC will support KHS's care coordination by providing necessary client/member information to KHS and/or its subcontracted providers and vendors in accordance with any and all state and federal privacy laws and regulations. This MOU sets forth the structure for the sharing of client/member information to and from KHSs and the RCs to promote shared understanding of the client's/member's medically necessary BHT services and ensure appropriate access to medically necessary BHT services.

¹ DHCS All Plan Letters are available at:
<http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

IV. KERN REGIONAL CENTER RESPONSIBILITIES

COORDINATION:

- A. KRC shall provide client/member information, including but not limited to: comprehensive diagnostic evaluation, assessment/report, treatment plan(s), utilization data, and behavioral-analytic assessment(s) information, to KHS regarding BHT and other services provided at KRC to ensure appropriate care coordination, in accordance with all applicable privacy laws.
- B. KRC shall refer clients/members under age 21 regardless of diagnosis to KHS for evaluation for medically necessary BHT services upon client/member request for BHT services.
- C. KRC shall provide case management and care coordination services related to the RC's Early Start Program clients/members to KHS for medically necessary BHT services.
- D. KRC shall provide case management and care coordination services to eligible clients/members and assist those clients/members in maintaining an ongoing relationship with their KHS primary care provider when medical needs arise.
- E. KRC will identify an RC staff person to be the primary liaison to KHS. The liaison will meet not less than quarterly with KHS to ensure continuous communication and to make efforts to resolve operational, administrative, and policy complications.
- F. KRC shall share information (as available) on community resources with the KHS and/or its subcontracted providers and vendors.
- G. KRC shall provide Targeted Case Management (TCM) services to eligible clients/members and their families to assure timely access to health, developmental, social, educational, and vocational services. TCM includes, but are not limited to:
 - Coordination of health related services with KHS to avoid providing duplicative health care services to clients/members; and
 - Provision of referrals to specialty centers and follow-up with schools, social workers, and other agencies involved in the client's/member's care pursuant to the Individual Program Plan (IPP) and Individualized Family Service Plan (IFSP).
- H. KRC agrees to provide periodic training as requested by KHS for KHS's staff concerning KRC's services and requirements.

- I. KRC shall work collaboratively with KHS and/or its subcontracted providers and vendors to resolve timely access and coordination of care issues.

INFORMATION EXCHANGE:

- A. KRC shall, in collaboration with KHS and/or its subcontracted providers and vendors, develop and agree to policies and procedures on sharing information, including but not limited to, establishing secure methods of exchanging data identified below electronically. These policies and procedures will be attached and incorporated into this MOU within 90 days of execution of the MOU.
- B. KRC shall share the following minimally necessary client/member information, when generated by KRC or one of its vendors, for clients/members who have an active/open case at the RC with KHS and/or its subcontracted providers and vendors within 15 business days of receipt of request from KHS (contingent on receipt of a signed authorization for release of information) to facilitate KHS's coordination of care for clients/members identified to potentially need BHT services:
- Client's/member's qualifying condition under which the client/member is eligible for RC services;
 - Client's/member's assessment/report evaluation;
 - Client's/member's current BHT plan, including the plans for the last six months;
 - Client's/member's Functional Behavior Assessment, including prior assessments;
 - Client's/member's development assessment for the Early Start Program;
 - IFSP;
 - IPP;
 - Confirmation that the client/member is currently receiving BHT;
 - Treatment information to include: vendor, number of hours, duration of treatment, associated reports and recommendations;
 - Progress notes from current client/member treatment, including goals and progress towards those goals;
 - Length of treatment – from start date to current with current provider;
 - Client's/member's current/past providers of BHT including length of treatment;
 - Client's/member's signed authorization for release of information to exchange information (obtained by the provider conducting assessment and treatment); and
 - Current RC Annual Review Report and most recent RC psychological evaluation.
- C. KRC shall share all necessary information generated by the RC and/or its vendors with KHS and/or its subcontracted providers and vendors to enable timely access to BHT services through KHS.

- D. KRC shall make medical information available to KHS and/or its subcontracted providers and vendors to assure continuity of medically necessary medical services to the client/member.
- E. KRC shall work collaboratively with KHS and/or its subcontracted providers and vendors to resolve access and coordination of care issues.

V. KHS RESPONSIBILITIES

COORDINATION:

- A. KHS and/or its subcontracted providers and vendors shall provide or arrange for primary care and other medically necessary services as provided in the applicable DHCS contract and/or coordinate services provided by the KHS and carve-out programs, i.e., California Children's Services, Specialty Mental Health Services covered by the county/counties Mental Health Plans, etc.
- B. KHS and/or its subcontracted providers and vendors shall arrange and pay for comprehensive diagnostic evaluations for clients/members who are suspected of needing BHT services.
- C. KHS and/or its subcontracted providers and vendors shall arrange and pay for BHT services for members who meet the criteria as outlined in APL 18-006 or any revised version of these APLs.
- D. KHS and/or its subcontracted providers and vendors shall provide all necessary client/member information to KRC to ensure appropriate care coordination, in compliance with all privacy laws, including notification of the effective date and members' who have transitioned successfully.
- E. KHS and/or its subcontracted providers and vendors shall be available to assist, when necessary and appropriate, the KRC in the development of the IFSP or IPP required for all persons served by RCs, which includes identification of all medically necessary services, including medical care services and medically necessary outpatient mental health services, that should be provided to members.
- F. KHS and/or its subcontracted providers and vendors shall work collaboratively with KRC to resolve timely access and coordination of care issues.
- G. KHS and/or its subcontracted providers and vendors will notify Kern Regional Center regarding members who have successfully transitioned to KHS funded BHT services and effective date when this has occurred no later than 7 days after transition of funding.

INFORMATION EXCHANGE:

- A. KHS and/or its subcontracted providers and vendors shall, in collaboration with KRC, develop and agree to policies and procedures on sharing information (including diagnostic evaluations, assessments, reports, etc.). These policies and procedures will be attached and incorporated into this MOU within 90 days of execution of the MOU. (See Attachment B for KHS policies review).
- B. KHS and/or its subcontracted providers and vendors shall share information generated by the KHS or its vendors with KRC to enable members to timely access services through KRC.
- C. KHS and/or its subcontracted providers and vendors shall facilitate exchange of medical information between the client's/member's primary care physician and the RC's/Early Start Program's providers. KHS shall notify KRC of all clients/members identified as potentially eligible for RC services.
- D. KHS and/or its subcontracted providers and vendors shall share the following client/member information with KRC within 15 business days of receipt of request from the RC:
 - Client's/member's California Department of Education screening;
 - Client's/member's current treatment plan, including the treatment plans for the last six months;
 - Client's/member's assessment/report, or comprehensive diagnostic evaluation;
 - Client's/member's behavioral-analytic assessment;
 - IFSP/Individualized Education Plan;
 - Whether the client/member is currently in treatment;
 - Length of treatment --start date to current;
 - Current/past providers of BHT;
 - Current medical records; and
 - Client's/member's signed release of information to exchange information.

VI. GENERAL PROVISIONS

- A. Notwithstanding any provision to the contrary herein, KHS and/or its subcontracted providers and vendors and KRC agree to maintain confidentiality of medical records in accordance with all applicable federal and state laws and regulation and contract requirements.
- B. This MOU may be amended at any time by written, mutual consent of all parties. Amended MOUs must be submitted to DHCS for review and approval.
- C. Termination without cause: This MOU may be terminated by either party without cause following 30 days written notice to the other party.

D. Termination with cause: This MOU may be terminated immediately by either party if the terms of this MOU are violated.

KRC

By:  _____

Date: 7/16/18

KHS

By: Wyle + H I

Date: 7/19/18



KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Preventive Medical Care			POLICY #: 3.05-I		
DEPARTMENT: Health Services					
Effective Date:	Review/Revised Date:	DMHC		PAC	
08/2005	04/18/2019	DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	



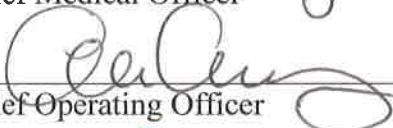
 Douglas A. Hayward
 Chief Executive Officer

Date 4/18/19



 Chief Medical Officer

Date 4/17/19



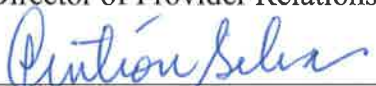
 Chief Operating Officer

Date 4/18/19




 Director of Provider Relations

Date 4/9/19



 Director of Health Education, Cultural
 Linguistics Services

Date 4/8/19



 Senior Director of Health Services

Date 4/5/19

POLICY¹:

Kern Health Systems (KHS) will encourage preventive care for all KHS Plan members. Preventive care will be provided in accordance with *KHS Policy and Procedure #3.05-P: Preventive Medical Care* and the guidelines outlined in this internal policy and procedure.

Preventive care will be provided in accordance with the statutory, regulatory, and contractual requirements outlined in the following sources:

- CCR 17 §6800 et seq.

- California Code of Regulations Title 22 §53851(b)(1)
- DHCS Contract 03-76165 Attachment A – Exhibit 10 (3), (4), and (5)
- MCPB Letter 92-13: Initial Health Assessments
- MCPB Letter 92-16: Adult Preventive Health Screenings and Immunizations
- MMCD Policy Letter 96-12: Pediatric Preventive Services
- MMCD Policy Letter 96-13: Immunization Services in Medi-Cal Managed Care
- MMCD Policy Letter 99-07: Individual Health Education Behavioral Assessment

PROCEDURES:

1.0 PROVISION OF SERVICES

Preventive care will be provided in accordance with *KHS Policy and Procedure #3.05-P: Preventive Medical Care*.

1.1 Immunizations

Immunizations are provided in accordance with *KHS Policy and Procedure #3.05-P: Preventive Medical Care*. Internal KHS departments coordinate efforts to improve membership immunization rates and pursue a goal of a fully immunized membership.

Whenever possible and to promote continuity of care, members should receive immunizations from their assigned PCP. Members may receive immunizations from the Kern County Department of Public Health (KCDPH) as well. To identify the closest location and hours of operation, members may call the KCDPH at (661) 321-3000.

The Kern County Department of Public Health promotes availability and access to KCDPH Immunization Program sites and dates and promotes KHS Plan member ability to utilize these services. KHS is responsible to help coordinate and assist the KCDPH with dissemination of health promotion information and the collaborative community action plan on vaccine preventable communicable disease.

KHS reimburses the Kern County Department of Public Health at Medi-Cal fee for service rates for administration of immunizations for Medi-Cal members only. KHS will not reimburse KCDPH for immunizations provided to members already up to date as required by DHCS and ACIP/AAP guidelines.

1.1.1 Memorandum of Understanding (MOU)

An immunization MOU has been established with KCDPH. Quarterly meetings are conducted to discuss issues regarding the coordination of care between KCDPH and KHS. KCDPH and KHS collaborate to resolve any issues that may occur during the services provided to KHS members.

1.2 CHDP Visits - Preventive Care for Children

An MOU has been established with the Kern County Public Health CHDP Program. Quarterly meetings are conducted to discuss issues regarding the coordination of care between the CHDP program and KHS. CHDP and KHS collaborate to resolve any issues that may occur during services provided to KHS members.

Upon receipt of the CHDP assessment form (PM160) from provider, KHS scans and files the form in its document management repository.

2.0 PROVIDER EDUCATION AND SUPPORT

KHS contract providers receive training and education on preventive services through Provider Orientations and the *KHS Provider Manual*. Updates or changes in program requirements are communicated to providers through Provider Bulletins.

2.1 Staying Healthy Assessments (including the Initial Health Assessment)

PCPs are notified of the Staying Healthy Assessment (SHA) requirements, implementation deadline, updates/revisions, and available trainings through the KHS website, Provider Manuals, Provider Bulletins, and webinar trainings. The KHS Health Education Department train all network PCPs on the appropriate administration of the SHA utilizing the DHCS approved SHA Provider Training materials.² Documentation of provider training participation is maintained on a log by the Provider Relations Department. Provider Relations staff also provides SHA training during new Provider Orientations. Additional training and/or resources regarding patient counseling/anticipatory guidance and patient referral procedures/resources is provided to PCPs through Provider Bulletins and/or online webinars.

PCPs in need of ongoing support and technical assistance regarding the SHA can contact the Provider Relations Department. Provider Relations staff coordinates with the KHS Health Education Department to address PCP support and technical assistance needed to implement the SHA, when necessary.

KHS furnishes to every contracted PCP an initial supply of the *SHA Forms*, for all age groups, in both English and Spanish and instructions on appropriate use. These forms and instructions are available on the KHS website at kernfamilyhealthcare.com. Network PCPs may print additional copies of the forms from the KHS website and access the form in other languages by visiting the Department of Health Care Services website.

2.2 CHDP Visits - Preventive Care for Children

The local CHDP Program assists the Plan in provider education regarding CHDP requirements.

3.0 MEMBER EDUCATION

Members are educated on the benefits of preventive care through the *Member Newsletter*, annual distribution of member preventive care guidelines, and the Audio Health Library.

KHS notifies members of the availability of preventive services and methods of accessing those services through new member entry, the *Member Handbook*, and the *Member Newsletter*. The *Provider Directory* indicates locations, days, and hours of operation in which members may obtain preventive services. The *Member Handbook* and *Provider Directory* are provided upon enrollment and annually thereafter.

4.0 MONITORING

Kern Health Systems monitors Provider compliance with preventive care requirements in the following ways:

- A. HEDIS studies are performed with progress reports provided to the QI/UM Committee.
- B. Facility Site Reviews are performed with reports provided to the QI/UM committee Quarterly.
- C. Focus reviews are performed with progress reports provided quarterly to the QI/UM Committee.

Providers identified as non-compliant with program requirements as a result of QI audits or member complaints are referred to the KHS Associate Medical Director for review and possible disciplinary action in accordance with *KHS Policy and Procedure #2.04 - Provider Disciplinary Action*.

5.0 REPORTING

Quarterly reports on preventive care are prepared by the Director of Quality Improvement and submitted to the QI/UM Committee and the Board of Directors.

5.1 Staying Healthy Assessments³ (including the Initial Health Assessment)

The SHA is scored during provider site reviews according to the guidelines described in the DHCS Medical Record Review Survey. Providers that are found to be deficient in completing the SHA are provided additional education on how to complete the SHA by the QI nurses. Copies of completed *SHA* are gathered by KHS Quality Improvement Nurses during provider site visits and shared with the Health Education Department.

The Health Education Department analyzes the data from the assessment. Information gathered from the assessment will be utilized to identify member health risks, evaluate PCP compliance with health education requirements, and complete the *Health Education and Cultural and Linguistics Group Needs Assessment*. These findings help direct health education interventions and programs for KHS members.

REFERENCE:

¹ **Revision 2019-04:** Revised by Senior Director of Health Services under routine review. **Revision 2014-06:** Revised by Health Education and Disease Management Manager to comply with Policy Letter 13.001 and DHCS MMCD SHA/IHEBA Review Checklist dated February 6, 2014. **Revision 2009-10:** Routine review completed by UM Supervisor. **Revision 2006-08:** Revised per DHS work plan comment 10.b. dated 11/17/05. **Revision 2005-08:** Routine revision. Policy reviewed against DHS Contract 03-76165 (effective 5/1/2004).

² MMCD Policy Letter 99-07, page 3



KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: EPSDT Services and Targeted Case Management (TCM)				POLICY #: 3.13-P	
DEPARTMENT: Health Services – Utilization Management					
Effective Date: 08/1997	Review/Revised Date: 03/08/2019	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Douglas A. Hayward
 Douglas A. Hayward
 Chief Executive Officer

Date 3/8/19

M. Masinga
 Chief Medical Officer

Date 3/7/19
M. Masinga

Aborah L. Murray
 Senior Director of Health Services

Date 3/4/19

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 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.⁴ If members under age 21 are not accepted for TCM services, KHS ensures the member has access to services comparable to EPSDT TCM services.⁵ 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.⁶

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 testing through ongoing encounter data review.

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 2019/02: Policy revised to comply with APL 18-007. **Section 4.0 Monitoring** added by Senior Director of Health Services. **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)

⁴ DHS Contract A-11 2

⁵ DHS Contract A-11 2

⁶ DHS Contract A-11 2



KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS				
POLICY AND PROCEDURES				
SUBJECT: California Children's Services			POLICY #: 3.16-P	
DEPARTMENT: Health Services – Utilization Management				
Effective Date:	Review/Revised Date:	DMHC		PAC
05/2000	04/19/2019	DHCS		QI/UM COMMITTEE
		BOD		FINANCE COMMITTEE

Douglas A. Hayward Date 4/19/19
 Chief Executive Officer

M. Tasinga Date 4/18/19
 Chief Medical Officer

[Signature] Date 4/8/19
 Chief Operating Officer

[Signature] Date 4/4/19
 Director of Provider Relations

Heborah C. Muen Date 4/3/19
 Senior Director of Health Services

POLICY:

Services provided by the California Children Services (CCS) program are carved out of both the contract between Kern Health Systems (KHS) and the Department of Health Care Services (DHCS). These carved out services are therefore not covered by KHS.¹

KHS is committed to providing optimal care to children. It is important that KHS practitioners/providers (Providers) understand the CCS program to ensure that eligible members are identified at the earliest opportunity. For this reason, KHS educates network Providers regarding

CCS through the use of office orientations, the *KHS Provider Newsletter*, and collaborative training efforts with the local CCS program.

Once a member is accepted by the CCS program, KHS Case Management continues to work with the

CCS Department to coordinate care. The relationship between KHS and the local CCS program is outlined by the Memorandum of Understanding (MOU) with the Public Health Department. Internally, the KHS Director of Health Services is responsible for maintaining a liaison with the CCS Department. KHS provides medical care within its network until medical eligibility for CCS program services is established. Contract Providers provide primary care and other services unrelated to the CCS eligible condition.

KHS tracks members who are in the CCS program for the purpose of utilization and quality management.

PROCEDURES:

1.0 PROGRAM DESCRIPTION²

The (CCS) Program is the public health program which assures the delivery of specialized diagnostic, treatment, and therapy services to financially and medically eligible children under the age of 21 years who have CCS eligible conditions. CCS eligible conditions are those physically handicapped conditions defined in Title 22, California Code of Regulations (CCR) §41515.1³.

2.0 ACCESS

Members gain access to the CCS program through referrals. Those most likely to identify a potential CCS eligible condition and make a referral are Primary Care Practitioners (PCPs), hospital personnel, KHS Utilization Management (UM) staff, and community agencies or schools. PCPs may identify an eligible condition at the time of the Initial Health Assessment or at any time during routine or follow-up care. PCPs or hospital staff may identify a CCS eligible condition following a premature or complicated delivery, admission for trauma, or other admissions resulting from a CCS condition. Members may also self-refer.

KHS contract Providers are responsible for identifying KHS members with CCS eligible conditions and for making prompt referrals of such members to the local CCS program and to Plan UM staff.

2.1 Referral Process

Referral of CCS eligible conditions by a KHS contract Provider involves notification of both CCS and KHS.

Referrals to the local CCS program may be initiated via telephone, same-day mail, or fax.⁴

Phone: 661-868-0531

Fax: 661-868-0268

Address: 1800 Mt. Vernon Avenue, 2nd Floor
Bakersfield, CA 93306-3302

The initial referral should be followed by submission of supporting medical documentation sufficient to allow for eligibility determination by the CCS Program.

Contract Providers must notify the KHS UM Department of members with a potential

CCS coordination via a *Referral/Prior-Authorization Form*. (See Attachment to *KHS Policy and Procedure #3.22-P: Referral and Authorization Process*).

3.0 PROVISION OF SERVICES

Services provided by the CCS program are carved out of the contract between KHS and the DHCS. These carved out services are therefore not covered by KHS.⁵ KHS does not give prior authorization for payment of services related to CCS eligible conditions. Authorization for such services must be received from the CCS program.

As part of the referral and authorization process (See *KHS Policy #3.22-P: Referral and Authorization Process* for details), UM staff screen all referrals and all admissions on children under the age of 21 for CCS eligible conditions. Upon identification of such conditions, KHS UM staff completes and faxes a *CCS Case Identifying & Locating Information/Initial Referral Information* form and a copy of the *Referral/Prior-Authorization Form* to CCS. (See Attachment A).

Eligible medical conditions for CCS coordination are the responsibility of CCS as determined by the criteria contained within the Numbered Letters for each unique diagnosis. KHS does not determine CCS eligibility but will continue to approve and provide medically necessary services for each member and forward all medically necessary supporting documentation to CCS for review and a final ruling of eligibility. Coordination of services will be a collaborative process between KHS and CCS to ensure member receives appropriate medical care and services without interruptions or barriers.

All potentially CCS eligible conditions will be reviewed for medical necessity and if approved, will be forwarded to CCS for review. Every effort will be afforded to utilize CCS paneled providers to reduce continuity of care issues. If the provider is not KHS contracted, a Letter of Agreement will be drafted to ensure timely and appropriate delivery of care.

KHS provides all medically necessary covered services to the members until CCS eligibility is confirmed.⁶ In addition, KHS UM staff continues to follow the care of the member, process referrals for care, and obtain all necessary and required medical documentation from the appropriate providers to facilitate timely evaluation of eligibility by the local CCS program. UM staff refers to the Kern County CCS Provider lists when making referrals to specialists for members with potential CCS eligible conditions. The provider sends medical documentation of the CCS eligible medical condition to the CCS program.

If the member or the specific condition is found to be ineligible for CCS services, KHS remains responsible for the provision of all medically necessary covered services. If the CCS Program denies authorization for any service because the member does not have a CCS eligible condition, KHS remains responsible for obtaining the service, if it is medically necessary and paying for the service if it has been provided.⁷

3.1 CCS Program Services

CCS program services must be provided by CCS paneled/approved providers.

3.1.1 Provider and Member Notification

Notice of Action documents are provided to members and Providers as outlined in *KHS Policy and Procedure #3.22-P: Referral and Authorization Process*.

3.2 Other Services

KHS continues to provide primary care services and other medically necessary covered services unrelated to the CCS eligible condition.⁸ UM staff attempt to match members with CCS eligible conditions with CCS Providers to promote continuity of care.

4.0 COORDINATION OF CARE

KHS collaborates with the CCS Program to identify individuals receiving CCS services in order to ensure coordinated service delivery and efficient and effective joint case management between the PCP, CCS specialty providers, and the local CCS Program.⁹ KHS collaborates with CCS, the CCS Specialist, and the PCP as necessary to ensure continuity of the member's care. A (MOU) is maintained with the CCS Program for the coordination of services.¹⁰

4.1 CCS Program Responsibilities

Once CCS medical eligibility is established, CCS Case Managers assume responsibility for case management of the member's CCS eligible medical condition and make any necessary referrals to CCS providers. The CCS Case Manager notifies KHS UM staff, the member, and the specialty care provider of the member's enrollment in CCS. The CCS Case Manager continues to coordinate with the member's PCP and KHS Utilization Management staff to assure continuity of care. CCS staff assist KHS UM staff in identifying and referring members in an efficient and timely manner. As stated in the MOU, CCS staff will maintain at least a 5-day turn-around on CCS eligibility and strive to improve that turn-around time.

CCS notifies KHS if a referral received from another source qualifies for CCS. This notification is by phone or letter.

4.2 KHS Responsibilities

The KHS Director of Health Services is the KHS liaison to the CCS program and through the terms and processes of the MOU assures that KHS members receive CCS services promptly. If a member who is receiving care through the CCS program has a need for ongoing care for a non-CCS eligible condition, KHS UM staff is responsible for facilitating and coordinating that care with the appropriate providers and ensuring that pertinent medical information is shared with the CCS program. UM staff assist CCS staff in obtaining necessary medical information on KHS members and assist in case management activities to provide coordination of care.

4.3 PCP Responsibilities

The PCP identifies the CCS condition, initiates the referral to CCS and the Plan, and provides all necessary medical documentation to assist CCS and the Plan in making a determination. PCPs must perform appropriate baseline health assessments and diagnostic evaluations which provide sufficient clinical detail to establish, or raise a reasonable suspicion, that a member has a CCS eligible condition.¹¹

5.0 TRACKING AND MONITORING

Referrals that are identified as being potential CCS eligible conditions are tracked by the UM Department using the CCS Case Identification report. At least monthly¹² meetings between KHS and CCS clinical personnel will be held to ensure timely eligibility determination and financial responsibility for the services rendered. If needed, KHS assists CCS in obtaining outstanding information necessary for an eligibility determination. The CMS SAR system is utilized to research approved or denied decisions rendered by CCS. Updates to the member's treatment plan and authorization history will be completed to ensure accuracy.

5.1 Quality Improvement Chart Review and Quality Focus Review

QI staff select a sample of identified CCS members to include with the QI chart review to monitor and follow up on CCS eligible members as well as monitor the provision of primary care interventions and other medically necessary covered services unrelated to the CCS condition.¹³

6.0 REPORTING

Reporting of CCS monitoring activities is the responsibility of the Quality Improvement Manager. Reports are submitted as outlined in the following table.

Reported To	Report	Due Date
CEO, Chief Medical Officer, Provider Relations Manager, and Director of Health Services	Results of overall chart audits and any related Corrective Action Plans.	Quarterly
QI/UM Committee	Corrective Action Plans	Quarterly

7.0 PROVIDER AND MEMBER EDUCATION

KHS provides CCS information to members via the *Member Handbook* and *Member Newsletter*.

KHS contracted Providers are educated regarding the need to identify members with CCS eligible conditions in order to place eligible members in the most appropriate level of service at the earliest possible time and to limit KHS financial liability for non-covered services.

Contracted Providers receive instructions on CCS program services and eligible medical conditions through Provider Orientations, the *Provider Newsletter*, and educational efforts provided by the local CCS program.

KHS contracted Providers are educated regarding case management and coordination of care through Provider Orientations and in-service meetings along with focus reviews.¹⁴

8.0 REIMBURSEMENT

CCS reimburses only CCS-paneled providers and CCS-approved hospitals and only from the date of referral.¹⁵ CCS also provides payment for emergency services by non-

paneled CCS providers if:

- A. The patient was unstable for transfer, or
- B. The facility was unable to transfer to a CCS paneled facility, and
- C. Instance A & B must be documented.

For those emergency services denied by CCS as not a CCS eligible condition, providers receive reimbursement from KHS for medically necessary services per KHS policy #3.31-P: *Emergency Services*.

KHS is not responsible for services provided for a CCS eligible condition by either CCS-paneled or CCS-non-paneled providers. Services for CCS eligible conditions are carved out of the contract between KHS and the (DHCS). These carved out services are therefore not the financial responsibility of KHS.

8.1 California Childrens Services (CCS) Coordination of Benefits with Designated Public Hospitals (DPH)

KHS is responsible for providing medically necessary services that are not related to the CCS condition and are carved out under the coverage for the plan benefits. Services provided to a KHS beneficiary with a CCS-eligible condition at a **designated public hospital** are coordinated through the concurrent review process as outlined below:

- If a beneficiary is admitted to a hospital for a CCS-eligible condition, the entire inpatient stay is the responsibility of Medi-Cal Fee-For-Service (FFS), regardless of whether any services provided during that stay are covered by KHS.
- If a beneficiary is admitted to a hospital for a non-CCS-eligible condition, and subsequently receives services during the stay for a CCS-eligible condition, the full stay is the responsibility of Medi-Cal FFS. A Service Authorization Request (SAR) will be authorized by CCS back to the day of admission.
- When a beneficiary stay includes delivery and well-baby coverage under KHS, the entire claim must be billed to KHS. If, during the stay, the baby develops a CCS-eligible condition, the entire stay for the baby will require a SAR from the date of admission and will be the responsibility of Medi-Cal FFS. *Refer to Policy 6.01-P, Claims Submission and Reimbursement and Policy 60.01-I, Claims Submission and Reimbursement for full details of billing requirements.*

8.2 California Childrens Services (CCS) Coordination of Benefits with Private and Non-Designated Public Hospitals (NDPH)

Private hospitals and NDPHs are no longer reimbursed by Medi-Cal FFS on a per diem basis. The Diagnostic Related Group (DRG) methodology now reimburses hospitals for the entire stay of a beneficiary, with payments being higher or lower based on acuity and not on length of stay. Under the DRG system, only an admission SAR or Treatment Authorization Request is required to approve an inpatient stay for beneficiaries under KHS coverage. Therefore, providers cannot bill multiple payers for inpatient stays that includes both managed care and CCS days.

KHS is responsible for providing medically necessary services that are not related to the

CCS condition and are carved out under the coverage for the plan benefits. Services provided to a KHS beneficiary with a CCS-eligible condition at a **private or non-designated public hospital** are coordinated through the concurrent review process as outlined below:

- If the beneficiary is admitted to a hospital for a CCS-eligible condition, the entire stay will be billed to Medi-Cal FFS, regardless of whether any services provided during that stay are covered by KHS.
- If the beneficiary is admitted to a hospital for a non-CCS eligible condition, and subsequently receives services during the stay for a CCS-eligible condition, the full stay will be billed to Medi-Cal FFS. A SAR will be authorized back to the day of admission.
- When a beneficiary stay includes delivery and well-baby coverage under KHS responsibility, the entire stay will be billed to KHS. If, during the stay, the baby develops a CCS-eligible condition, the entire stay for the baby will require a SAR from the date of admission and will be billed to Medi-Cal FFS. KHS will **not** be responsible for the baby's stay. In this case, the hospital will receive two payments. One for the delivery and well-baby stay from KHS and one for the baby under the DRG. *Refer to Policy 6.01-P, Claims Submission and Reimbursement and Policy 60.01-I, Claims Submission and Reimbursement for full details of billing requirements.*

9.0 MEMBER REFUSAL OF CCS SERVICES

If a member refuses CCS services for a CCS eligible condition, it is the provider's responsibility to exercise medical judgment about the next level of intervention, counseling the parent/guardian, involving child advocacy or other appropriate action. KHS will not bill the parent/guardian for CCS eligible services provided outside the CCS program. However, the parent/guardian will be informed by the local CCS program and/or KHS UM staff of their personal financial responsibility for CCS eligible services provided outside the CCS program. KHS UM staff will assist the member and coordinate services if this is the member's informed decision (See Attachment B).

ATTACHMENTS:

- Attachment A: *CCS Case Identifying & Locating Information/Initial Referral Information form*
- Attachment B: *Notification of Member Financial Responsibility for CCS covered services.*

REFERENCE:

Revision 03/2019: Policy reviewed as part of internal review. **Revision 2017-06:** Reference to Designated Public Hospitals and DRG payment methodology added as referenced in APL 16-007 and APL 16-008. ¹ **Revision 2014-09:** Bi-monthly meetings changed to “at least monthly” and approved by DHCS. Reference to MRMIB removed. **Revision 2014-03:** Policy revised to comply with 2013 DHCS Medical Audit, deficiency 2.2. **Revision 2011-02:** Routine review, to update phone numbers and address. **Revision 2008-08:** Routine revision provided by the Director of Health Services. **Revision 2006-06:** Revised per DHS Work Plan Deliverable 11.1. **2006-02:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004). Includes processes outlined in 2004 CAP Response to Medical Review Audit of 11/2002 to 10/2003. **Revision 2004-05:** Revised Per DHS/DMHC Medical Audit (YEOct03). **Revision 2001-06:** Added Attachments C, D, E, F. Previous Attachment C renamed Attachment G. Revised per DHS Comment Letter (04/30/01).

¹ 2004 DHS Contract Exhibit A – Attachment 11 (8)

² 2004 DHS Contract Exhibit E – Attachment 1

³ California Code of Regulations §41515.1 and 41515.2

⁴ 2004 DHS Contract Exhibit E – Attachment 11 (8)(A)(3)

⁵ 2004 DHS Contract Exhibit A – Attachment 11 (8)

⁶ 2004 DHS Contract Exhibit A – Attachment 11 (8)(A)(4)

⁷ 2004 DHS Contract Exhibit A – Attachment 11(8)(A)(6)

⁸ 2004 DHS Contract Exhibit A – Attachment 11 (8)(A)(5)

⁹ 2004 DHS Contract Exhibit A – Attachment 11 (4) and (8)(A)(5)

¹⁰ 2004 DHS Contract Exhibit A – Attachment 11 (8)(B)

¹¹ 2004 DHS Contract Exhibit A – Attachment 11(8)(A)(1)

¹² 8/28/2014 Edgar Monroy with the Medi-Cal Managed Care Division approved the monthly meetings as practical, and no compliance issues identified.

¹³ Process as described in 2004 CAP Response to Medical Review Audit of 11/2002 to 10/2003.

¹⁴ Process as described in 2004 CAP Response to Medical Review Audit of 11/2002 to 10/2003.

¹⁵ 2004 DHS Contract Exhibit A – Attachment 11(8)(A)(2)

868-0268

CCS CASE IDENTIFYING & LOCATING INFORMATION

[] STAT

Birthdate:
Sex: [] Male [] Female
Race:
Birthplace:
Child Also Known As:
Language: [] English [] Spanish [] Other:
CCS#
Medi-Cal
Social Sec.#

KFHC Mbr ID:

Child's Legal Name: _____
 last first middle

Mailing Address: _____

Residence Address (if differed) _____

Home Phone#: _____ Message Phone#: _____

Father's Information:

Name	Birthdate	Soc. Sec.#
Employer	Work#	Insurance

Mother's Information:

Name	Birthdate	Soc. Sec.#
Maiden Name	Employer	Work#
Guardians or Foster Parents:	Court Worker:	Insurance

of Siblings in home: _____ Other Siblings on CCS _____

Additional Information: _____

INITIAL _____ [] See Correspondence Section
REFERRAL INFORMATION _____ [] See Medical Reports Section

Date of Referral: _____ Received From: _____ at **KFHC** Phone# **664-5093**
 Condition: _____

Treatment Plan: _____
 CPT CODES: _____

Physician: _____ Paneled: [] Yes [] No

Other Physicians: _____

Hospital: _____ Date Admitted: _____ # of days _____

Transferred from: _____ Physician: _____

Transferred by: [] Ground [] Air Ambulance company: _____
 PCP: _____



Date _____

Dear Parents of _____

Kern Family Health Care does not cover services provided through the California Children's Services (CCS) program. Your child was referred to CCS because your child had a possible CCS eligible condition that would be covered by CCS. CCS notified us that they had approved a referral for your child to receive the following medical services:

CCS closed your child's case because you did not complete a CCS application or because you did not want to participate in the CCS program. In order for CCS to pay for these services, a signed application must be completed by you and returned to CCS.

This letter is to inform you that, due to State of California Regulations, Kern Family Health Care will not pay for medical services authorized and covered by CCS. It is **very important** that you complete the CCS application process. If you do not want to participate in the CCS program, you will be required to pay all medical bills for your child's medical care that would be covered by CCS.

For assistance in completing the application, please call CCS at (661) 868-0531. You may also call Kern Family Health Care at (661) 664-5093 if you have any questions.

Sincerely,

Si usted necesita esta carta en Español, por favor llame al Departamento de Servicios de Miembros al (800) 391-2000

9700 Stockdale Highway

Bakersfield, CA 93311

Fax (661) 664-5190




KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Family Planning Services and Abortion			POLICY #: 3.21-P		
DEPARTMENT: Health Services - Utilization Management					
Effective Date:	Review/Revised Date:	DMHC		PAC	
08-1997	02/04/2019	DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	



 Douglas A. Hayward
 Chief Executive Officer

Date 02/04/19



 Chief Medical Officer

Date 1/29/19



 Chief Operating Officer

Date 1/28/19



 Director of Member Services

Date 1/24/19



 Senior Director of Health Services

Date 1/23/19

POLICY¹:

Kern Health Systems (KHS) will provide enrollees full access to Family Planning Services.

Enrollees have the right to choose and access a qualified family planning practitioner/provider without prior authorization. In addition, Medi-Cal members may choose either a contracted or non-contracted practitioner/provider for family planning services. KHS will encourage Medi-Cal members to access contracted practitioners/providers for Family Planning Services but will facilitate the use of non-contracted practitioners/providers as well.

All members must be provided with informed consent when receiving contraceptive services, including sterilization.

The KHS policy on member rights and access to Family Planning Services is in accordance with regulatory requirements, and defines the process for Medi-Cal members who wish to use non-contract practitioners/providers for these services. KHS shall monitor the compliance of delegated entities as applicable to these services.

DEFINITIONS:

Family Planning Services	Services provided to individuals of child bearing age for the purpose of temporarily or permanently preventing or delaying pregnancy.
Qualified Family Planner Practitioner/Provider	Any clinic or private practice physician licensed to furnish family planning services within their scope of practice and is an enrolled Medi-Cal provider willing to furnish family planning services to a member.

PROCEDURES:

1.0 FAMILY PLANNING PROGRAM DESCRIPTION AND ACCESS

Members are informed in writing of their right to access Family Planning Services in the Member Handbook. Members are also reminded of their rights to Family Planning Services through periodic newsletters. Primary Care Practitioners (PCPs) are encouraged to discuss Family Planning Services with their patients.

Enrollees may access Family Planning Services either by self-referral to an appropriate qualified practitioner/provider or by calling Member Services.

Members may self-refer to a contracted or non-contracted practitioner/provider. KHS Member Services and/or Utilization Management (UM) staff shall assist inquiring members with locating a practitioner/provider.

2.0 DESCRIPTION OF FAMILY PLANNING SERVICES

Covered Family Planning Services include the following:

- A. Health education and counseling necessary to make informed choices and understand contraceptive methods
- B. Limited history and physical examination
- C. Laboratory tests if medically indicated as part of decision making process for choice of contraceptive methods
- D. Diagnosis and treatment of STDs if medically indicated². (See *KHS Policy and Procedure #3.17- STD Treatment* for details.)
- E. Screening, testing and counseling of at risk individuals for human immunodeficiency virus (HIV) and referral for treatment.³ (See *KHS Policy and Procedure#3.18 - Confidential HIV Testing* for details.)
- F. Follow-up care for complications associated with contraceptive methods issued by the family planning provider
- G. Provision of contraceptive pills/devices/supplies
- H. Tubal ligation

- I. Vasectomies
- J. Pregnancy testing and counseling. (See *KHS Policy and Procedure #3.24 - Antepartum and Postpartum Care* for details).
- K. Pap smear if performed according to the United States Preventive Services Task Force Guidelines which specifies cervical cancer screening every 1-3 years based on the presence of risk factors (early onset of sexual intercourse, multiple sexual partners); however, Pap smear annual frequency may be reduced if 3 or more annual smears are normal.

The following services are NOT reimbursable as family planning services:

- A. Routine infertility studies or procedures
- B. Reversal of voluntary sterilization
- C. Hysterectomy for sterilization purposes only
- D. All abortions, including but not limited to therapeutic abortions; spontaneous, missed or septic abortions; and related services⁴. Abortions may be a covered service, but are not considered Family Planning Services).
- E. Transportation, parking and child care.

3.0 PCP EDUCATION AND TRAINING

PCPs receive instruction concerning Family Planning Services at practitioner/provider orientations and periodically through Provider Bulletins. The Provider Resources link on the KHS Website also contains a description of these services and how to assist the member in accessing the services and the PCP's responsibilities.

4.0 TRACKING

Any clinical records from non-contract practitioners/providers are reviewed to be certain that the service provided was one of the covered Family Planning Services. Using billing and encounter records, Quality Improvement audits annually the provision of Family Planning Services by either contract practitioner/providers or non-contract practitioners/providers. The results are used to analyze the degree of access being provided and used by enrollees. This access information is reported to the Quality Improvement/Utilization Management Committee.

5.0 REIMBURSEMENT

Member's eligibility with KHS is determined on a month to month basis. KHS will pay for up to thirteen cycles of FDA approved oral contraceptives, a 12 month supply of patches (36 patches), and a 12 month supply of vaginal rings (12 rings) if such quantity is dispensed in an onsite clinic and billed by a qualified family planning provider, including out-of-network providers, or dispensed by a pharmacist in accordance with a protocol approved by the California State Board of Pharmacy and the Medical Board of California.

A qualified provider is a provider who is licensed to furnish family planning services within their scope of practice, is an enrolled Medi-Cal provider, and is willing to furnish family planning services to an enrollee, as specified in Title 22, California Code of Regulations, and Section 51200. A physician, physician assistant (under the supervision of a physician), certified nurse midwife, and nurse practitioner, and pharmacist are authorized to dispense medications. Pursuant to the California Business and Professions Code (B&P Code), Section 2725.2, if these contraceptives are dispensed by a registered nurse (RN), the RN must have completed required training pursuant to B&P Code Section 2725.2(b), and the contraceptives must be billed with

Evaluation and Management (E&M) procedure codes 99201, 99211, or 99212 with modifier 'TD' (TD modifier used for RN for behavioral health) as found in the Provider Manual.

Absent clinical contraindications, utilization controls limiting the supply to an amount that is less than a 12-month supply cannot be imposed that is more restrictive than those described in the Medi-Cal Provider Manual.

Non-contract practitioners/providers are paid for services provided to Medi-Cal members based on the appropriate Medi-Cal fee-for-service rates. Contracted practitioners/providers are reimbursed according to the contract agreement.

6.0 DOCUMENTATION AND INFORMED CONSENT

All family planning practitioners/providers must give enrollees informed consent whenever contraceptive services are provided. This consent must be documented in the clinical record.

Clinical records (or patient refusal to release records) must be submitted with the claim. Claims received after 180 days from the date of service will be denied.

7.0 REFERRALS

Upon identification of a need for a referral to a specialist or for further testing, contract practitioners/providers should submit a *Referral/Prior Authorization Form* in accordance with *KHS Policy and Procedure #3.22 - Referral Process*.

8.0 COORDINATION OF CARE

Member Services and UM coordinate Family Planning Services to be certain that enrollees have maximum access.

When a non-contracted practitioner/provider sees a patient, it is crucial for continuity of care that the patient's PCP be notified of the service. Non-contract practitioners/providers must, as per customary practice, inform the patient's PCP of the clinical interaction after obtaining a signed release from the member. Exchange of patient information may also be necessary to the non-contract practitioner/provider. The KHS UM Department assists with the coordination of the exchange of this medical information when necessary. The PCP must obtain patient consent to release information to the non-contract practitioner/provider.

KHS, through UM and Member Services, works closely with the Kern County Public Health Department as outlined in the Memorandum of Understanding with the purpose of coordinating efforts to provide the fullest access and most efficient provision of Family Planning Services.

9.0 CONFIDENTIALITY

Information must be handled in accordance with KHS confidentiality policies (#2.27 and #2.28). In the case of a minor, age 12 to 18, KHS ensures that communication regarding sensitive services is protected. For example, no letters and phone calls are sent/made to the minor's home unless authorization was obtained.

10.0 ABORTION

Prior authorization for abortion services is not required unless inpatient hospitalization for the performance of the abortion has been requested. KHS members are educated regarding

abortion policies and procedures through new member entry, the member handbook, and member newsletters. Abortion services include access to Mifepristone (RU486) in accordance with the FDA approved treatment regimen.⁵

KHS members are advised that they may go to the provider of their choice for abortion services; however, some hospitals and other providers may refuse to provide abortion services.

A physician or other health care provider is not mandated to preform abortion services. KHS shall not tolerate retaliation in any form to a physician or other provider of health care services for objecting to perform abortion services⁶. KHS will assist with the redirection of members who are refused abortion services by a provider.

REFERENCE:

Revision 2019-01: Updated to comply with APL 18-019 for self-administered hormonal contraceptives by Senior Director of Health Services. **Revision 2017-04:** Revised to comply with APL16-003R, family planning services for contraceptive supplies by Administrative Director of Health Services.¹ **Revision 2016-05:** Definition of Qualified Family Planner Practitioner/Provider clarified. Additional revisions in §5.0 Reimbursement. **Revision 2016-02:** Revised to comply with APL 16-003, family planning services for contraceptive supplies. **Revision 2015-10:** Policy revised to comply with All Plan Letter 15-020 Abortion Services. **Revision 2012-08:** Added language stating three cycles of oral contraceptives will be reimbursed per visit for family planning services. **Revision 2008-10:** Routine review. Reimbursement revised per MMCD Policy Letter 08-002. **Revision 2002-04:** Add abortion services information. Add information regarding RU486.

² Based on HCFA's Medicaid policies, STD diagnosis and treatment and HIV testing and counseling, provided during a family planning encounter, are considered part of family planning services.

³ See endnote #1.

⁴ Pregnancy testing and counseling performed by out-of-plan family planning practitioner/provider are reimbursable regardless of member's decision for abortion.



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. Tsing Date 12/11/18
 Chief Medical Officer

Ben C... Date 12/4/18
 Chief Operating Officer

Bruce Wanda RPH Date 12/13/18
 Director of Pharmacy

Kevin Thomas Date 11/30/18
 Director of Claims

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

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

Leborah L. Muna 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:

Request for Acute Continuing Services²	Request for extension of approval for acute care services in hospitals when both of the following conditions apply: 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: 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
--	---

	<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 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 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"/> Neurology	<input type="checkbox"/> Orthopedics
<input type="checkbox"/> Cardiology	<input type="checkbox"/> ENT	<input type="checkbox"/> Home Health	<input type="checkbox"/> Neurosurgery	<input type="checkbox"/> Pain Mgmt
<input type="checkbox"/> Dermatology	<input type="checkbox"/> GE/GI	<input type="checkbox"/> Mental Health	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> DME	<input type="checkbox"/> General Surgery	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Physical Therapy
				<input type="checkbox"/> Podiatry
				<input type="checkbox"/> Radiology
				<input type="checkbox"/> Rheumatology
				<input type="checkbox"/> Pulmonology
Requested Provider:		Phone:	Fax:	
Address:				

INFORMATION BELOW MUST BE COMPLETED TO PROCESS SERVICE REQUEST

Diagnosis / Clinical Problem:

Clinical History / Date of Onset:

KFHC Date Rec'd Stamp

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:

Approved Denied Modified Withdrawn Delayed Duplicate Request Disenrolled

Auth # _____

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 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"

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 THE DECISION MADE FOR YOUR MEDICAL TREATMENT, YOU CAN FILE AN APPEAL. THIS APPEAL IS FILED WITH YOUR HEALTH PLAN.

HOW TO FILE AN APPEAL

You have **60 days** from the date of this “Notice of Action” letter to file an appeal. But, **if you are currently getting treatment and you want to continue getting treatment, you must ask for an appeal within 10 days** from the date this letter was postmarked or delivered to you, OR before the date your health plan says services will stop. You must say that you want to keep getting treatment when you file the appeal.

You can file an appeal by phone, in writing, or electronically:

- By phone: Contact Kern Family Health Care between 8:00 a.m. to 5:00 p.m. by calling (661) 632-1590 inside Bakersfield, or 1-800-391-2000 outside Bakersfield. Or, if you cannot hear or speak well, please call 711.
- In writing: Fill out an appeal form or write a letter and send it to:

Kern Family Health Care
9700 Stockdale Hwy.
Bakersfield, CA 93311

Your doctor’s office will have appeal forms available. Your health plan can also send a form to you.

- Electronically: Visit your health plan’s website. Go to <http://www.kernfamilyhealthcare.com>

You may file an appeal yourself. Or, you can have a relative, friend, advocate, doctor, or attorney file the appeal for you. You can send in any type of information you want your health plan to review. A doctor who is different from the doctor who made the first decision will look at your appeal.

Your health plan has 30 days to give you an answer. At that time, you will get a “Notice of Appeal Resolution” letter. This letter will tell you what the health plan has decided. **If you do not get a letter within 30 days, you can:**

- Ask for an “**Independent Medical Review**” (IMR) and an outside reviewer that is not related to the health plan will review your case.
- Ask for a “**State Hearing**” and a judge will review your case

**SUS DERECHOS
BAJO ATENCIÓN ADMINISTRADA DE MEDI-CAL**

SI USTED NO ESTÁ DE ACUERDO CON LA DECISIÓN TOMADA PARA SU TRATAMIENTO MÉDICO, USTED PUEDE PRESENTAR UNA APELACIÓN. ESTA APELACIÓN ES PRESENTADA CON SU PLAN DE SALUD.

CÓMO PRESENTAR UNA APELACIÓN

Usted tiene **60 días** de la fecha de esta carta de “Aviso de Acción” para presentar una apelación. Pero, **si usted está actualmente recibiendo tratamiento y desea continuar recibiendo el tratamiento, tiene que solicitar una apelación dentro de los 10 días** de la fecha en que esta carta fue marcada con el sello postal o entregado a usted O antes de la fecha en que su plan de salud dice que los servicios van a terminar. Usted tiene que decir que desea seguir recibiendo tratamiento cuando presente la apelación.

Usted puede presentar una apelación por teléfono, por escrito o electrónicamente.

- **Por teléfono:** contacte a Kern Family Health Care entre las 8:00 a.m. y las 5:00 p.m., llamando al (661) 632-1590 en Bakersfield o al 1-800-391-2000 fuera de Bakersfield o si no puede oír o hablar bien, por favor llame al 711.
- **Por escrito:** llene un formulario de apelación o escriba una carta y envíela a:

Kern Family Health Care
9700 Stockdale Hwy.
Bakersfield, CA 93311

La oficina de su doctor va a tener formularios de apelación disponibles. Su plan de salud puede enviarle también un formulario.

- **Electrónicamente:** visite la página web de su plan de salud. Vaya a <http://www.kernfamilyhealthcare.com/>.

Usted mismo puede presentar una queja o puede tener a un pariente, amigo, defensor, doctor o abogado que presente la apelación por usted. Usted puede enviar cualquier tipo de información que desee que su plan de salud revise. Un doctor que es diferente que el doctor quien tomó la primera decisión, va a ver su apelación.

Su plan de salud tiene 30 días para darle una respuesta. En ese momento, usted recibirá una carta de “Aviso de Resolución de la Apelación”. Esta carta le dirá lo que el plan de salud ha decidido. **Si usted no recibe una carta dentro de los 30 días, usted puede:**

- Solicitar por una **“Revisión Médica Independiente” (IMR, por sus siglas en inglés)** y una persona de fuera, que no está relacionada con el plan de salud, va a revisar su caso.
- Solicitar por una **“Audiencia Estatal”** y un juez va a revisar su caso.

Please read the section below for instructions on how to ask for an IMR or State Hearing.

EXPEDITED APPEALS

If you think waiting 30 days will hurt your health, you might be able to get an answer within 72 hours. When filing your appeal, say why waiting will hurt your health. Make sure you ask for an **“expedited appeal.”**

IF YOU DO NOT AGREE WITH THE APPEAL DECISION

If you filed an appeal and received a “Notice of Appeal Resolution” letter telling you that your health plan will still not provide the services, or **you never received a letter telling you of the decision and it has been past 30 days**, you can:

- Ask for an **“Independent Medical Review” (IMR)** and an outside reviewer that is not related to the health plan will review your case
- Ask for a **“State Hearing”** and a judge will review your case

You can ask for both an IMR and State Hearing at the same time. You can also ask for one before the other to see if it will resolve your problem first. For example, if you ask for an IMR first, but do not agree with the decision, you can still ask for a State Hearing later. However, if you ask for a State Hearing first, but the hearing has already taken place, you cannot ask for an IMR. In this case, the State Hearing has the final say.

You will not have to pay for an IMR or State Hearing.

INDEPENDENT MEDICAL REVIEW (IMR)

If you want an IMR, you must first file an appeal with your health plan. If you do not hear from your health plan within 30 days, or if you are unhappy with your health plan’s decision, then you may then request an IMR. You must ask for an IMR within **180 days** from the date of the “Notice of Appeal Resolution” letter.

You may be able to get an IMR right away without filing an appeal first. This is in cases where your health is in immediate danger or the request was denied because treatment is considered experimental or investigational.

The paragraph below will provide you with information on how to request an IMR. Note that the term “grievance” is talking about both “complaints” and “appeals.”

Por favor lea la sección siguiente para las instrucciones de cómo solicitar una IMR o una Audiencia Estatal.

APELACIONES DE URGENCIA

Si usted cree que esperar 30 días va a dañar su salud, usted puede tener una respuesta dentro de las 72 horas. Cuando presente su apelación, diga por qué el esperar va a dañar su salud. Asegúrese de solicitar por una **“apelación de urgencia”**.

SI NO ESTÁ DE ACUERDO CON LA DECISIÓN DE LA APELACIÓN

Si usted presenta una apelación y recibe una carta de “Aviso de Resolución de Apelación” informándole que su plan de salud todavía no le proporcionará los servicios o que **nunca recibió una carta informándole de la decisión y ya han pasado 30 días**, usted puede:

- Solicitar una **“Revisión Médica Independiente” (IMR, por sus siglas en inglés)** y una persona de fuera, que no está relacionada con el plan de salud, va a revisar su caso.
- Solicitar por una **“Audiencia Estatal”** y un juez va a revisar su caso.

Usted puede solicitar ambos, una IMR y una Audiencia Estatal al mismo tiempo. También puede solicitar una antes que la otra, para ver si se resuelve su problema primero. Por ejemplo, si usted solicita por una IMR primero, pero no está de acuerdo con la decisión, todavía puede solicitar una Audiencia Estatal más tarde. Sin embargo, si solicita por una Audiencia Estatal primero, pero la audiencia ya ha tenido lugar, ya no puede solicitar por una IMR. En este caso, La Audiencia Estatal tiene la última palabra.

Usted no tiene que pagar por una IMR o Audiencia Estatal.

REVISIÓN MÉDICA INDEPENDIENTE (IMR, POR SUS SIGLAS EN INGLÉS)

Si usted quiere una IMR, tiene que presentar primero una apelación con su plan de salud. Si usted no tiene noticias de su plan de salud dentro de los 30 días o si está descontento con la decisión de su plan de salud, entonces puede solicitar una IMR. Tiene que solicitar por una IMR dentro de los **180 días** de la fecha de la carta del “Aviso de la Resolución de Apelación”.

Usted puede obtener una IMR de inmediato, sin presentar primero una apelación. Esto es en los casos que su salud está en peligro inmediato o que la solicitud fue denegada, porque el tratamiento es considerado experimental o de investigación.

El párrafo siguiente va a proporcionarle con la información de cómo solicitar una IMR. Tenga en cuenta que el término “quejas” está hablando de “apelaciones”.

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 an 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 Website (<http://www.hmohelp.ca.gov>) has complaint forms, IMR application forms, and instructions online.

STATE HEARING

If you want a State Hearing, you must ask for one within **120 days** from the date of the "Notice of Appeal Resolution" letter. You can ask for a State Hearing by phone or in writing:

- **By phone:** Call **1-800-952-5253**. This number can be very busy. You may get a message to call back later. If you cannot speak or hear well, please call **TTY/TDD 1-800-952-8349**.
- **In writing:** Fill out a State Hearing form or send a letter to:

**California Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430**

Be sure to include your name, address, telephone 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 telephone number to the form or letter. If you need an interpreter, tell us what language you speak. You will not have to pay for an interpreter. We will get you one.

After you ask for a State Hearing, it could take up to 90 days to decide your case and send you an answer. If you think waiting that long will hurt your health, you might be able to get an answer within 3 working days. Ask your doctor or health plan to write a letter for you. The letter must explain in detail how waiting for up to 90 days for your case to be decided will seriously harm your life, your health, or your ability to attain,

El Departamento de Atención Médica Administrada es responsable de regular los planes de servicio de cuidado de salud. Si usted tiene una queja en contra de su plan de salud, debería llamarlos primero al **1-800-391-2000** y usar su proceso de quejas del plan de salud antes de contactar al Departamento. Utilizando este procedimiento de quejas no prohíbe ningún derecho legal potencial o remedios que pueden estar disponibles para usted. Si necesita ayuda con esta queja involucrando una emergencia, una queja que no ha sido resuelta satisfactoriamente por su plan de salud o una queja que se ha mantenido sin resolver por más de 30 días, usted puede llamar al Departamento para asistencia. También puede ser elegible para una Revisión médica Independiente (IMR, por sus siglas en inglés). Si usted es elegible para una IMR, el proceso de la IMR va a proporcionar una revisión imparcial de las decisiones médicas tomadas por el plan de salud, relacionadas a la necesidad médica del servicio propuesto o el tratamiento, las decisiones cubiertas para los tratamientos que son experimentales o por naturaleza de investigación y las disputas de pago por emergencia o los servicios médicos urgentes. El Departamento también tiene un número de teléfono gratuito (**1-888-HMO-2219**) y una línea TDD (**1-877-688-9891**) para la discapacidad auditiva y del habla. El sitio web del Departamento (<http://www.hmohelp.ca.gov>) tiene formularios de quejas, formularios para aplicaciones de la IMR e instrucciones en línea.

AUDIENCIA ESTATAL

Si desea una Audiencia Estatal, tiene que solicitarla dentro de los **120 días** de la fecha de la carta "Aviso de Resolución de la Apelación". Puede solicitar una Audiencia Estatal por teléfono o por escrito:

- **Por teléfono:** llame al **1-800-952-5253**. Este número puede estar bien ocupado. Usted puede recibir un mensaje para que llame más tarde. Si no puede hablar o escuchar bien, por favor llame **TTY/TDD 1-800-952-8349**.
- **Por escrito:** llene un formulario de Audiencia Estatal o envía una carta a:

**California Department of Social Services
State Hearing Division
P.O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430**

Asegúrese de incluir su nombre, dirección, número de seguro social y la razón por la que quiere una Audiencia Estatal. Si alguien le está ayudando a solicitar una Audiencia Estatal, añada su nombre, dirección y número de teléfono en el formulario o carta. Si necesita un intérprete, díganos qué idioma habla. No tiene que pagar por un intérprete. Le daremos uno.

Después de solicitar la Audiencia Estatal, podría tomar hasta 90 días para decidir su caso y se le envíe una respuesta. Si usted cree que esperar tanto tiempo puede dañar su salud, puede obtener una respuesta dentro de los 3 días hábiles. Solicite a su doctor

maintain, or regain maximum function. Then, make sure you ask for an “**expedited hearing**” and provide the letter with your request for a hearing.

You may speak at the State Hearing yourself. Or, you can have a relative, friend, advocate, doctor, or attorney speak for you. If you want another person to speak for you, then you must tell the State Hearing office that the person is allowed to speak on your behalf. This person is called an “authorized representative.”

LEGAL HELP

You may be able to get free legal help. Call the Greater Bakersfield Legal Assistance at (661) 325-5943. You may also call the local Legal Aid Society in your county at 1-888-804-3536.

o al plan de salud que le escriban una carta. La carta tiene que explicar en detalle cómo esperar hasta 90 días para que su caso sea decidido va a dañar seriamente su vida, su salud o su habilidad de lograr, mantener o recuperar la función máxima. Entonces, asegúrese de solicitar por una **“audiencia de emergencia”** y proporcionar la carta con su solicitud para una audiencia.

Usted mismo puede hablar con la Audiencia Estatal o puede tener a un pariente, amigo, defensor, doctor o abogado que hable por usted. Si usted quiere otra persona que hable por usted, entonces tiene que decirle a la oficina de la Audiencia Estatal que la persona tiene permiso de hablar en su nombre. Esta persona se llama “representante autorizado”.

AYUDA LEGAL

Usted puede obtener ayuda legal gratuita. Llame a Greater Bakersfield Legal Assistance al (661) 325-5943. También puede llamar al Legal Aid Society en su condado al 1-888-804-3536.

NONDISCRIMINATION NOTICE

Discrimination is against the law. Kern Family Health Care follows Federal civil rights laws. Kern Family Health Care does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

Kern Family Health Care provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Free language services to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services, contact Kern Family Health Care between 8:00 a.m. to 5:00 p.m. by calling (661) 632-1590 inside Bakersfield, or 1-800-391-2000 outside Bakersfield. Or, if you cannot hear or speak well, please call 711.

AVISO DE NO DISCRIMINACIÓN

Discriminación es en contra de la ley. Kern Family Health Care sigue las leyes de los derechos civiles federales. Kern Family Health Care no discrimina, excluye a las personas o las trata diferente, debido a la raza, color, origen nacional, edad, discapacidad o sexo.

Kern Family Health Care proporciona:

- - Ayuda gratuita y servicios a personas con discapacidades para que puedan comunicarse mejor, como:
 - ✓ Intérpretes calificados en lenguaje de señas
 - ✓ Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
 - Servicios gratuitos lingüísticos para personas que no tienen el inglés como idioma primario, como:
 - ✓ Intérpretes calificados
 - ✓ Información escrita en otros lenguajes

Si usted necesita estos servicios, contacte a Kern Family Health Care entre las 8:00 a.m. a las 5:00 p.m., llamando al (661) 632-1590 en Bakersfield o al 1-800-391-2000 fuera de Bakersfield o si no puede oír o hablar bien, por favor llame al 711.

HOW TO FILE A GRIEVANCE

If you believe that Kern Family Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Kern Family Health Care. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact Kern Family Health Care between 8:00 a.m. to 5:00 p.m. by calling (661) 632-1590 inside Bakersfield, or 1-800-391-2000 outside Bakersfield. Or, if you cannot hear or speak well, please call 711.
 - In writing: Fill out a complaint form or write a letter and send it to:

Kern Family Health Care
9700 Stockdale Hwy.
Bakersfield, CA 93311
 - In person: Visit your doctor's office or Kern Family Health Care and say you want to file a grievance.
 - Electronically: Visit Kern Family Health Care's website at <http://www.kernfamilyhealthcare.com/>.
-

OFFICE OF CIVIL RIGHTS

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

CÓMO PRESENTAR UNA QUEJA

Si usted cree que Kern Family Health Care ha fallado en proporcionar estos servicios o ha discriminado de alguna otra manera en base a raza, color, origen nacional, edad, discapacidad o sexo, usted puede presentar una queja con Kern Family Health Care. Puede presentar una queja por teléfono, por escrito, en persona o electrónicamente:

- Por teléfono: contacte a Kern Family Health Care entre las 8:00 a.m. a las 5:00 p.m. llamando al (661) 632-1590 en Bakersfield o al 1-800-391-2000 fuera de Bakersfield o si no puede oír o hablar bien, por favor llame al 711.
 - Por escrito: llene un formulario de quejas o escriba una carta y envíela a:

Kern Family Health Care
9700 Stockdale Hwy.
Bakersfield, CA 93311
 - En persona: visite la oficina de su doctor o de Kern Family Health Care y diga que desea presentar una queja.
 - Electrónicamente: visite el sitio web de Kern Family Health Care en <http://www.kernfamilyhealthcare.com/>.
-

OFICINA DE LOS DERECHOS CIVILES

Usted también puede presentar una queja de los derechos civiles, con el Departamento de Salud y Servicios Humanos, Oficina para los Derechos Civiles, por teléfono, por escrito o electrónicamente:

- Por teléfono: llame al **1-800-368-1019**. Si no puede hablar o no puede oír bien, por favor llame al: TTY/TDD 1-800-537-7697.
- Por escrito: llene un formulario de quejas o envíe una carta a:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

Los formularios de quejas están disponibles en:
<http://www.hhs.gov/ocr/office/file/index.html>.

- Electrónicamente: visite el portal de quejas de la Oficina para los Derechos Civiles en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Language Assistance

LANGUAGE	TAGLINE
English	ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-391-2000 (TTY: 711)
Español (Spanish)	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-391-2000 (TTY: 711)
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-391-2000 (TTY: 711)
Tagalog (Tagalog - Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-391-2000 (TTY: 711)
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-391-2000 (TTY: 711) 번으로 전화해 주십시오.
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-391-2000 (TTY: 711)。
Հայերեն (Armenian)	ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-391-2000 (TTY (հեռատիպ)՝ 711)
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-391-2000 (телетайп: 711)
فارسی (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما تماس بگیرد. فراهم می باشد. با 1-800-391-2000 (TTY: 711)
日本語 (Japanese)	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-391-2000 (TTY: 711) まで、お電話にてご連絡ください。
Hmoob (Hmong)	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-391-2000 (TTY: 711)
ਪੰਜਾਬੀ (Punjabi)	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-391-2000 (TTY 711) 'ਤੇ ਕਾਲ ਕਰੋ।
برع لاية (Arabic)	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (711) 2000-391-800-1 (TTY: 711)
हिंदी (Hindi)	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-391-2000 (TTY: 711) पर कॉल करें।
ภาษาไทย (Thai)	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-391-2000 (TTY: 711)
ខ្មែរ (Cambodian)	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាសោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ជូរ ទូរស័ព្ទ 1-800-391-2000 (TTY: 711)។

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: Pregnancy and Maternity Care				POLICY #: 3.24-P	
DEPARTMENT: Health Services - Utilization Management					
Effective Date: 11/2008	Review/Revised Date: 02/04/2019	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Douglas A. Hayward Date 2/4/19
 Douglas A. Hayward
 Chief Executive Officer

M. Tasinga Date 2/4/19
 Chief Medical Officer

[Signature] Date 2/4/19
 Chief Operating Officer

[Signature] Date 1/31/19
 Director of Claims

Abraham L. [Signature] Date 1/24/19
 Senior Director of Health Services

POLICY:

Kern Health Systems (KHS) will encourage optimum maternity care as appropriate for all pregnant members. Maternity care will include; antenatal 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. This approach establishes a framework for cooperative efforts to reduce perinatal morbidity and mortality. This coordinated system emphasizes professional expertise, consultation, communication and education for the effective use of resources based on local and individualized needs. All pregnant KHS members will receive case coordination of Obstetric and Comprehensive Perinatal Services to the degree warranted by the State Department of Health Care Services (DHCS) combined standardized risk assessment tools.

Maternity care will be performed by qualified network practitioners/providers (referred to as "pregnancy practitioners" in the remainder of this document). If the KHS network does not include

a Certified Nurse Midwife (CNM), Licensed Midwife (LM), or Certified Nurse Practitioner (CNP), Medi-Cal members may receive maternity care from non-contracted LM's, CNP's or CNMs.² In order to maintain high quality care for pregnant women, KHS will authorize antenatal care only when it is provided by a licensed practitioner who has had special training in this area. This may include Obstetricians, Family Practitioners, and nurse mid-wives or nurse practitioners. Other practitioners who wish to perform antenatal services will need to provide documentation of adequate training and experience. Pregnancy practitioners are exempt from the requirement of certification as Medi-Cal Comprehensive Perinatal Services Providers (CPSP); nevertheless, they are required to follow specified CPSP Guidelines as defined in this policy.³

KHS will maintain and communicate maternity care protocols to pregnancy practitioners. Maternity care will be provided in accordance with the following adopted guidelines:

- The most current standards or guidelines of the American College of Obstetricians and Gynecologists (ACOG) ⁴

The presence of risk factors in individual patients will affect the type and quantity of maternity services that may be appropriate. Certain members may require additional services or core services at more frequent intervals.

Maternity care will be provided in accordance with the statutory, regulatory, and contractual requirements outlined in the following sources:

- California Code of Regulations Title 22 §§51345; 51348; 51348.1; 51179; and 51179⁵ (CPSP Guidelines)
- DHCS Contract Sections Attachment A-5 (2)(F); Attachment A-9; and Attachment A-10 6
- MMCD Policy Letter 96-01: Obstetrical Care
- Newborns' and Mothers' Health Act of 1997 (NMHA)

DEFINITIONS:

Antenatal Care	Care of patients during pregnancy prior to delivery.
Genetic Counseling	A communication process that deals with the occurrence, or the risk of occurrence, of a genetic disorder in the family. The key elements are diagnosis, communication, and options.
Individualized Care Plan (ICP)	Document that assists in the planning, coordination, and documentation of perinatal services. The ICP includes health education, psychosocial, and nutritional components as well as identification and documentation of risk conditions, problems, interventions, and outcome information. The ICP also clearly identifies parties responsible for carrying out proposed interventions.
Free Standing Birth Center (FBC)	The term “free standing birth center” as a health facility – (i)that is not a hospital; (ii)where childbirth is planned to occur away from the pregnant woman’s residence; (iii)that is licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services that

are included in the plan; and (iv) that complies with such other requirements relating to the health and safety of individuals furnished services by the facility as the state shall establish.

PROCEDURES:

1.0 ACCESS

Pregnancy testing does not need prior authorization and may be performed by participating or non-participating practitioners/providers.

Members are not required to obtain a referral from their Primary Care Practitioner (PCP) or prior approval from KHS before receiving maternity care from a pregnancy practitioner.⁶ Non-emergent specialty care procedures require prior authorization according to *KHS Policy and Procedure #3.22-Referral and Authorization Process*.

Pregnancy services qualify as minor consent services. Minors do not need parental consent to access these services. See *KHS Policy and Procedure 2.17 – Access-Treatment of a Minor* for additional information.⁷

1.1 Appointments and Appointment Follow-Up⁸

An initial obstetrical visit should be offered within two weeks of the request for an appointment, if requested by the member. The member may request an appointment outside the two week period but should be as near as possible to six weeks after the last menstrual period.⁹

Pregnancy practitioners are responsible to take steps to ensure that patients under their care receive appropriate services. Pregnancy practitioners must contact immediately by phone those patients who fail to keep a scheduled appointment. A lack of response by the patient or inability to contact the patient should be followed by a letter within one week of the missed appointment. All attempts must be documented in the member's medical record.

2.0 COVERED SERVICES

The expected number of maternity visits is calculated in accordance with recommended frequency guidelines. This calculation takes into account the date of eligibility, date of initial visit, and estimated confinement date. A woman with active medical or obstetric problems should be seen more frequently, at medically appropriate intervals, as determined by the nature and severity of the problems.

Although KHS does not require prior authorization for maternity visits, the expected number of visits is authorized and noted in the KHS information system for claims payment purposes. Generally, a woman with an uncomplicated pregnancy is examined every 4 weeks for the first 28 weeks of pregnancy, every 2 or 3 weeks until 36 weeks of gestation, and weekly thereafter according to the following guidelines:

Week 1-4	Initial Visit
Week 5-8	Antepartum visit 1
Week 9-12	Antepartum visit 2
Week 13-16	Antepartum visit 3
Week 17-20	Antepartum visit 4

Week 21-24	Antepartum visit 5
Week 25-28	Antepartum visit 6
Week 29-30	Antepartum visit 7
Week 31-32	Antepartum visit 8
Week 33-34	Antepartum visit 9
Week 35-36	Antepartum visit 10
Week 37	Antepartum visit 11
Week 38	Antepartum visit 12
Week 39	Antepartum visit 13
Week 40	Antepartum visit 14
48-96 hours postpartum	Required by law for early discharge patients
1-2 weeks post op C-section	Routine postoperative care
3-8 weeks postpartum	Standard Postpartum Visit

The post hospital visit for early discharge should not be billed and shall not be separately reimbursed as it is intended to include services that would have been provided if the patient had not left the hospital early. The visit 1-2 weeks post C-section shall not be separately reimbursed as that is routine postoperative care expected to be provided in the reimbursement provided for the delivery.

The pregnancy practitioner is required to manage the frequency of antenatal care visits in accordance with the patient's individual needs and risk factors. It is expected that the level of care for members remain consistent with professional standards. Visits that exceed the expected number are reviewed and processed based on medical necessity.

2.1 Pregnancy Testing

Blood pregnancy tests are reimbursed based on medical necessity. KHS does not reimburse participating pregnancy providers for routine blood pregnancy test. Urine pregnancy tests should be performed for routine screening.

2.2 Antenatal Care

Practitioners must notify UM of initiation of care within 5 working days of the initial visit. Notification must include:

- A. Estimated date of confinement (EDC)
- B. Last menstrual period (LMP)
- C. Gravida/Para
- D. Pregnancy Practitioner
- E. Mode of Delivery
- F. Delivery Hospital
- G. High Risk conditions

The following table outlines required antenatal services. These services must be documented in the medical record.

Service	Details	Required Referrals
Antibody Screen		
Blood Test	ABO blood group and RH type	
Breastfeeding Education and Counseling	Breast feeding education and counseling are available through prenatal classes, CPSP providers and prenatal packets mailed to pregnant members	
Cervical Cytology		
Comprehensive Health History	Must include a screening for genetic disorders	
Cystic Fibrosis Screening	All pregnant members should be offered cystic fibrosis testing and counseling. Refusal to accept testing must be documented in the member's medical record.	
Gestational Diabetes Screen	Identified either through medical history, initial combined assessment, or routine glucose testing (50 grams glucola) at 24-28 weeks	All pregnant members identified as having a history of diabetes or current gestational diabetes must be either referred to the KMC OB High Risk clinic, referred for support services through the UM referral process, or referred to WIC for follow up support services.
Hemoglobin/hematocrit		
HIV Testing and Counseling	All pregnant members must be offered HIV testing and counseling. ¹⁰ Refusal to accept testing must be documented in the member's medical record.	
Physical Examination	Complete	
Rubella Antibody Titer		
Syphilis Screen		
Urinalysis	Must include microscopic examination or culture	

Any provider who delivers antenatal care must provide notice to UM concerning individuals involved in the delivery and responsible for managing complications of pregnancy, such as miscarriage, pre-term labor, fetal complications, pre-eclampsia, etc.

2.3 Delivery

The pregnancy practitioner must inform the member of the general plan for hospital admission, labor, delivery, and postpartum care.¹¹ He/she should direct women with high risk pregnancies to the Kern Medical Center advanced obstetrics and neonatal care unit.

After delivery, a pregnancy practitioner may wait up to 48 hours after vaginal delivery or 96 hours after C-Section delivery to discharge the member. With member consent, a pregnancy practitioner may choose to discharge the member from the hospital prior to the 48/96 hour minimum and request a post-discharge visit during that 48/96 hour period. The post-discharge visit may be in the mother's home or the treating practitioner's office.¹² The visit must include, at a minimum, parent education, assistance, training in breast feeding or bottle feeding, and the performance of any necessary maternal or neonatal physical assessment.

No prior authorization is required, but the post-discharge visit must be provided by a participating practitioner/provider. For notification purposes, the practitioner/provider should submit a *Referral Authorization Form* within the next business day. (Included as attachment to *KHS Policy and Procedure #3.22 - Referral Process*). The notification must include:

- A. Pertinent member demographic
- B. Date of hospital discharge
- C. Date of skilled nursing visit
- D. Referral physician's orders

The referral is automatically approved and processed by the KHS Case Manager. The approved authorization form is faxed/returned to the referring provider.

2.4 Postpartum Care

The routine postpartum care visit should generally be accomplished on or between 21 and 56 days after delivery. An additional postpartum visit should be accomplished within two weeks after a Cesarean Section delivery. These intervals may be modified if warranted by the needs of the member. The postpartum review should include the following services:

- A. Interval history and physical examination, including pelvic examination
- B. Laboratory data as indicated
- C. Family planning counseling
- D. Nutritional, health education, and psychosocial reassessments.

Postpartum visits should be clearly documented as such in the member's medical record.

2.5 Assessments¹³

Assessments of risk factors must be offered in each trimester and postpartum and must include review of obstetrical, nutrition, health education and psychosocial interventions.

	Psychosocial¹⁴	Nutrition¹⁵	Health Education¹⁶
Complete initial assessment	Included in combined initial assessment form	Included in combined initial assessment form	Included in combined initial assessment form
Trimester reassessment by 20 weeks gestation	√	√	√
Trimester reassessment by 28 weeks gestation	√	√	√
Postpartum assessment, care plan, and interventions	Included in combined postpartum assessment form	Included in combined postpartum assessment form	Included in combined postpartum assessment form
Additional services	Treatment, intervention, and referral services with Plan assistance or coordination via the Health Educator.	Prescribing of prenatal vitamins and mineral supplements. Treatment, intervention, and referral services including referral to the local WIC Program or specialized nutritional services through the KHS Health Educator. ¹⁷	Interventions based on identified needs, interests, and capabilities; particularly directed towards assisting the member to make appropriate, well informed decisions about her pregnancy, delivery, and parenting. Referrals via the KHS Health Educator.

Reassessments are not required in the trimester of entry into care.

2.6 High Risk Intervention¹⁸

Members presenting with high risk factors must receive specific interventions targeted to that risk. Practitioners must determine the appropriate level of intervention and ensure that it is available to the member by providing service on-site, through referral, or by requesting assistance from the Plan. UM should be notified of all high risk cases and will assist with the education of the high risk condition.

UM is responsible for case management of high risk members. The Nurse Case Manager coordinates care between pregnancy practitioners, the KHS Health Educator, and when indicated, the appropriate linked community resource. Pregnancy practitioners should refer high risk members to UM via *Referral/Prior Authorization Forms*. (See Attachment D).

2.7 Genetic Screening, Counseling, and Referral

Pregnant members are provided genetic screening, counseling, and referral as needed.¹⁹ Pregnancy practitioners must screen for the potential need for these services in accordance with ACOG standards. He/she should submit a referral to UM if he/she determines that there is need for medical geneticist assessment and counseling. (See *KHS Policy and Procedure #3.22 – Referral and Authorization Process* for details).

Counseling should be provided upon diagnosis of a genetic disorder. The counselor should communicate to the family a range of available options. The counselor's function is not to dictate a particular course of action, but to provide information that will allow couples to make an informed decision.

2.7.1 Alpha Feto-Protein (AFP) Testing Program²⁰

The AFP Program screens for neural tube and other birth defects. The Genetic Disease Branch develops standards for AFP testing sites and approves Prenatal Diagnostic Centers. The approved centers provide genetic counseling and testing including ultrasonography and amniocentesis.

Pregnancy practitioners are required to discuss and offer AFP Screening to all pregnant women in their care who are seen by the 20th completed week (140 days) of pregnancy counting from the first day of the last normal menstrual period. All KHS pregnant members should be offered the AFP test between 15-20 weeks gestational age. Pregnancy practitioners are encouraged to offer screening tests at the first prenatal visit. If the woman declines, she should sign the waiver form provided by the State. (See Attachment B).

Current standards of practice require that all women who meet one of the following conditions be offered amniocentesis at an approved genetic center:

- A. Thirty-five (35) years or older at time of estimated date of confinement (EDC)
- B. Previously had chromosomally abnormal fetus
- C. Known carrier of a recessive metabolic disorder detectable in utero

Amniocentesis requires prior authorization.

2.7.2 Other Genetic Abnormalities

California law requires that all newborns, prior to discharge from the hospital, be screened for phenylketonuria (PKU), sickle cell anemia, galactosemia, related hemoglobinopathies, and primary congenital hypothyroidism. All pregnancy practitioners must distribute the pamphlet *Newborn Screening Test* to pregnant members prior to their estimated date of delivery.²¹ (See Attachment C).

2.7.2.1 PKU

Confirmed positive PKU is a CCS eligible condition and all treatment, which includes formula and special food products, pertaining to the metabolic disease is covered under CCS. KHS and CCS collaborate to assure that any KHS newborns with a positive PKU diagnosis are entered into treatment within the first few weeks of life. KHS ensures that members diagnosed with PKU have

access to available and accessible practitioners/provider organizations qualified to treat the condition.²²

3.0 INDIVIDUALIZED CARE PLAN (ICP)²³

The ICP is an easily reviewed, condensed summary of the maternity services planned and provided to a KHS member during her pregnancy. Member problems, needs, and risk conditions in the following four areas, as well as the interventions planned for each problem/need/risk should be included in the ICP:

- A. Obstetrical
- B. Nutrition
- C. Psychosocial
- D. Health Education

The pregnancy practitioner is responsible for ensuring that an ICP is initiated upon the entry into care. The ICP should be developed in consultation with the KHS member after the initial combined assessment has been conducted. In addition to the pregnancy practitioner, health practitioners who provided the services documented on the ICP (e.g., nurse, physician, nutritionist, social worker, health educator, comprehensive perinatal health worker, or physician assistant who saw the patient and made the assessment, performed the treatments, or recommended the interventions) may complete the ICP form. Practitioners must date and initial their assessments, recommendations and interventions.

The ICP should be updated and reviewed, at least at each trimester, postpartum, and as necessary.

A copy of the ICP must be maintained in the member's medical record. The ICP should be available upon request from UM or the KHS Health Education Department.

Pregnancy practitioners who are currently Comprehensive Perinatal Services Program (CPSP) approved, may use their current CPSP approved ICP form. Pregnancy practitioners who are not CPSP approved may contact the (KCDPH) CPSP Coordinator or the Department of Health Care Services (DHCS), Maternal, Child, and Adolescent Health Department (MCAH), for a camera ready copy of the State approved *Comprehensive Perinatal Services Program – Initial Combined Assessment* form. (See Attachment A).

4.0 COORDINATION OF CARE

Every component of the multi-disciplinary system should promote and provide personal attention to the member, and the original practitioner-member relationship should resume when referral or consultative care is no longer necessary.

Pregnancy practitioners should initiate appropriate referrals when a special need is identified requiring multi-disciplinary management. KHS facilitates the multi-disciplinary case management process with timely processing of the referrals for specialty care, education, or counseling, as needed and authorized. See *KHS Policy and Procedure #3.22 - Referral and Authorization Process* for details.

Pregnancy practitioners must ensure that health education, nutrition and psychosocial assessment, reassessments, and interventions are administered by fully qualified personnel.

Components of case coordination include the following:

- A. Assessments (obstetrical, nutrition, health education and psychosocial)
- B. Written individualized care plan based on all assessments which shall be maintained in patient's medical record
- C. Appropriate interventions/treatments provided according to the care plan
- D. Continuous assessments of patient's status and progress relative to care plan interventions with appropriate revision of the care plan
- E. Case conferences or other appropriate communication involving all team members regarding each patient's care
- F. Comprehensive record system where all information relating to patient care is documented and is available to all team members
- G. Record-sharing system to exchange information among providers and the Plan, especially referrals, consultations, and pregnancy outcomes

KHS and MCAH share a common interest in insuring that maternal and child health services are available to KHS Plan members. KHS and MCAH have the common goal of achievement of the provision of optimal perinatal care for members. To coordinate perinatal care between KHS and MCAH, a Memorandum of Understanding (MOU) with KCDPH has been established to improve members' obstetrical needs.²⁴

5.0 REIMBURSEMENT

Pregnancy practitioners receive negotiated contract rates when claims are submitted in compliance with the guidelines outlined in this policy and *KHS Policy and Procedure #6.01 - Claims Submission/Reimbursement*. Practitioners may file a dispute regarding reimbursement decisions through the KHS dispute process as outlined in *KHS Policy and Procedure #6.04 - Practitioner/Provider Disputes Regarding Claims Payment*.

Pregnancy practitioners are required to perform CPSP services without an additional reimbursable fee from KHS. The State mandated CPSP services are included in the KHS reimbursement fee.

Pregnancy practitioners may choose either the Global or Fee-For-Service billing method.

5.1 Global Method

The practitioner may use this method only if all of the following apply:

- A. Member was KHS Plan member at the time of the initial visit
- B. Member was KHS Plan member throughout the entire pregnancy
- C. Providers who bill for global obstetrical care must render at least 8 antepartum OB visits during the member's entire pregnancy
- D. The initial pregnancy-related office visits may NOT be counted as one of the eight visits.

The following codes should be used, as appropriate to the services provided, when billing using the global method.

Code	Definition
Z1032	Initial comprehensive pregnancy related office visit
59400	Global antepartum care, vaginal delivery and postpartum care
59510	Global antepartum care, cesarean delivery and postpartum care
59610	Routine OB including antepartum, vaginal birth after C-section, and postpartum
59618	Routine OB including antepartum, cesarean delivery following attempted vaginal deliver after previous cesarean delivery, and postpartum.

5.2 Fee-For-Service Method

Under this method, a separate fee is paid for the initial visit, each antepartum visit, delivery, and the postpartum visits. Although antepartum visits do not require prior authorization, Claims staff enter the expected number of visits into the KHS information system. Visits in excess of the expected number are forwarded to the UM department for review. Visits determined not medically necessary by UM may be denied D8 - Medical Necessity Not Established.

Reimbursement for a delivery includes hospital admission, patient history and physical, management of labor, vaginal or cesarean section delivery, hospital discharge, and all applicable postoperative care. Also allowed an additional postpartum office visit within 6 months of delivery (Z1038)

The following codes should be used, as appropriate to the services provided, when billing using the global or fee-for-service method.

Code	Definition
Z1032-ZL	Initial comprehensive visit in the first trimester
Z-1032	Initial comprehensive visit if not in first trimester
Z1034	Antepartum visit (up to 9)
Z1036	10 th Antepartum office visit (10 th and above)
Z1038	Postpartum office visit 3-8 weeks post delivery
59409	Vaginal delivery only
59514	Cesarean delivery only

5.3 Non-Contracted Certified Nurse Midwives²⁵

KHS must inform Medi-Cal beneficiaries that they have a right to obtain out-of-plan CNM or LM services. In accordance with federal and state network adequacy requirements, KHS must include a minimum of one CNM and one LM in its provider network, to the extent that CNMs and LMs are available in KHS's contracted service area. If there is no Certified Nurse Midwife (CNM), Licensed Midwife (LM), or Certified Nurse Practitioner (CNP) in the KHS provider network, KHS shall reimburse non-contracting CNMs or LMs for services provided to Medi-Cal Members at no less than the applicable Medi-Cal Fee-For-Service (FFS) rates. KHS will provide coverage for freestanding birth center facility services and services rendered by certain

professionals providing services in a freestanding birth center. KHS will contract directly with providers in their networks for these services. If that is not a possibility, KHS will arrange to provide such services through out-of-network providers, per contractual and regulatory requirements. For birthing centers, KHS will reimburse no less than the applicable Medi-Cal FFS rate. Hospitals shall be reimbursed as outlined in *KHS Policy and Procedure #3.31- Emergency Services*.

5.3.1 Network Expansion

KHS must document efforts to include each of the above provider types in their provider networks. KHS is not required to contract with an FBC, a CNM, or an LM if any of the following circumstances apply:

- 1) The provider is unwilling to accept the higher of the MCP’s contract rates or the Medi-Cal FFS rates.
- 2) The provider does not meet KHS’s applicable professional standards or has disqualifying quality of care issues (i.e., KHS has documented concerns with the provider’s quality of care).

At a minimum, KHS must ensure that staff assisting members through telephone inquiries inform members of their right to obtain services from out-of-network FBCs, CNMs, and LMs when access to these provider types is not available in-network. If DHCS identifies deficiencies in an MCP’s network, DHCS may require KHS to submit documentation of its ability to provide members with information about out of network access.

6.0 PROVIDER QUALIFICATIONS

With the exception of pregnancy testing and allowed non-contracted CNM services, maternity care may only be provided by network practitioners credentialed specifically as pregnancy practitioners. Practitioners must meet the standards outlined in the table below in order to be considered for pregnancy practitioner credentialing.

Practitioner Type	Minimum Requirements
Physician	<ul style="list-style-type: none"> • Documented training in either Obstetrics through a certified Obstetrical Residency Program or Family Practice through a certified Family Practice Residency Program <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Documented post-graduate training and experience comparable with that received in a family practice residency (a minimum of three months with direct supervision); and will be sponsored by an Obstetrician or Family Practice physician.
Mid-level (Registered Nurse Practitioner, Physician Assistant, or Nurse Midwife)	<ul style="list-style-type: none"> • Documented training in antepartum care • Will be supervised by a Physician who meets the requirements to provide antenatal care

Pregnancy practitioners must demonstrate that their malpractice insurance carrier is aware that they are providing such service.

KHS uses Title 22, CCR, Section 51179.6, for guidelines in assessing pregnancy practitioners and ancillary practitioners for prenatal services. Comprehensive perinatal practitioners may include any of the following:

- A. General practice physician
- B. Family practice physician
- C. Pediatrician
- D. Obstetrician-gynecologist
- E. Certified Nurse Midwife
- F. Registered nurse
- G. Nurse practitioner
- H. Physician's assistant
- I. Social worker
- J. Health educator
- K. Childbirth educator
- L. Registered Dietician
- M. Comprehensive Perinatal Health Worker (CPHW) (Medical Assistant or Aide with at least one year's perinatal experience)

Ancillary services/staff who may provide services within specific components of CPSP include the following:

- A. Geneticists
- B. Other medical specialists
- C. Public health services
- D. Family planning services
- E. Substance abuse prevention services
- F. Community based organization
- G. Community outreach services
- H. Agencies providing transportation
- I. Domestic Violence units
- J. Child protective Services
- K. Sweet Success
- L. WIC
- M. CHDP
- N. Translation services
- O. Respite care services

If a KHS contracted hospital is unable to provide the full range of perinatal and neonatal services, it must have formalized arrangements for consultation and transfer of high risk mothers or neonates to Kern Medical Center (KMC). The purpose of such an arrangement is to promote comprehensive, continuous, safe, quality perinatal care for the KHS plan member from the antepartum through the intrapartum and the postpartum period. Transfers for members with identified needs should be arranged by treating pregnancy practitioners.

All assessments should be completed by an OB practitioner or staff member who meets the minimum requirements for ancillary staff.²⁶

7.0 PROVIDER RESOURCES

7.1 Training

KHS helps to develop training and evaluation, in coordination with MCAH on the standards and requirements of providing comprehensive perinatal services.²⁷ Pregnancy practitioners who wish to send their staff to CPHW training for certification of training completion, should contact either MCAH at (661) 868-0523 or the Plan's Health Educator.

Pregnancy practitioners who are unfamiliar with the protocols related to the development of an ICP may contact the local MCAH Program's CPSP Coordinator or the KHS Member Health Education Department for technical assistance.

The KHS Health Education Department, Chief Medical Officer, and Administrative Director of Health Services may also assist with perinatal related practitioner training and education either through site technical assistance, updates on local or State training, Newsletters or mailings.

7.2 Materials and Supplies

Pregnancy practitioners can obtain a copy of ACOG standards (seventh edition) and current CPSP regulations (Title 22) either by contacting the State DHCS, Maternal and Child Health Section or contacting the local MCAH Program for assistance at (661) 868-0523.

Pregnancy practitioners may purchase the Hollister Maternal/Newborn Medical Record System by calling Hollister's toll free telephone number (1-800-323-4060) or contacting the area representative at 1-800-624-5369, ext. 1091. The approximate cost is \$120 for 50 pregnancies or \$2.50 per patient record.

8.0 DELEGATION OVERSIGHT

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 Policy Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

ATTACHMENTS:

- Attachment A: *Comprehensive Perinatal Services Program – Initial Combined Assessment*
- Attachment B: *Waiver form*
- Attachment C: *Newborn Screening Test*
- Attachment D: *Referral/Prior Authorization Form*

REFERENCE:

Revision 2019-01: APL 18-022 review by Senior Director of Health Services. **Revision 2017-08:** APL 16-017 DHCS

requirement by Administrative Director of Health Services. **Revision 2015-07:** Policy revised to comply with All Plan letter 15-017. Revisions made by Administrative Director of Health Services. **Revision 2014-06:** OB guidelines updated by Claims Department. New Global billing requirements included. **Revision 2008-10:** Routine review, revisions by Medical Director. **Revision 2005-08:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004). **Revision 2002-11:** Created per DHS request to combine various pregnancy and maternity care policies. This new policy 3.24 replaces the following policies: 2.07 - Multi Disciplinary Management of Pregnancy and Postpartum Conditions; 2.08 - Delivery of Multi-Disciplinary Services; 2.13 - Obstetric Medical Record; 3.24 - Antepartum and Postpartum Care and Genetic Screening; 3.36 - Postpartum Home Health Visits Newborns' and Mothers' Health Act of 1997; 3.55 - Perinatal Improvement Program; 4.07 - Perinatal Provider Credentialing Standards; 4.24 - Antenatal Care; and 6.23 - Obstetric Billing Guidelines. Original version sent to DHS was revised per comment letter 05/13/02.

² DHS Contract Section A-9 7

³ DHS Contract §6.7.6.7; CCR Title 22 §51249

⁴ DHS Contract Section A-10 6(A)

⁵ CCR Title 22 §51348; 51348.1; 51179; 51179.6

⁶ Health and Safety Code §1367.695; DHS Contract Section A-5 2(F)

⁷ DHS Contract Section A-9 8(D)

⁸ DHS Contract Section A-9 3(A)

⁹ DHS Contract Section A-9 3(B)

¹⁰ SB 889-Leslie

¹¹ ACOG standards and Health Care Management Guidelines by Milliman and Robertson, Inc.

¹² Newborns' and Mothers' Health Act of 1997 (NMHA)

¹³ DHS Contract Section A-10 6(B)

¹⁴ CPSP Regulations 51348(e)(1-4)

¹⁵ CPSP Regulations 51348(c)(1-5)

¹⁶ CPSP Regulations 51348(d)

¹⁷ DHS Contract Section A-11 16

¹⁸ DHS Contract Section A-10 6

¹⁹ DHS Contract Section A-10 6

²⁰ CCR Title 17 §6521-6531. Reviewed against DHS Letter (07/01/05). No revisions necessary.

²¹ CCR Title 17 §6504

²² Language requested by DMHC in comment to 1999 Legislation filing

²³ CCR Title 22 §51179.8; 51348

²⁴ DHS Contract §6.7.8.1

²⁵ DHS Contract Section A-8 8

²⁶ CCR Title 22 §51179.6

²⁷ CCR Title 22 §51179.6

COMPREHENSIVE PERINATAL SERVICES PROGRAM Assessment Risk/Strength Summary

Instructions for Use

The Assessment Risk/Strength Summary is designed to be used as a summary of risk/strengths identified on a completed State Initial Combined Assessment (DHS 4455). The form may be completed by any qualified Comprehensive Perinatal Services Program (CPSP) practitioner, as defined in Title 22, Section 51179. The use of this summary sheet is optional.

Purpose

The Assessment Risk/Strength Summary sheet provides a quick visual summary of the risks and strengths of a CPSP client, as identified at the completion of the initial assessment. It is *not* a substitute for the Individual Care Plan. The summary has several potential uses, for example:

- Together, the client and practitioner can review risks and strengths, identify priorities, and develop an Individual Care Plan;
- The form, with prior approval, could be used as documentation for a managed care plan of a client's risk and need for interventions;
- Used as a data summary sheet, with information compiled, analyzed, and tracked over time to give a picture of the needs of the clients for a particular practice site.

Procedures/Documentation

The Assessment Risk/Strength Summary sheet is approved to be completed by any qualified CPSP practitioner.

1. Inform the client of the purpose for completing the summary (this may vary by practice setting).
2. Review each section of the Initial Combined Assessment (DHS 4455) and complete the applicable information in the corresponding section of the summary document.
3. For each section, identify client strengths and document them on the form.
4. Most sections have space to identify other risks that are not already listed on the form; document as necessary.
5. Store document as specified for the practice site.

ASSESSMENT RISK/STRENGTH SUMMARY

(To be used in conjunction with DHS 4455, Initial Combined Assessment)

<p>Personal Information Age: <input type="checkbox"/> <12 yr. <input type="checkbox"/> 12–17 yr. <input type="checkbox"/> 35+ yr. Resident: <input type="checkbox"/> <1 yr. <input type="checkbox"/> Children living out of home <input type="checkbox"/> _____ Strengths: _____</p>	<p>Economic Resources <input type="checkbox"/> No financial support from FOB <input type="checkbox"/> Insufficient food supplies <input type="checkbox"/> Needs WIC referral <input type="checkbox"/> _____ Strengths: _____</p>	<p>Housing <input type="checkbox"/> Transient housing <input type="checkbox"/> Substandard housing <input type="checkbox"/> No phone <input type="checkbox"/> Message phone <input type="checkbox"/> Weapons in home Strengths: _____</p>
<p>Transportation <input type="checkbox"/> No reliable transportation <input type="checkbox"/> Needs referral for infant car safety seat <input type="checkbox"/> No seat belt use <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ Strengths: _____</p>	<p>Current Health Practices <input type="checkbox"/> Needs dental care <input type="checkbox"/> Medication use since LMP <input type="checkbox"/> Chemical exposure <input type="checkbox"/> Poor HX using health care system <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ Strengths: _____</p>	<p>Pregnancy Care <input type="checkbox"/> Ambivalent about pregnancy <input type="checkbox"/> Unwanted pregnancy <input type="checkbox"/> Lacks support for pregnancy, L&D, postpartum <input type="checkbox"/> Using natural remedies <input type="checkbox"/> HX pregnancy/child losses <input type="checkbox"/> HX STI self/partner <input type="checkbox"/> Needs referral for discomforts of pregnancy Strengths: _____</p>
<p>Nutrition <input type="checkbox"/> Anthropometric data outside of NL: _____ <input type="checkbox"/> Biochemical data outside of NL: _____ <input type="checkbox"/> Clinical conditions outside of NL: _____ <input type="checkbox"/> Poor appetite <input type="checkbox"/> PICA <input type="checkbox"/> Special diet: _____ <input type="checkbox"/> Inappropriate vitamin/mineral use <input type="checkbox"/> Unusual dietary practices</p>	<p><input type="checkbox"/> HX or current eating disorder <input type="checkbox"/> Inadequate diet (24-Hour Recall) <input type="checkbox"/> Inappropriate weight gain (grid) <input type="checkbox"/> Excessive caffeine intake Strengths: _____ Infant Feeding <input type="checkbox"/> Has never breast-fed <input type="checkbox"/> HX problem with breast feeding <input type="checkbox"/> Lacks support for breast feeding Strengths: _____</p>	<p>Coping Skills <input type="checkbox"/> Experiencing significant life stressors <input type="checkbox"/> HX domestic violence <input type="checkbox"/> Victim of violence/sexual abuse: self/children/parents <input type="checkbox"/> HX suicidal ideation/attempt <input type="checkbox"/> Depression <input type="checkbox"/> Inadequate support system <input type="checkbox"/> _____ <input type="checkbox"/> _____ Strengths: _____</p>
<p>Tobacco, Drug, Alcohol Use <input type="checkbox"/> Uses tobacco <input type="checkbox"/> Current HX alcohol use/abuse <input type="checkbox"/> Current HX drug use/abuse <input type="checkbox"/> Partner uses/abuses drugs/alcohol Strengths: _____</p>	<p>Education and Language Education: <input type="checkbox"/> <8 yr. <input type="checkbox"/> 9–11 yr. <input type="checkbox"/> Non-English-speaking/reading <input type="checkbox"/> Low literacy skills <input type="checkbox"/> _____ Strengths: _____</p>	<p>Educational Interests <input type="checkbox"/> Barriers to attending classes <input type="checkbox"/> Mental, emotional, or physical conditions affecting learning <input type="checkbox"/> _____ Strengths: _____</p>
<p>Obstetrics <input type="checkbox"/> Diabetes, gestational/overt <input type="checkbox"/> Chronic/high risk medical condition <input type="checkbox"/> VBAC, repeat C-Section <input type="checkbox"/> Multiple gestation <input type="checkbox"/> Short pregnancy interval</p>	<p><input type="checkbox"/> Late entry to care <input type="checkbox"/> Hypertension/PIH <input type="checkbox"/> Hyperemesis <input type="checkbox"/> Urinary tract infection <input type="checkbox"/> Underweight/obese pre-pregnancy <input type="checkbox"/> Hx preterm labor</p>	<p><input type="checkbox"/> Hepatitis B+/HIV+ <input type="checkbox"/> Rubella negative <input type="checkbox"/> Religious restrictions to procedures <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____</p>

COMPREHENSIVE PERINATAL SERVICES PROGRAM

Name
 Birth date
 I.D. number
 EDD

INITIAL COMBINED ASSESSMENT (Annotated)

PERSONAL INFORMATION

1. Your name: _____
Serves as a formal identifier in addition to providing an opportunity to determine how the client prefers to be addressed.
2. Age: Less than 12 years 12–17 years 18–34 years 35 years or older
Shaded responses typically will require additional referrals: teens may be at high risk medically in addition to possible referral to AFLP/CAL LEARN; older women may need additional genetic evaluation. Refer to “Steps To Take” (STT) Guidelines: Psychosocial–Teen Pregnancy and Parenting.
3. Place of birth: _____
May give some indication as to the client’s cultural background.
4. How long have you lived in this area? Less than 1 year 1–5 years 5+ years Life
Individuals who have lived in an area for a short while may be less familiar with community resources and have a weaker support system.
5. Do you plan to stay in this area for the rest of your pregnancy? Yes No
If the client does not intend to remain in the area she will need assistance in arranging for transfer of her care and counselling on the value of adequate prenatal care.
6. Are you: Married Single Divorced/separated Widowed Other: _____
The response may give some indication of the client’s support system.
7. Who lives with you in your home?

Name	Relation	Age	Name	Relation	Age

This response should include all the people she lives with, not just a nuclear family. The response will give you some idea of the client’s support system, the reality of her home environment (especially important when considering referrals) and an opportunity to personalize your care by being able to refer to family members by name. Response to this question may be facilitated by having the patient complete this information on a separate piece of paper in the waiting room which can be copied into the chart.

8. Do any of your children or your partner’s children live with someone else? Yes No N/A
 If yes, explain: _____
A “yes” response may give some indication of her parenting skills if children have been formally removed from the home. Children left behind as a result of migration to this country may result in grief issues. See STT Guidelines: Psychosocial–Parenting Stress, New Immigrant.

ECONOMIC RESOURCES

9. Are you currently working? Yes No If yes, type of work and hours per week: _____
“Work” refers to paid efforts that can occur outside the home or within (child care, laundry, sewing, etc.). This information will help the assessor understand the economic resources of the family in addition to possible health risks for the client. It also provides an opportunity to discuss how long she plans to work. See STT Guidelines: Health Education–Workplace and Home Safety.
10. Do you plan to return to work after the baby is born? Yes No
If yes, this is an opportunity to discuss child care plans and make referrals to community resources as appropriate.

11. Will the father of the baby provide financial support to you and the baby? Yes No
In addition to adding another piece to the client's economic picture, it also gives some indication of the father's involvement. Consider not just dollar support, but groceries, transportation, etc.
12. Are you receiving any of the following: (Check all that apply.)

	Yes	No	Needs Information/ Referral
a. WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Food stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. AFDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Emergency food assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pregnancy-related disability insurance benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All clients on CPSP should be eligible for WIC and should be referred. The other items need to be individually evaluated. For assistance in making these referrals, see STT Guidelines: Psychosocial-Financial Concerns.

13. Do you have enough clothes for yourself and your family?
If no, see STT Guidelines: Psychosocial-Financial Concerns, for suggestions of resources.
14. Do you or others in your home skip meals due to lack of money?
If yes, keep this in mind when assessing nutritional status and also see STT Guidelines: Psychosocial-Financial Concerns, and Nutrition-Stretching Your Food Dollar, for suggestions.

HOUSING

15. What type of housing do you currently live in?
- Apartment House Hotel/motel Emergency shelter Public housing
 Traller park Car Farm worker camp Other: _____

Shaded responses are usually indicative of inadequate housing or transciency and can have serious impact on the client's health and well-being. Suggestions for referral resources can be found in STT Guidelines: Psychosocial-Financial Concerns.

16. Do you have the following where you live? (Check all that apply.)
- | | Yes | No | | Yes | No | | Yes | No |
|--------------|--------------------------|--------------------------|--------|--------------------------|--------------------------|------------|--------------------------|--------------------------|
| Tub/shower | <input type="checkbox"/> | <input type="checkbox"/> | Stove | <input type="checkbox"/> | <input type="checkbox"/> | Telephone | <input type="checkbox"/> | <input type="checkbox"/> |
| Electricity | <input type="checkbox"/> | <input type="checkbox"/> | Heat | <input type="checkbox"/> | <input type="checkbox"/> | Hot water | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerator | <input type="checkbox"/> | <input type="checkbox"/> | Toilet | <input type="checkbox"/> | <input type="checkbox"/> | Cold water | <input type="checkbox"/> | <input type="checkbox"/> |

Lack of items identified in shaded responses are important to know when providing instruction regarding personal care and nutritional counseling. Lack of a telephone may have important ramifications on the client's ability to report potential complications (preterm labor, urinary tract infection, bleeding, etc.); alternate methods of communication should be identified prior to their need. See also: STT Guidelines: Nutrition-Cooking and Food Storage.

17. Do you feel your current housing meets your basic needs? Yes No
Although previous questions should give the assessor a general sense of the adequacy of the client's home, this question permits the client to make her own assessment. What may seem inadequate to the assessor may not be a problem for the client.
18. Do you feel safe in your home? Yes No
 If no, why not? _____
Again, this question provides the client with an opportunity to express her own concerns and needs. In this case, "safety" refers to the environment (substandard housing, gang activity, drug-dealing, etc.) rather than domestic violence.
19. If there are guns in your home, how are they stored? _____
Guns should be kept in locked storage, preferably with trigger locks. This question may also include discussion about other dangerous weapons such as knives.

TRANSPORTATION

20. Will you have problems keeping your appointments? Yes No
If yes, is the problem: Transportation Child care Work School Other: _____
Important information to consider when making medical and support service appointments and for referrals.
21. When you ride in a car, how often do you use seat belts? Always Sometimes Never
An opportunity to determine if a discussion of the importance and proper use of seat belts is needed.
22. Will you be able to get a car safety seat for the new baby by the time it is born? Yes No
If no, this is an opportunity to determine if education is needed regarding the CA Carseat Safety laws and make referrals to local resources. See also STT Guidelines: Health Education–Infant Safety and Health.

CURRENT HEALTH PRACTICES

23. Have you ever had trouble finding a doctor or getting necessary treatment for yourself or your family? Yes No
If yes, please explain: _____
Difficulties with the health care system in the past may impact how the client perceives her current care and how she responds to referrals.
24. Have you been to the dentist in the last year? Yes No
If no, assist client to arrange dental care (see your provider's application for dental resources). Poor dental health can seriously impact the pregnant woman from chronic infection to impaired eating ability.
25. What do you do for exercise? _____ How often? _____
Regular exercise can give the client a sense of well-being and relaxation. For suggestions and cautions regarding exercise in pregnancy, see STT Guidelines: Health Education–Safe Exercise and Lifting.
26. Since you became pregnant have you used any over-the-counter medications? Yes No
If yes, what? _____ How much? _____ How often? _____
If yes, this is an opportunity to instruct the client on the hazards of OTC medications, and an opportunity to evaluate the need for medical evaluation of the condition for which she uses OTC's. For additional suggestions see STT Guidelines: Health Education–Drug and Alcohol Use.
27. Since you became pregnant have you used any prescription medications? Yes No
If yes, what? _____ How much? _____ How often? _____
If yes, see question 26 and make sure the medical provider is aware of this information.
28. In your home, how do you store: Vitamins _____
 Medications _____ Cleaning agents _____
All medications, even seemingly "mild" medications such as as vitamins and iron, should be stored in a secure location, such as a locked cabinet, if there are children in the home. Purses are not considered secure. Cleaning agents should be stored in their original containers, away from food, and secure from children. Plan the client's education according to her safety knowledge and habits.
29. Do you have exposure to chemicals:
a. At work? Yes No If yes, what? _____
b. At home? Yes No If yes, what? _____
c. With hobbies? Yes No If yes, what? _____
If yes, see STT Guidelines: Health Education–Workplace and Home Safety.

PREGNANCY CARE

30. Was this pregnancy planned? Yes No
31. How do you feel about being pregnant now? _____
32. Are you considering: Adoption? Yes No Abortion? Yes No
Questions 30, 31, and 32 will provide the assessor with information about the client's feelings regarding this pregnancy. For the client who is still ambivalent and/or considering adoption or abortion, refer to STT Guidelines: Psychosocial–Unwanted Pregnancy, for suggestions.

33. How does the father of the baby feel about this pregnancy? _____
- a. Your family? _____
- b. Your friends? _____
- Responses to these questions will provide the assessor with information regarding the client's support system and stressors she may be facing.*

34. Do you have any of the following problems now? (Check all that apply.)

- | | Yes | No | | Yes | No |
|-------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|
| a. Swelling of hands or feet | <input type="checkbox"/> | <input type="checkbox"/> | h. Heartburn | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Constipation | <input type="checkbox"/> | <input type="checkbox"/> | i. Backache | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Fatigue/sleeping problems | <input type="checkbox"/> | <input type="checkbox"/> | j. Vomiting | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Vaginal discharge/bleeding | <input type="checkbox"/> | <input type="checkbox"/> | k. Nausea | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Varicose veins | <input type="checkbox"/> | <input type="checkbox"/> | l. Headaches | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Hemorrhoids | <input type="checkbox"/> | <input type="checkbox"/> | m. <input type="checkbox"/> Other _____ | | |
| g. Leg cramps | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Evaluate "yes" responses on the basis of practice protocols. If appropriate for the assessor, many of these conditions can be addressed by suggestions as outlined in STT Guidelines: Nutrition.

35. In comparison to your previous pregnancies, is there anything you would like to change about the care you receive?
 Yes No N/A Please explain: _____
"Yes" answers provide assessor with information about past care that was not helpful to client so that these issues can be avoided with this pregnancy (if possible).

36. Do you have any traditional, cultural, or religious customs about pregnancy and childbirth you would like supported?
 Yes No Please explain: _____
Acknowledgement and support of cultural and religious customs important to the client will result in a client who will participate in her care. In some cases these customs may be in conflict with medical care, and it is important to evaluate these situations with the medical provider. For additional suggestions see STT Guidelines: First Steps—Cultural Considerations.

37. Who gives you the most advice about your pregnancy? _____

38. What have you been told that you think is important? _____

Questions 37 and 38 will identify who should also be involved in the client's care. It will be very difficult to provide perinatal education if your information conflicts with this person's advice.

39. Do you use any natural or herbal remedies (example: ginseng, manzanilla, greta, magnesium, yerba buena)?
 Yes No If yes, what and how often: _____
Herbal remedies need to be evaluated for potential harmful effects on the fetus.

40. Do you plan to have someone with you:
- a. During labor? Yes No Do not know
- b. When you first come home with the baby? Yes No Do not know

If the client cannot identify a support person for labor, the assessor should begin to explore possible resources for both the labor period and childbirth preparation classes. If no support in the immediate postpartum period, this is an opportunity to help the client explore who will be available to help her care for herself, the newborn, including breastfeeding, and other children, if any. See STT Guidelines: Psychosocial—Parenting Stress.

41. If you had a baby before, where was that baby(s) delivered?
 Hospital Clinic Home Other _____
- Were there any problems? Yes No

If yes, please explain: _____

An opportunity to identify problems and plan to avoid them with this pregnancy and/or identify positive experiences to draw upon.

42. Have you had any losses in past pregnancies such as:

	Yes	No		Yes	No		Yes	No
Miscarriages	<input type="checkbox"/>	<input type="checkbox"/>	Adoption	<input type="checkbox"/>	<input type="checkbox"/>	Abortion	<input type="checkbox"/>	<input type="checkbox"/>
Stillborn	<input type="checkbox"/>	<input type="checkbox"/>	SIDS	<input type="checkbox"/>	<input type="checkbox"/>			

If yes, what/who helped you get through this? _____
The client may have unresolved grief issues that can impact this pregnancy and the care of the newborn. It also identifies some strengths that may be helpful in addressing current issues. For additional suggestions see STT Guidelines: Psychosocial-Perinatal Loss.

43. If you have had other children, are they still living? Yes No N/A

If no, please explain: _____
Again, identifies possible unresolved grief issues and/or fears that may affect this pregnancy. See also question 42.

44. Besides having a healthy baby, what are your goals for this pregnancy? _____
An empowerment opportunity for the client. With assistance from the assessor, the client may be able to use this opportunity to make personal changes in her life, rather than focusing in on only a goal of "a healthy baby."

45. Do you plan to use a method of birth control after this pregnancy? Yes No Undecided
If yes, what method: Birth control pill Diaphragm Norplant IUD
 Foam and/or condoms Natural Family Planning Abstinence Sterilization Depoprovera
Each client should have the opportunity to make a fully informed decision about what method, if any, she wants to use postpartum. See STT Guidelines: Health Education-Family Planning Choices, for suggestions.

46. Have you ever had a sexually transmitted infection, such as gonorrhea, syphilis, chlamydia, herpes? Yes No
a. If yes, what and when: _____
b. Has your partner had a sexually transmitted infection? Yes No Do not know

47. Information given on HIV transmission, risk reduction behavior modification, methods to reduce the risk of perinatal transmission; counseling and referral to other HIV prevention and psychosocial services as needed; and referral for HIV testing. Yes No Initials: _____
Current state regulations require that all pregnant women, not just those who are at risk, receive counseling on the benefits of HIV testing and pregnancy, treatments available to women who test positive, and referral for HIV testing. This item permits the provider/practitioner to document that they have provided the woman the required services. For additional suggestions on providing HIV education, see STT Guidelines: Health Education-HIV and Pregnancy.

NUTRITION

48. Anthropometric data: (Complete the following.) Height _____ Current weight _____ Date _____
 Prepregnancy weight _____ Normal Underweight Overweight Very overweight
 Weight gain goal _____ Net weight gain _____ Adequate Inadequate Excessive
 Weight gain in previous pregnancies: lbs _____ Unknown N/A Weight grid plotted
This information helps determine weight gain goals for the pregnancy and necessary nutritional education. STT Guidelines can provide assistance in helping the assessor complete the weight gain grid and determining weight gain goals. Women who begin pregnancy underweight or overweight may need more comprehensive nutrition care.

49. Biochemical data: (Complete the following.)
 Blood: Date _____ Hgb/Hct _____ MCV _____ Glucose Screen _____
 Urine: Date _____ (Circle) Glucose + - Ketones + - Protein + -
Abnormal values need to be brought to the medical provider's attention and a plan developed to address needs.

50. Clinical data: (Indicate if any of the following apply.)
 Short pregnancy interval Anemia Diabetes: Prepregnancy Past pregnancy
 Serious infection Dental disease Hypertension: Prepregnancy Past pregnancy
 Hx low birth weight baby High parity (>4) Currently breastfeeding
 Age 17 years or less Digestive problems Hx intrauterine growth retardation
 Other medical/obstetrical problems: Past _____ Current _____
All of the above information has important implications in developing a nutritional care plan for the client. Site specific protocols should be reviewed to determine appropriate care, STT Guidelines: Nutrition-Prenatal Vitamin and Minerals, Iron and Calcium, can also offer suggestions for appropriate education and referrals.

51. Do you take prenatal vitamins? Yes No Do you take iron? Yes No Other? Yes No

52. How would you describe your appetite? Good Fair Poor
 Do you sometimes feel you can't stop eating? Yes No
Requires additional probing to determine if the client has concerns about or is experiencing an eating disorder.
53. Have your eating habits changed since you became pregnant? Yes No
 If yes, please explain: _____
Provides additional context to her response to question 52. It is important to know that a client's appetite was poor before she became pregnant vs. the client whose appetite changed as a result of pregnancy.
54. How many times per day do you usually eat? _____
Permits the assessor to develop nutritional recommendations that "fit" with the client's usual habits.
 Do you have questions or concerns about your weight and/or weight gain during pregnancy? Yes No
 If yes, please list: _____
Permits assessor to emphasize an appropriate weight gain goal. See STT Guidelines: Nutrition-Weight Gain During Pregnancy.
55. Have you had cravings for or eaten any of the following? (Circle all that apply.) Yes No
 laundry starch freezer frost comstarch clay paste plaster dirt other _____
"Yes" answers require evaluation to determine the extent of the problem and need for referral to the medical provider. Additional suggestions are in STT Guidelines: Nutrition-Pica, Possible Problems From Pica.
56. Do you have any food allergies? Yes No If yes, please explain: _____
 Are there any foods or beverages you avoid? Yes No If yes, please explain: _____
Requires evaluation as to impact on appropriate perinatal diet. See STT Guidelines: Nutrition-Lactose Intolerance, for additional suggestions.
57. Are you on a special diet? Yes No
 If yes, what kind? Weight loss Low salt Low fat/cholesterol Vegetarian Diabetic
 Other: _____
Requires evaluation as to impact on perinatal nutritional needs and development of client specific nutritional education. May also require referral for medical nutrition therapy.
58. If vegetarian, do you eat: Milk and dairy products Fish/chicken Eggs
Not all individuals define "vegetarian" in the same way. This question identifies the specifics of your client's vegetarian diet.
59. How many cups of the following do you drink in a day? _____ regular coffee _____ regular tea _____ sodas
General fluid intake is important for proper metabolic functioning. The specific beverages imbibed can indicate sources of excess sugars or caffeine. High diet soda intake may be as a result of a fear of having a larger baby and a perceived more difficult birth.
60. Who usually does the following in your home? Buys food: _____ Prepares food: _____
This information will provide the assessor with some indication as to the control the client has over what food is purchased and how it is prepared.
61. Dietary intake: (check all that apply)
- | | | | | |
|---------------|------------------------------------|-------------------------------------|--|---|
| | <input type="checkbox"/> Vitamin A | <input type="checkbox"/> Vitamin C | <input type="checkbox"/> Other fruits and vegetables | <input type="checkbox"/> Bread/grain/cereal |
| LOW | <input type="checkbox"/> Protein | <input type="checkbox"/> All groups | <input type="checkbox"/> Fluid | <input type="checkbox"/> Milk |
| | <input type="checkbox"/> Iron | <input type="checkbox"/> Fiber | | |
| EXCESS | <input type="checkbox"/> Fat | <input type="checkbox"/> Sugar | <input type="checkbox"/> Salt | <input type="checkbox"/> High Kcal. |
- Excess: fat, sugar, salt, high Kcal*

INFANT FEEDING

62. If you have other children, did you breastfeed, or try to breastfeed them? Yes No N/A
 Did you have trouble breastfeeding? Yes No How long did you breastfeed? _____
Provides an opportunity to build on previous positive experiences and/or evaluate difficulties and provide education to support breastfeeding. For additional suggestions, see STT Guidelines: Nutrition-Breastfeeding reference.
63. How are you planning to feed your new baby?
 Breast Formula Both breast and formula Other: _____ Do not know
All women should be provided basic breastfeeding information so they can make an informed decision. The client who plans to give both breast and formula may be inadvertently sabotaging her breastfeeding efforts and probably needs additional assistance in clarifying her decision. See STT Guidelines: Health Education-Infant Feeding Decision-Making.

WIC REFERRAL

COPING SKILLS

64. In the past month, how often have you felt that you could not control the important things in your life?
 Have you felt that way: very often often sometimes rarely never
This question permits the client to give her evaluation of her emotional status. Shaded responses should be further explored to determine if this is a long-standing issue or more related to the emotional swings of early pregnancy.

65. What things in your life do you feel good about? _____
Provides that assessor with an opportunity to build on positives in the client's life.

66. Are you currently having any of these problems: (Check all that apply.)
- | | Yes | No | | Yes | No |
|---------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|
| a. Financial difficulties | <input type="checkbox"/> | <input type="checkbox"/> | f. Unemployment | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Housing problems | <input type="checkbox"/> | <input type="checkbox"/> | g. Immigration | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorce/separation | <input type="checkbox"/> | <input type="checkbox"/> | h. Legal | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Recent death | <input type="checkbox"/> | <input type="checkbox"/> | i. Probation/parole | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Illness | <input type="checkbox"/> | <input type="checkbox"/> | j. Child Protective Services | <input type="checkbox"/> | <input type="checkbox"/> |

Any "yes" responses can provide stress for the client. Suggestions for referrals can be found in STT Guidelines: Psychosocial-Financial Concerns, Legal/Advocacy Concerns, New Immigrant, Depression.

67. What things in your life would you like to change? _____
Provides information on patient hopes and values. Changes that can be attached to these values have a higher probability of success.

68. What do you do when you are upset? _____

69. What do you and your partner do when you have disagreements? _____

70. Do you ever feel afraid or threatened by your partner? Yes No
 If yes, please explain: _____

71. Within the last year have you been hit, slapped, kicked, or physically hurt by someone? Yes No
 If yes, please explain: _____

72. Have you ever been a victim of violence and/or sexual abuse? Yes No

73. Have your children ever been victims of violence and/or sexual abuse? Yes No

74. Have your parents been victims of violence and/or sexual abuse? Yes No
Questions 67-73 help the assessor determine the potential and/or presence of domestic violence in the client's relationships. Interventions should be based on legal mandates and practice specific protocols. Additional information is available in STT Guidelines: Psychosocial-Spousal/Partner Abuse.

75. Do you ever get depressed? Yes No

76. Have you ever felt so bad you planned or attempted suicide? Yes No

77. Have you ever talked to a counselor? Yes No
 If yes, please explain: _____

78. Would you feel comfortable talking to a counselor if you had a problem? Yes No
Provides information on patient's history of serious mental illness and what range of referrals might be possible. For additional information, see STT Guidelines: Psychosocial-Emotional or Mental Health Concerns, Depression.

TOBACCO, DRUG, AND ALCOHOL USE

79. Do you smoke cigarettes? Yes No
 If yes, how many cigarettes per day? _____ for how many years? _____
It is important to document carefully the client's smoking history, not just whether she smokes or not. Interventions for someone who smokes one-two cigarettes/week are likely to be different from someone who smokes two packages/day.

80. Are you exposed to secondhand smoke at home or at work? Yes No
Secondhand smoke can have serious effects on both the mother and the fetus. To help the client identify such exposure and develop a plan to avoid such exposure, see STT Guidelines: Health Education-Secondhand Tobacco Smoke.

81. Are you using chewing tobacco? Yes No
The woman who uses chewing tobacco avoids possible lung problems, she and her fetus are still exposed to the harmful effects of nicotine. Some of the suggestions in STT Guidelines: Health Education-Tobacco Use, may also be helpful for this client.

82. If you smoke cigarettes or chew tobacco, have you:
 Considered quitting Set a definite date to quit Decided to cut down Decided not to quit at this time
The education and support you provide a client around tobacco use varies in relation to desire to quit. For suggestions for each of the above situations, see STT Guidelines: Health Education–Tobacco Use.
83. How often do you drink alcohol (beer, wine, wine coolers, hard liquor, mixed drinks)?
 Daily Weekends 1–2 times per month Rarely or never
84. Have your alcohol habits changed since you got pregnant?..... Yes No
 If yes how? _____
85. Are you interested in stopping or cutting down while you are pregnant? Yes No
86. Have you ever used street drugs (marijuana, cocaine, PCP, crack, speed, crank, ice, heroin, LSD, other)? Yes No
 a. If yes, what: _____ How often? _____
 b. Are you interested in quitting? Yes No
Questions 82–85 provide information on the client's previous and past use of drugs and alcohol. To assist the client in deciding to quit and support her through that process, see STT Guidelines: Health Education–Drug and Alcohol Use.
87. If your partner uses drugs or alcohol, does this create problems for you? Yes No
The client may not use drugs or alcohol but her partner may and this can cause significant problems for her: stress, domestic violence, misuse of family income, etc. See pertinent sections of STT Guidelines for additional suggestions.

EDUCATION AND LANGUAGE

88. Years of education completed: 0–8 years 9–11 years 12–16 years 16+ years
Determining the client's level of education may give the assessor some idea as to the client's reading and comprehension levels, although this will probably require additional evaluation.
 a. Are you currently enrolled in school? Yes No N/A
 b. Will you return to school after the baby is born? Yes No N/A
These questions are particularly important for teen clients, who should be encouraged to participate in school pregnant minor programs. Older clients who have not completed high school or equivalence may want to consider attending night school or other independent learning centers particularly if they are interested in achieving changes in their lives.
89. What language do you prefer to speak: English Other _____
90. What language do you prefer to read: English Other _____
To achieve maximum benefit from interventions and education, services must be presented in a spoken or written language that is understandable to the client. For additional suggestions, see STT Guidelines: First Steps–No Language in Common with Staff, Low Literacy Skills (for those patients with low or no reading ability in any language).
91. Which of the following best describes how you read:
 Like to read and read often Can read but do not read often Do not read
The client's ability to read is separate from her interest in reading. Providing written materials to someone who does not read or who does not like to read is inappropriate. Written materials at a high reading level may also be inappropriate.

EDUCATIONAL INTERESTS

92. Do you have experience with or have you received education in any of the following topics in the past (Column A—Do you know about?), or would like additional information during this pregnancy (Column B—Would you like more information?); both columns may be marked:

TOPIC	COLUMN A Have Previous Experience/ Do You Know About?	COLUMN B Would You Like More Information?
How your baby grows (fetal development)		
How your body changes during pregnancy		
Healthy habits for a healthy baby		
What you should eat while you are pregnant		
Gaining weight in pregnancy		
What happens during labor and delivery		
What you need to know about preterm (premature) labor		
Hospital tour		
How to take care of yourself after the baby comes		
Breastfeeding		
Infant feeding		
Circumcision		
Helping your other children get ready for the new baby		
Information about car seats/passenger safety		
How to take care of your baby and keep it safe		

The educational plan for the client should be based on her interests, previous education, and experience.

93. Will you have any difficulties (language/transportation) scheduling/attending classes? Yes No

94. Will someone be able to attend classes with you? Yes No
Who? _____

Your practice may have a fine education program but it will not help the client who is not able to attend such classes. The impact of the education will be enhanced if someone can attend with her, and support information given when she is at home.

95. Is there anything special you would like to learn about? _____
This offers the client an opportunity to customize her education.

96. How do you like to learn new things? (Check all that apply.)
 Read Talk one-on-one Group education Pictures and diagrams
 Watch a video Being shown how to do it Other _____
The client will learn best if material is presented in a manner that is most acceptable to her.

97. Do you have any mental, emotional, or physical conditions, such as learning disabilities, Attention Deficit Disorder, depression, hearing, or vision, that may affect the way you learn? Yes No
If yes, please explain: _____

Again, if the client has any of these problems, her education may have to be tailored to her specific needs to be of value to her.

In developing a health education plan, also consider:

Does the client have a medical problem or other risk factors related to pregnancy that requires education (i.e.: history of genetic disorder, diabetes, previous preterm labor, hypertension, etc.). This information may be located on the obstetric medical history form and/or question 50.

These issues may require specialized education.

Assessment completed by:

Name Date Minutes

Title



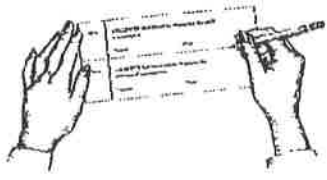
Patient's name _____
(Please print)

ID# _____

CONSENT/REFUSAL

FOR THE CALIFORNIA EXPANDED AFP SCREENING PROGRAM

1. I have read the information about the California Expanded AFP Screening Program which is contained in this booklet (or have had it read to me by _____).
2. I have been informed that:
 - a) the purpose of the California Expanded AFP Screening Program is to detect most fetuses with neural tube defects, abdominal wall defects, Down syndrome, and trisomy 18. However, not all such defects can be detected by the Program.
 - b) there are other birth defects that cannot be detected by this Program.
 - c) if the result is "screen positive", I will need to make a decision regarding follow-up testing. Authorized follow-up tests are covered by the Program and will be discussed with me in more detail.
 - d) if the result is "screen negative", the Program will not pay for any follow-up testing.
 - e) if the fetus is found to have a birth defect, the decision to continue or terminate the pregnancy will be entirely mine.
 - f) participation in the California Expanded AFP Screening Program is voluntary. I can refuse any tests at any time.



(over)

PATIENT'S COPY PAGE 2

3. I have read the detection rates for certain birth defects as they are described in this booklet.
4. I have been informed that a blood specimen for the California Expanded AFP Screening Program is only reliable between 15 and 20 weeks of pregnancy.
5. I have had my questions answered to my satisfaction.

YES	<p>I request that blood be drawn for the Expanded AFP Screening Program.</p> <p>Signed _____ Date _____</p> <p>I should have my blood drawn between _____ and _____</p> <p style="text-align: center;">month day year month day year</p>
NO	<p>I request that blood <u>not</u> be drawn for the Expanded AFP Screening Program.</p> <p>Signed _____ Date _____</p>

I understand that the blood specimen and information obtained during the testing process become the property of the California Department of Health Services. They may be used for program evaluation or research by the Department or Department-approved scientific researchers without identifying the person or persons from whom these results were obtained, unless I specifically prohibit such use in writing. All information procured by the Department of Health Services, or by any other person, agency or organization acting jointly with the Department in connection with such special studies, shall be confidential. I may obtain additional information about the study or prohibit the use of my specimen by writing George Cunningham, MD, M1 Genetic Disease Branch, 2151 Berkeley Way, Annex 4, Berkeley, CA 94704.

If new information becomes available about a birth defect detected during this pregnancy, the information may be sent to me unless I specifically prohibit it by writing to George Cunningham, MD, MPH at the above address.

A Test Your New Baby Must Have

Soon after birth, your baby will have a blood test. In California, the law requires that your baby have this Newborn Screening Test for:

- PKU
- Galactosemia
- Hypothyroidism
- Sickle Cell Disease and other Hemoglobin Diseases

Your baby will also need regular well-baby care to check for other health problems.

Make Sure Your Baby Is Tested

Babies can look very healthy at birth and still have one of these disorders. That is why your baby will be tested before leaving the hospital. Ask your doctor or midwife to make sure the test is done.

Babies not born in the hospital must also have this test. It should be done before your baby is six days old. Call your doctor or health department to have your baby tested.

The Test Is Safe

A few drops of blood will be taken from your baby's heel. This is a simple and safe test. The blood will be sent to a State approved lab for testing.

How Much Does The Test Cost?

The fee is subject to change. Please check with your doctor or hospital for the current cost of the test. Medi-Cal, health plans and most private insurance will pay for the test.



How Can I Get The Results?

You can get the test results from your baby's doctor or clinic. It takes about two weeks. If your baby needs more tests you will get a letter or phone call.

If you move after the test is done, make sure your baby's doctor or the clinic staff has your new address and phone number.

Can I Say No To The Test?

You can only say no for religious reasons. If you say "no" you must sign a special form that says your hospital, doctor and the clinic staff are not responsible if your baby develops problems from these disorders.

Early Treatment Can Prevent Serious Problems

These disorders can cause serious health problems. But early treatment can help your baby. Free diagnosis for positive tests is available at a California Childrens Services-approved hospital in your area.

- PKU (Phenylketonuria)
Babies born with PKU have problems when they eat foods high in protein like milk, including breast milk and formula, meat, eggs and cheese. Without treatment these babies become mentally retarded.

- Galactosemia
Babies with this disorder cannot use some of the sugars in milk, formula, and breast milk and other foods. This disorder harms the baby's eyes, liver and brain. A special diet can prevent these problems.

- Hypothyroidism
Babies born with this problem lack a thyroid hormone. Without this hormone they grow very slowly and become mentally retarded. This can be prevented by giving the baby special medicine every day.

- Sickle Cell Disease and other Hemoglobin Diseases
These diseases affect the baby's red blood cells. These babies can get very sick and even die from common infections. Most infections can be prevented with antibiotics. Affected babies also need lifelong care for problems caused by these diseases.

The information collected in this program is maintained by the Department of Health Services Genetic Disease Branch, 2151 Berkeley Way, Berkeley, CA 94704, (510) 540-2534. The chief of the Genetic Disease Branch is George Cunningham, M.D. Information is collected under the authority of the Health and Safety Code Sections 150,151, 211.1 and 309 and is used to identify infants at risk of birth defects in order to develop programs to prevent such defects. Provision of this information is required by law (17 CCR 6500 through 6507) and if not provided, could result in death or permanent handicap for affected infants.

Unless the person or his/her legally authorized representative specifically prohibits such use in writing, the blood specimen and information obtained during the testing process becomes the property of the State and may be used for program evaluation or research by the Department or Department-approved scientific researchers to improve the health of mothers and children. Such studies are published without identifying the person or persons from whom the results were obtained.

AMERICANS WITH DISABILITIES ACT
*Notice and Information Access Statement
Policy of Nondiscrimination on the Basis of Disability
and Equal Employment Opportunity Statement*

The Department of Health Services, State of California does not discriminate on the basis of disability in employment or in the admission and access to its programs or activities.

Pliny A. Young, Deputy Director, Office of Civil Rights, 714 P Street, Room 1050, Sacramento, CA 95814 has been designated to coordinate and carry out the agency's compliance with the nondiscrimination requirements of Title II of the Americans with Disabilities Act (ADA). Information concerning the provisions of the ADA, and the rights provided thereunder, are available from the ADA Coordinator.

dhc-1p

Governor Pete Wilson

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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
Please Check Product: KFHC Medi-Cal

Urgent/Expedited

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):	ICD-10 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"/> Podiatry	<input type="checkbox"/> Pulmonology	<input type="checkbox"/> Radiology
<input type="checkbox"/> Urology	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Physical Therapy		
Requested Provider:	Phone:	Fax:
Address:		

INFORMATION BELOW MUST BE COMPLETED TO PROCESS SERVICE REQUEST

Diagnosis / Clinical Problem:

Clinical History / Date of Onset:

KFHC Date Rec'd Stamp

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:

Approved Denied Modified Withdrawn Delayed Duplicate Request Disenrolled

Auth # _____

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.



KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Behavioral Health Therapy and Behavioral Intervention Services				POLICY #: 3.72-P	
DEPARTMENT: Health Services - Utilization Management					
Effective Date:	Review/Revised Date:	DMHC		PAC	
2018-04	04/22/2019	DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

[Signature]
Chief Executive Officer

Date 4/22/19

[Signature]
Chief Medical Officer

Date 4/22/19

[Signature]
Senior Director of Health Services

Date 3/29/19

POLICY:

Kern Health Systems (KHS) will develop and implement procedures for the identification and provision of medically necessary Behavioral Health Treatment (BHT) and Behavioral Intervention Services (BHT/BIS) to eligible Medi-Cal members under 21 years of age as required by the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate. Upon renewals for the 1915(c) Home and Community-Based Services Waiver and 1915(i) Home and Community-Based Services State Plan Amendment (SPA), The Centers for Medicare and Medicaid Services (CMS) asserted that under the EPSDT benefit, KHS will cover medically necessary BHT/BIS for all members under 21 years of age.

BHT/BIS are defined as professional services and treatment programs, including but not limited to Applied Behavioral Analysis (ABA) and other evidence-based behavior intervention programs that develop or restore, to the maximum extent practicable, the functioning of an individual with or without the diagnosis of Autism Spectrum Disorder.

The Centers for Medicare and Medicaid Services (CMS) guidance clarified that all children must receive EPSDT screenings designed to identify health and developmental issues as early as possible. All children enrolled in Medicaid (Medi-Cal) must be screened at regular intervals in accordance with

recommendations for preventive pediatric health care developed by the American Academy of Pediatrics “Bright Futures” guidelines. When a screening examination indicates the need for further evaluation of a child’s health, the child must be appropriately referred for medically necessary diagnosis and treatment without delay.

DEFINITIONS:

<p>BHT/BIS is the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the direct observation, measurement and functional analysis of the relations between environment and behavior. BHT/BIS teach skills through the use of behavioral observation and reinforcement, or through prompting to teach each step of targeted behavior. BHT/BIS are based on reliable evidence and are not experimental. BHT/BIS include a variety of behavioral interventions that have been identified as evidenced-based by nationally recognized research reviews and/or other nationally recognized scientific and clinical evidence and are designed to be delivered primarily in the home and in other community settings.</p>
<p>The Centers for Medicare and Medicaid Services (CMS) released guidance regarding the coverage of BHT/BIS pursuant to Section 1905(a) (4) (B) of the Social Security Act (SSA) for EPSDT. Section 1905(r) of the 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 service listed in Section 1905(a) of the SSA that is determined to be medically necessary to correct or ameliorate any physical or behavioral conditions.</p>
<p>The EPSDT benefit is more robust than the Medicaid benefit package required for adults and is designed to ensure that children 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. When medically necessary, states may not impose limits on EPSDT services and must cover services listed in Section 1905(a) of the SSA regardless of whether or not they have been approved under a State Plan Amendment (SPA).</p>

1.0 PROCEDURES:

In accordance with existing Medi-Cal contracts and federal EPSDT requirements, KHS is responsible for the provision of EPSDT services for members under 21 years of age (see APL 18-007 Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members under the Age of 21 for additional information).

KHS will:

- 1) Inform members that EPSDT services are available for members under 21 years of age.
- 2) Provide access to comprehensive screening and prevention services, at designated intervals or at other intervals indicated as medically necessary, in accordance with the most current Bright Futures periodicity schedule, including, but not limited to:
 - a health and developmental history

- a comprehensive unclothed physical examination
 - appropriate immunizations
 - lab tests and lead toxicity screening
 - screening services to identify developmental issues as early as possible.
- 3) Provide access to medically necessary diagnostic and treatment services, including but not limited to, BHT/BIS based upon a recommendation of a licensed physician and surgeon or a licensed psychologist.

The provision of EPSDT services for members under 21 years of age, which includes medically necessary, evidence-based BHT/BIS that prevent or minimize behavioral conditions and promote, to the maximum extent practicable, the functioning of a member, will become the responsibility of KHS effective on the date of the member's transition from the Regional Center (RC), or for new members, upon KHS enrollment. KHS will ensure that appropriate EPSDT services are initiated in accordance with timely access standards as set forth in KHS's DHCS contract.

2.0 CRITERIA FOR BHT/BIS SERVICES

In order to be eligible for BHT/BIS, a Medi-Cal beneficiary must meet all of the following coverage criteria: 1) Be under 21 years of age.

- 1) Have a recommendation from a licensed physician and surgeon or a licensed psychologist that evidence-based BHT/BIS are medically necessary.
- 2) Be medically stable.
- 3) Be without a need for 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities (ICF/ID).

KHS is responsible for coordinating the provision of services with the other entities to ensure that KHS and the other entities are not providing duplicative services

3.0 COVERED SERVICES AND LIMITATIONS

Medi-Cal covered BHT/BIS services must be:

- 1) Medically necessary to correct or ameliorate behavioral conditions as defined in Section 1905(r) of the SSA and as determined by a licensed physician and surgeon or licensed psychologist.
- 2) Delivered in accordance with the member's KHS-approved behavioral treatment plan.
- 3) Provided by California State Plan approved providers as defined in SPA 14-026.9
- 4) Provided and supervised according to a KHS-approved behavioral treatment plan developed by a BHT/BIS provider credentialed as specified in SPA 14-026 ("BHT Service Provider").

BHT/BIS are provided under a behavioral treatment plan that has measurable goals over a specific timeline for the specific member being treated and that has been developed by a BHT/BIS Provider. The behavioral treatment plan must be reviewed, revised, and/or modified no less than once every six months by a BHT/BIS Provider. The behavioral treatment plan may be modified if medically necessary. BHT/BIS may be discontinued when the treatment goals are achieved, goals are not met, or services are no longer medically necessary.

The following services do not meet medical necessity criteria or qualify as Medi-Cal covered BHT/BIS for reimbursement:

- 1) Services rendered when continued clinical benefit is not expected.
- 2) Provision or coordination of respite, day care, or educational services, or reimbursement of a parent, legal guardian, or legally responsible person for costs associated with participation under the behavioral treatment plan.
- 3) Treatment whose sole purpose is vocationally- or recreationally-based.
- 4) Custodial care. For purposes of BHT/BIS, custodial care:
 - Is provided primarily for maintaining the member's or anyone else's safety.
 - Could be provided by persons without professional skills or training.
- 5) Services, supplies or procedures performed in a non-conventional setting, including, but not limited to, resorts, spas and camps.
- 6) Services rendered by a parent, legal guardian or legally responsible person.
- 7) Services that are not evidence-based behavioral intervention practices.

4.0 BEHAVIORAL TREATMENT PLAN

BHT/BIS must be provided, observed and directed under an approved behavioral treatment plan. The approved behavioral treatment plan must meet the following criteria:

- 1) Be developed by a BHT/BIS Provider for the specific member being treated.
- 2) Include a description of patient information, reason for referral, brief background information (e.g., demographics, living situation, home/school/work information), clinical interview, review of recent assessments/reports, assessment procedures and results, and evidence-based BHT/BIS.
- 3) Be person-centered and based upon individualized, measurable goals and objectives over a specific timeline.
- 4) Delineate both the frequency of baseline behaviors and the treatment planned to address the behaviors.
- 5) Identify measurable long-, intermediate-, and short-term goals and objectives that are specific, behaviorally defined, developmentally appropriate, socially significant, and based upon clinical observation.
- 6) Include outcome measurement assessment criteria that will be used to measure achievement of behavior objectives.
- 7) Include the current level (baseline, behavior parent/guardian is expected to demonstrate, including condition under which it must be demonstrated and mastery criteria [the objective goal]), date of introduction, estimated date of mastery, specify plan for generalization and report goal as met, not met, modified (include explanation).
- 8) Utilize evidence-based BHT/BIS with demonstrated clinical efficacy tailored to the member.
- 9) Clearly identify the service type, number of hours of direct service(s), observation and direction, parent/guardian training, support and participation needed to achieve the goals and objectives, the frequency at which the member's progress is measured and reported, transition plan, crisis plan, and each individual BHT/BIS provider responsible for delivering the services.
- 10) Include care coordination involving the parents or caregiver(s), school, state

- disability programs and others as applicable.
- 11) Consider the member's age, school attendance requirements, and other daily activities when determining the number of hours of medically necessary direct service and supervision.
 - 12) Deliver BHT/BIS in a home or community-based setting, including clinics. Any portion of medically necessary BHT/BIS that are provided in school must be clinically indicated as well as proportioned to the total BHT/BIS received at home and community.
 - 13) Include an exit plan/criteria.

Individual treatment plans for every member receiving BHT services will be tracked and reviewed at the plan level at least every 6 months to ensure a Qualified Autism service provider is involved in the development, execution, and modification of services received. In addition, treatment plans will be audited by the plan to ensure a crisis plan is outlined for each member.

The process for tracking individual treatment plans will be performed either through a manual spreadsheet or through an automated process within the Medical management platform, as available, to ensure uninterrupted services.

5.0 CONTINUITY OF CARE

Continuity of care requirements for new members who did not receive BHT/BIS from an RC prior to July 1, 2018, are set forth in APL 18-008, Continuity of Care for Medi-Cal Members Who Transition into Medi-Cal Managed Care.

Members under 21 years of age transitioning from an RC to KHS will not have to independently request continuity of care from KHS. Instead, KHS will automatically initiate the continuity of care process prior to the member's transition to KHS for BHT/BIS.

At least 45 days prior to the transition date, DHCS will provide KHS with a list of members for whom the responsibility for BHT/BIS will transition from the RC to KHS, as well as member-specific utilization data. The utilization data file will include information about services and rendering providers recently accessed by members. KHS will be required to utilize the data and treatment information provided by DHCS, the RC, or the rendering provider to determine BHT/BIS needs and associated rendering providers. This information should be used to determine if the current BHT/BIS provider is in KHS's network and if a continuity of care arrangement is necessary. KHS will make a good faith effort to proactively contact the provider to begin the continuity of care process.

KHS will offer members continued access to an out-of-network provider of BHT/BIS (continuity of care) for up to 12 months, in accordance with existing contract requirements and APL 18-008, if all of the following conditions are met:

- 1) The member has an existing relationship with a qualified provider of BHT/BIS. An existing relationship means the member has seen the provider at least one time during the six months prior to either the transition of services from the RC to KHS or the date of the member's initial enrollment with KHS if enrollment occurred on or after July 1, 2018.
- 2) The provider and KHS can agree to a rate, with the minimum rate offered by KHS being the established Medi-Cal fee-for-service (FFS) rate for the applicable BHT/BIS.

- 3) The provider does not have any documented quality of care concerns that would cause him/her to be excluded from KHS's network.
- 4) The provider is a California State Plan approved provider.
- 5) The provider supplies KHS with all relevant treatment information for the purposes of determining medical necessity, as well as a current treatment plan, subject to federal and state privacy laws and regulations.

Additionally, if a member has an existing relationship, as defined above, with an in-network BHT/BIS provider, KHS will assign the member to that provider to continue BHT services.

BHT/BIS should not be discontinued or changed during the continuity of care period until a new behavioral treatment plan has been completed and approved by KHS, regardless of whether the services are provided by the RC provider under continuity of care or a new, in-network KHS provider.

If a continuity of care agreement cannot be reached with the RC provider by the date of transition to KHS, then KHS will appropriately transition the member to a new, in-network BHT/BIS provider and ensure that neither a gap nor a change in services occurs until such time as KHS approves a new assessment and behavioral treatment plan from an in-network BHT/BIS provider.

6.0 OUTBOUND CALL CAMPAIGN

To inform members who are transitioning from RCs of their automatic continuity of care rights, KHS will conduct an Outbound Call Campaign, as described below. KHS will must:

- 1) Call the member (or his/her parent/guardian) after 60-day member informing notices are mailed and prior to the date of transition.
- 2) Make five call attempts to reach the member (or his/her parent/guardian).
- 3) Inform the member of the transition and the continuity of care process.
- 4) Not call members who have explicitly requested not to be called.

7.0 REPORTING AND MONITORING

KHS will report metrics to DHCS related to the requirements outlined in this APL in a manner determined by DHCS.

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 applicable APLs, Policy Letters, and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

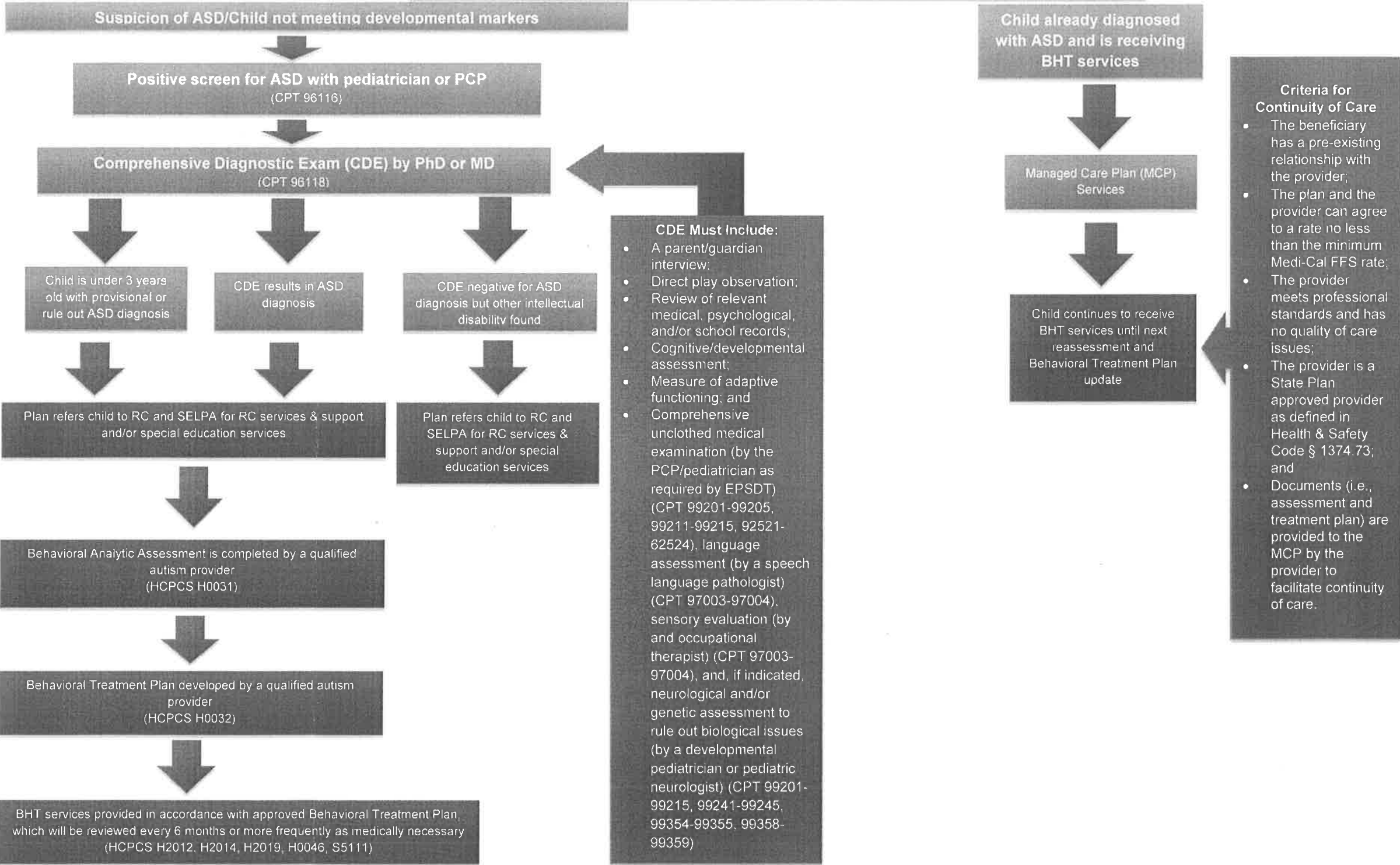
ATTACHMENTS:

- *Attachment A: ASD Screening, Diagnosis and Treatment Protocol*
- *Attachment B: FBA Tracking Log example*

Revision 03/2019: Revisions by Senior Director of Health Services to comply with DHCS audit CAP. **Revision 04/2018:** Revisions provided by Administrative Director of Health Services. Policy created in accordance with APL 18-006. **Revision 01/2018:** Revisions provided by Administrative Director of Health Services. Policy created in accordance with APL 14-011.

20xx DHS Contract A-x(x)
20xx DHS Contract A-x(x)

Autism Spectrum Disorder (ASD) Screening, Diagnosis and Treatment Protocol





KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS				
POLICY AND PROCEDURES				
SUBJECT: Diabetes Prevention Program			POLICY #: 3.90-P	
DEPARTMENT: Disease Management				
Effective Date:	Review/Revised Date:	DMHC		PAC
1/1/2019	01/17/2019	DHCS		QI/UM COMMITTEE
		BOD		FINANCE COMMITTEE

[Signature] Date 1/17/19
 Chief Executive Officer

[Signature] Date 1/16/19
 Chief Medical Officer

[Signature] Date 1/14/19
 Director of Provider Relations

[Signature] Date 1/7/19
 Senior Director of Health Services

POLICY:

Commencing January 1, 2019, Kern Health Systems (KHS) will cover the Diabetes Prevention Program (DPP) benefit and make it available to eligible members. KHS will comply with requirements for the DPP benefit as outlined in the Department of Health Care Services (DHCS) All Plan Letter 18-018 and all future Medi-Cal News Flash updates, Provider Bulletins, and Provider Manual updates on the Medi-Cal website.

The DPP is an evidence-based lifestyle change program, taught by peer coaches, designed to prevent or delay the onset of type 2 diabetes among individuals diagnosed with prediabetes. The Centers for Disease Control and Prevention (CDC) established the National DPP1 and set national standards and guidelines, also known as the CDC Diabetes Prevention Recognition Program (DPRP) for the effective delivery of the National DPP lifestyle change program. DHCS has authorized the implementation of the DPP pursuant to Welfare and Institutions Code (WIC) Section 14149.93 as revised by Senate Bill 97 (Chapter 52, Statutes of 2017)4 and Assembly Bill 1810 (Chapter 34, Statutes of 2018).

DEFINITIONS:

Eligible Program Participant (for inclusion in KHS DPP)	<p>A participant who meets the requirements for age, BMI, and prediabetes/risk determination. The participant cannot be pregnant or diagnosed with type 1 or type 2 diabetes at the time of enrollment. If a participant becomes pregnant or is diagnosed with type 2 diabetes during the program, they may continue participation, but their data will not be included in the evaluation.</p>
The National DPP lifestyle change program (lifestyle change program)	<p>The translated adaptation of the DPP lifestyle intervention which: is a yearlong structured program (in-person, online, combination, or other as defined in the DPRP Standards and Operating Procedures) consisting of:</p> <ul style="list-style-type: none"> • An initial 6-month phase offering at least 16 sessions over 16–26 weeks and • A second 6-month phase offering at least one session a month (at least 6 sessions). • Is facilitated by a trained Lifestyle Coach/Peer Counselor • Uses a CDC-approved curriculum. • Includes regular opportunities for direct interaction between the Lifestyle Coach and participants. • Focuses on behavior modification, managing stress, and social support.

PROCEDURES:

I. MEMBER ELIGIBILITY CRITERIA

KHS Members must meet the most current CDC DPRP participant eligibility requirements to qualify for the DPP benefit. A Member who meets the requirements for age, BMI, and prediabetes/risk determination will be considered eligible for the KHS DPP. The Member cannot be pregnant or diagnosed with type 1 or type 2 diabetes at the time of their enrollment. If a participant becomes pregnant or is diagnosed with type 2 diabetes during the program, they may continue participation, but their data will not be included in the evaluation of the Program.

KHS will enroll Members according to the following requirements

- A. All of a Members must be 18 years of age or older and not pregnant at time of enrollment. This programs is intended for adults at high risk for developing type 2 diabetes.
- B. All of a KHS DPP participants will have a body mass index (BMI) of $\geq 25 \text{ kg/m}^2$ ($\geq 23 \text{ kg/m}^2$, if Asian American).
- C. All of the KHS DPP's participants must be considered eligible based on either:
 1. A recent (within the past year) blood test (may be self-reported for CDC recognition purposes; but, for Medicare DPP suppliers, a self-reported blood test is not permitted) meeting one of these specifications:
 - a. Fasting glucose of 100 to 125 mg/dl (CMS eligibility requirement for Medicare DPP suppliers is 110 to 125 mg/dl)
 - b. Plasma glucose measured 2 hours after a 75 gm glucose load of 140 to 199 mg/dl

- c. A1c of 5.7 to 6.4
 - d. Clinically diagnosed gestational diabetes mellitus (GDM) during a previous pregnancy or
2. A positive screening for prediabetes based on the CDC Prediabetes Screening Test or a screening result indicating high risk for type 2 diabetes on the hard copy or electronic version of the American Diabetes Association Type 2 Diabetes Risk Test
- D. DPP participants cannot have a previous diagnosis of type 1 or type 2 diabetes prior to enrollment.
- E. A health care professional may refer potential participants to the KHS DPP, but a referral is not required for participation in the program.

Participants who develop type 2 diabetes while in the KHS DPP will be referred to their primary care provider for referrals to ADA-recognized or AADE-accredited diabetes self-management education and support (DSMES) programs and other resources such as medical nutrition therapy as appropriate.

Lifestyle change programs for type 2 diabetes prevention emphasize weight loss and are not appropriate for women who are currently pregnant. KHS DPP participants who become pregnant may continue at the discretion of their health care provider and the CDC-recognized program delivery organization.

II. DIABETES PREVENTION PROGRAM PROVIDERS

KHS will ensure that DPP providers comply with the most current CDC DPRP guidelines and obtain pending, preliminary, or full CDC recognition. KHS DPP providers will deliver direct services to members through sessions taught by peer coaches.

KHS DPP providers must use a CDC-approved lifestyle change curriculum that does all of the following:

- Emphasizes self-monitoring, self-efficacy, and problem solving;
- Provides for coach feedback;
- Includes participant materials to support program goals; and
- Requires participant weigh-ins to track and achieve program goals.

III. PEER COACHES

DPP sessions provided to KHS Members must be taught by peer coaches, also known as lifestyle coaches, who promote realistic lifestyle changes, emphasize weight loss through healthy eating and physical activity, and implement the DPP curriculum. A peer coach may be a physician, non-physician practitioner, or an unlicensed person who is trained to deliver the required curriculum content and who possesses the skills, knowledge, and qualities specified in the most current CDC DPRP guidelines.

IV. PROGRAM STRUCTURE

KHS will cover a minimum of 22 DPP sessions for the first 12 months of the DPP benefit. Months 1 through 12, known as the core services period, will typically consist of weekly core

sessions in the first 6 months (months 1 through 6) followed by monthly core maintenance sessions in the next 6 months (months 7 through 12). Thereafter, KHS will provide 12 months of ongoing maintenance sessions (months 13 through 24) to qualified members to promote continued healthy behaviors. A member qualifies for the ongoing maintenance sessions if:

- a. The member achieves and/or maintains minimum weight loss of five percent from the first core session, and
- b. The member meets the attendance requirement, as outlined in the Medi-Cal Provider Manual.

KHS may determine the modalities acceptable to the KHS for the required weigh-ins. Acceptable modalities may include, but are not limited to, an in-person weigh-in at a DPP session or DPP provider location, a remote weigh-in at the member's home using scales with digital or Bluetooth communications capability, or self-reported weigh-ins with or without confirmatory documentation.

V. DELIVERY METHODS FOR DPP SESSIONS

KHS will cover the following delivery methods for DPP sessions as deemed clinically appropriate:

- **In-Person** – For in-person delivery, members are physically present in a classroom or classroom-like setting with a peer coach.
- **Distance Learning** – Distance learning occurs when peer coaches deliver sessions via remote classroom or telehealth. The peer coach is present in one location while participants call in or participate by video-conference from another location.
- **Online** – Online delivery can be conducted either through synchronous real-time interactive audio and video telehealth communication or through asynchronous store and forward telehealth communication. Members can log into DPP sessions via a computer, laptop, tablet, mobile phone, or other device from any location, such as the member's home, without a practitioner or coach present. In addition, members must interact with peer coaches at various times and by various communication methods, including but not limited to online classes, emails, phone calls, or texts.
- **Combination** – Combination refers to any combination of in-person, distance learning, or online delivery methods.

VI. FREQUENCY

KHS may offer the benefit as often as necessary, but the Member's medical record must indicate that the member's medical condition or circumstance warrants repeat or additional participation in the DPP benefit.

Examples of circumstances that warrant repeat or additional participation include, but are not limited to:

- Member switched enrollment from one Health Plan to a different Health Plan;
- Member transitioned from Fee-for-Service Medi-Cal into KHS;
- Member moved to a different county;
- Member experienced a lapse in Medi-Cal enrollment; and
- Member has or had medical conditions that hinder DPP session attendance.

VII. CURRICULUM TRANSLATORS

KHS will ensure that DPP providers use a CDC-approved curriculum. DPP providers may use either the official CDC curriculum or a modified curriculum that has been approved by the CDC.

KHS will be responsible for ensuring that DPP services are provided in a culturally and linguistically appropriate manner. KHS will also ensure that translated curriculum materials are made available timely to Members and meet all requirements per WIC Section 14029.91,11 Part 92 of Title 45 of the Code of Federal Regulations (CFR),¹² and Section 1557 of the federal Patient Protection and Affordable Care Act (42 United States Code (USC) Section 18116).

VIII. DOCUMENTATION OF PERFORMANCE BASED CODES

KHS will maintain documentation of appropriate codes for all DPP services.

IX. DELEGATES

KHS will ensure that contracted delegates comply with all applicable state and federal law and regulations and other contractual requirements as well as DHCS guidance, including APLs and Dual Plan Letters. KHS will revise and update the Division of Financial Responsibility (DOFR) as necessary based on DHCS requirements. DHCS' readiness review process includes a review of KHS's delegation oversight. KHS will receive prior approval from DHCS for each delegate.

Revision 2019-01: Policy created 12/04/2018 to comply with All Plan Letter (APL) 18-018.
The most current CDC Diabetes Prevention Recognition Program (DPRP) Standards and Operating
WIC Section 14149.9 can be found at: <https://www.cdc.gov/diabetes/prevention/lifestyle-program/requirements.html>

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
First Quarter 2019

Report Date: April 19, 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 Results
- Summer Member Newsletter
- 2019 School Wellness Grant Program
- Health Education Referrals on Provider Portal

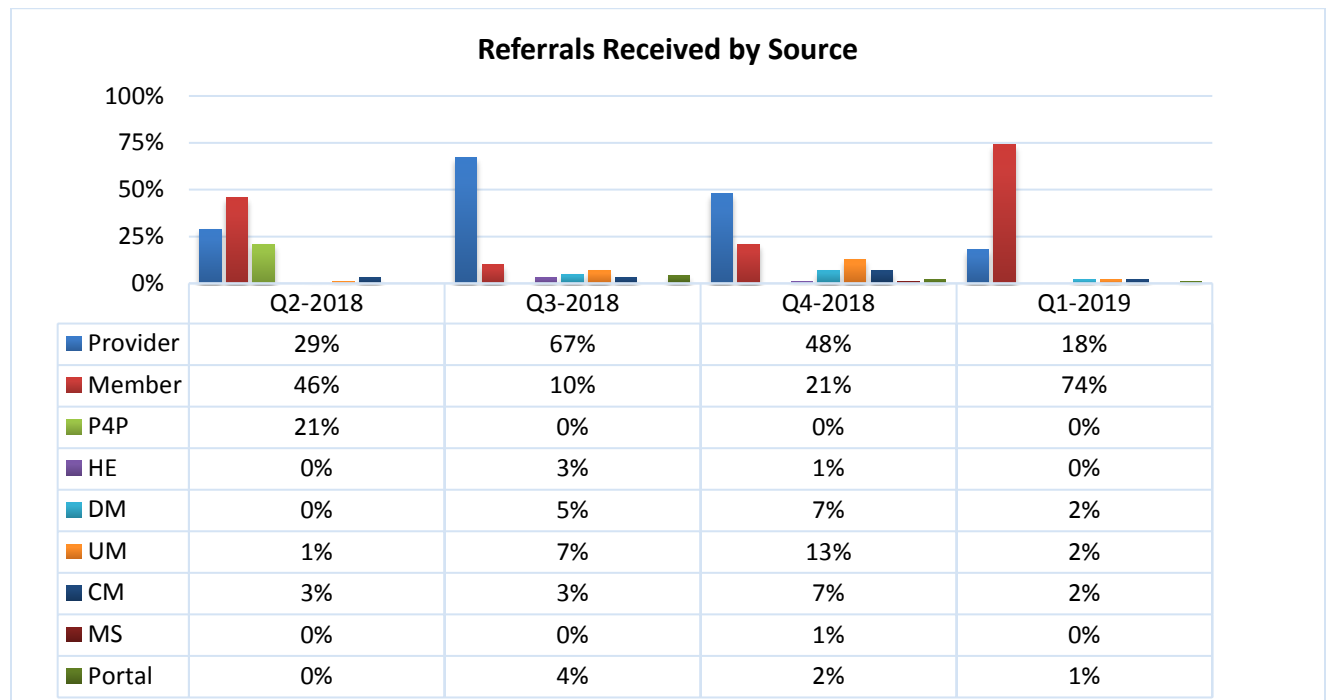
The following pages reflect statistical measurements for the Health Education department detailing the ongoing activity for the 1st quarter 2019.

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

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
First Quarter 2019

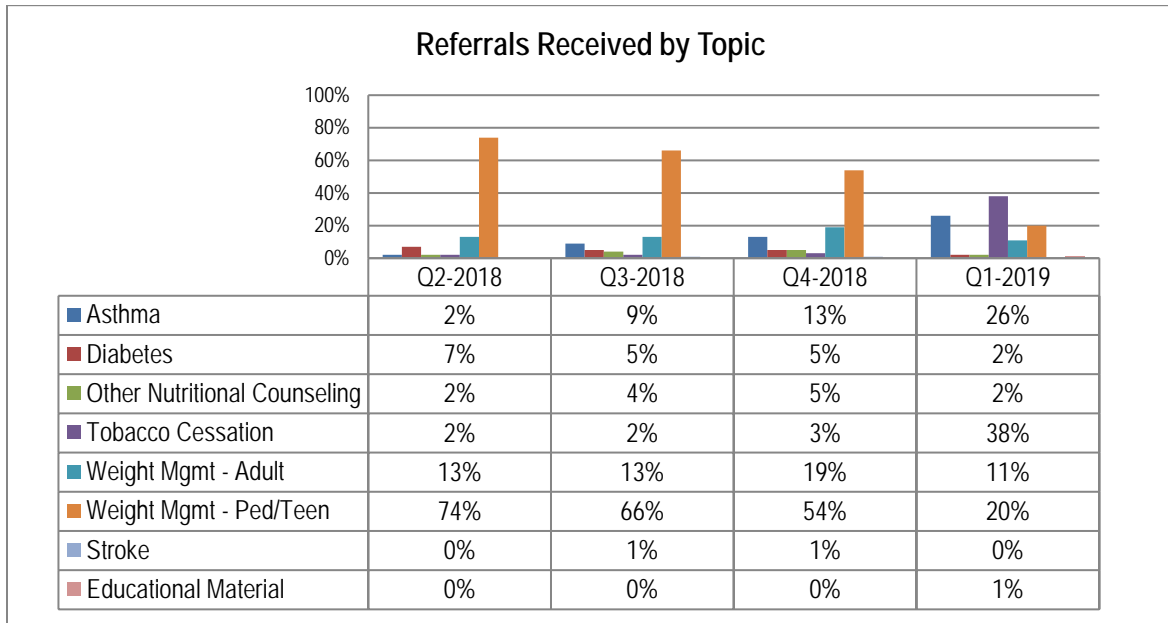
REFERRALS FOR HEALTH EDUCATION SERVICES

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), Member Services (MS), and Member Portal. 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.

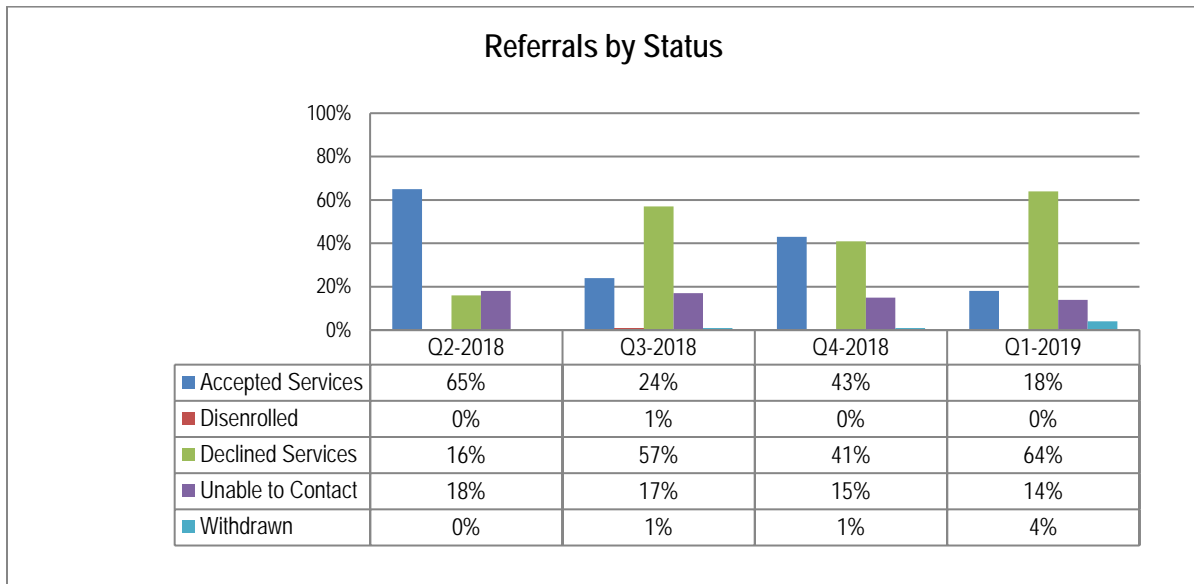


During this quarter, 1715 referrals were received which is a 75% increase in comparison to the previous quarter. This increase is attributed to the Eliza Outreach and Engagement Pilot.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
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The HE department receives referrals for various health conditions. Referrals for Tobacco Cessation and Asthma education increased significantly due to the Eliza Outreach and Engagement Pilot.



KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
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The rate of members who accepted to receive health education services decreased from 43% in the 4th quarter to 18% in the 1st quarter of 2019. This decrease is attributed to the Eliza Outreach and Engagement Pilot.

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
- Individual Nutrition Counseling

Clinica Sierra Vista (CSV) WIC:

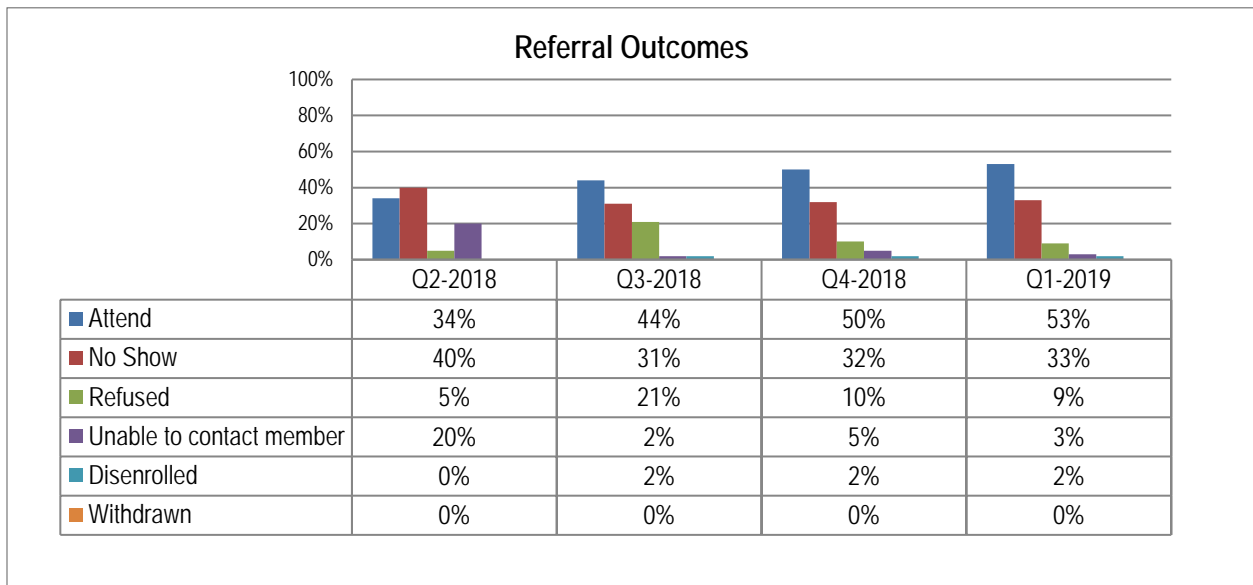
- Diabetes Management Classes
- Heart Healthy Classes

California Smokers' Helpline (CSH):

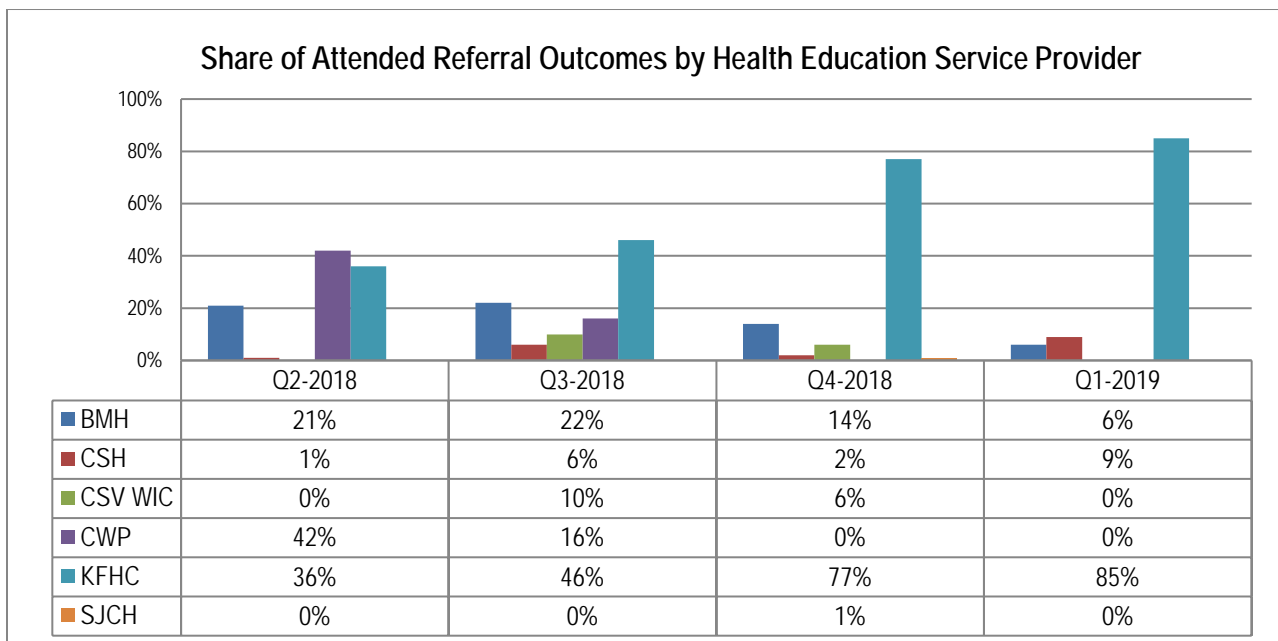
- Telephone Smoking Cessation Counseling

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
First Quarter 2019

REFERRAL OUTCOMES



During this quarter, the rate of members who received health education services out of all members who accepted services increased from 50% to 53%.

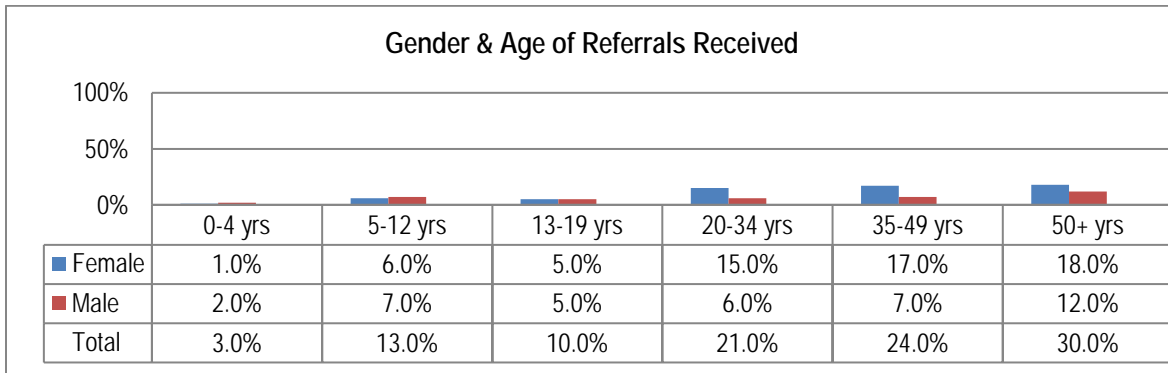


KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
First Quarter 2019

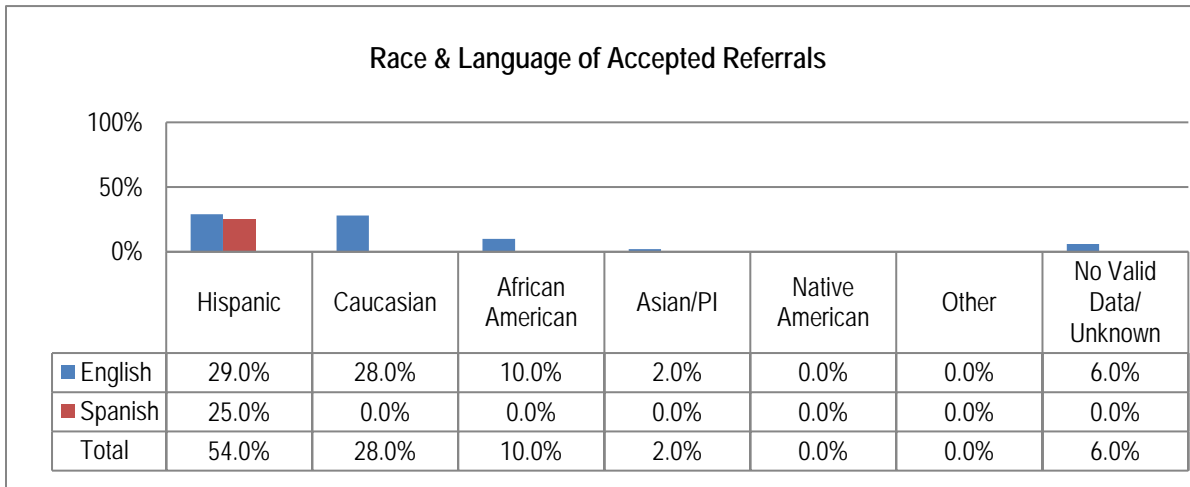
Services through KFHC demonstrates to be one of the largest share of referral outcomes. This quarter KFHC showed an increase from 77% in the 4th quarter to 85% in the 1st quarter of 2019. This increase is attributed to the termination of the CWP contract in July 2018 and encouraging members to participate in the KFHC classes.

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 and female ages 50+ years.



A breakdown of member classifications by race and language preferences revealed that 54% of members who accepted services are Hispanic and the majority preferred to speak English.

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Referrals Accepted by Top Bakersfield Zip Codes			
Q2-2018	Q3-2018	Q4-2018	Q1-2019
93307	93306	93307	93307
93306	93307	93306	93306
93304	93305	93304	93304
93309	93304	93305	93308
93305	93309	93313	93305

KHS serves members in the Kern County area. During this quarter, 24% 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			
Q2-2018	Q3-2018	Q4-2018	Q1-2019
Arvin	Delano	Arvin	Delano
Delano	Arvin	Lamont	Arvin
Wasco	Lamont	Shafter	Lamont
Lamont	Shafter	Delano	Wasco
McFarland	California City	Wasco	Shafter
Shafter			Tehachapi

Additionally, 11% of the members who accepted services reside in the outlying areas of Kern County and the highest concentration of members reside in Delano.

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 2,450 educational packets to members on the following health topics:

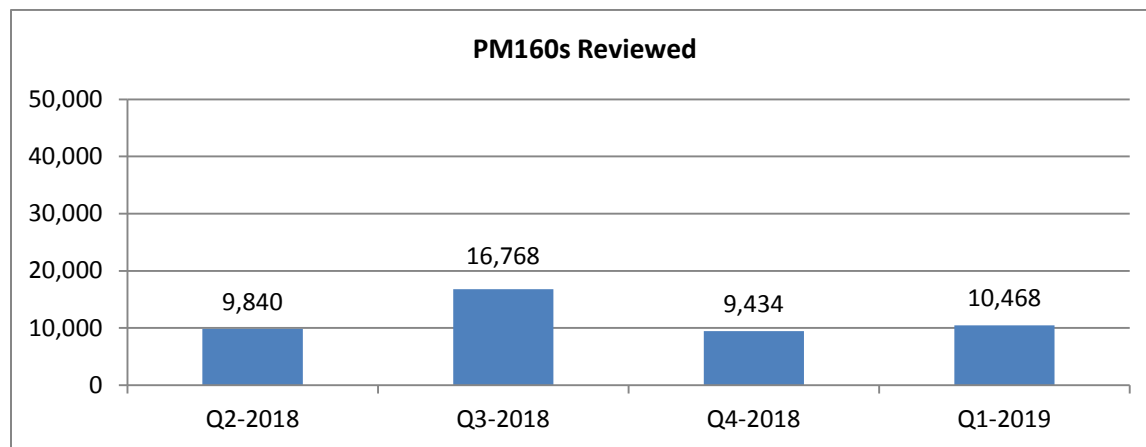
Educational Mailings				
	Q2-2018	Q3-2018	Q4-2018	Q1-2019
Anemia	0	0	0	1
Asthma	6	25	97	453
High Cholesterol	4	15	21	23
Diabetes	17	92	75	56
Gestational Diabetes	1	0	1	0
High Blood Pressure	18	14	41	29
COPD	0	1	0	0

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
First Quarter 2019

Postpartum Care	52	36	80	46
Prenatal Care	11	10	18	56
Smoking Cessation	11	136	17,500	252
Weight Management	496	57	675	713
WIC	1730	2444	1270	821
Total	3,198	2,832	19,778	2,450

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.



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HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
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INTERPRETER REQUESTS

Face-to-Face Interpreter Requests

During this quarter, there were 175 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			
Q2-2018	Q3-2018	Q4-2018	Q1-2019
Spanish	Spanish	Spanish	Spanish
Cantonese	Cantonese	Punjabi	Vietnamese
Vietnamese	Vietnamese	Cantonese	Arabic
Punjabi	Punjabi	Vietnamese	Cantonese
		Arabic	Punjabi
			Mandarin

Telephonic Interpreter Requests

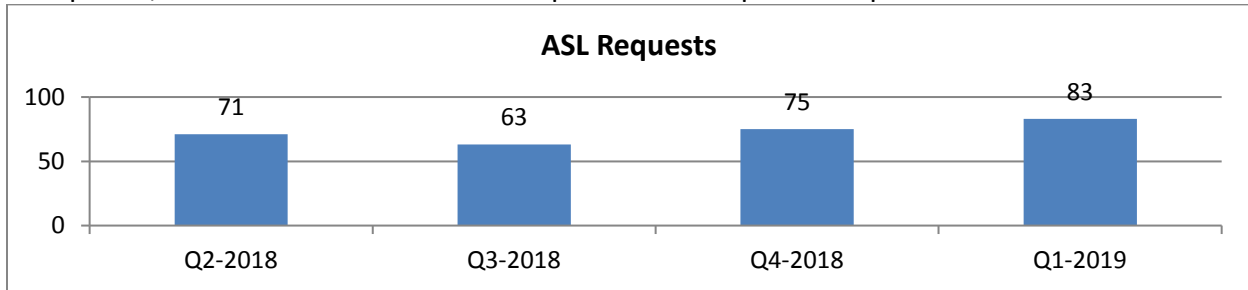
During this quarter, there were 867 requests for telephonic interpreting services through KHS' interpreting vendor, Language Line Solutions. The majority of these requests were for a Spanish interpreter.

Top Languages Requested			
Q2 - 2018	Q3-2018	Q4-2018	Q1-2019
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Arabic	Arabic	Arabic	Arabic
Tagalog	Tagalog	Tagalog	Tagalog
Vietnamese	Vietnamese	Vietnamese	Vietnamese

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
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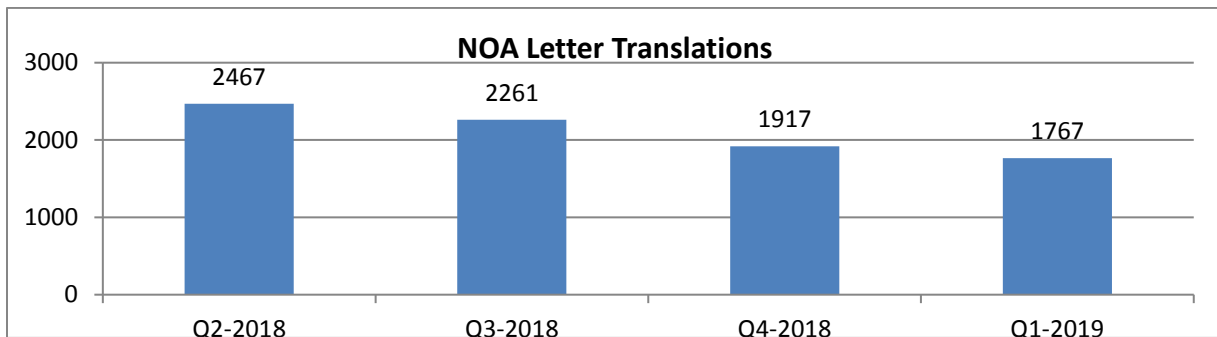
American Sign Language (ASL) Requests

During this quarter, there were a total of 83 requests received for an American Sign Language interpreter, which was an increase in comparison to the previous quarter.



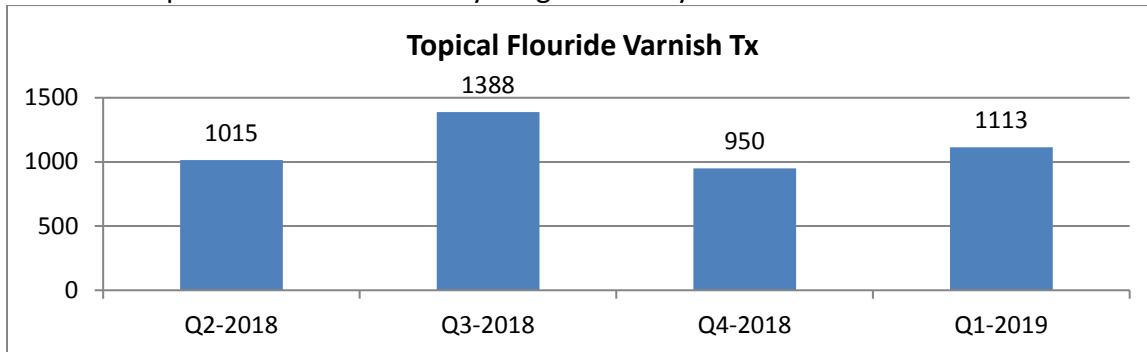
DOCUMENT TRANSLATIONS

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, 1,767 Notice of Action letters were translated into Spanish for the UM and Pharmacy departments.



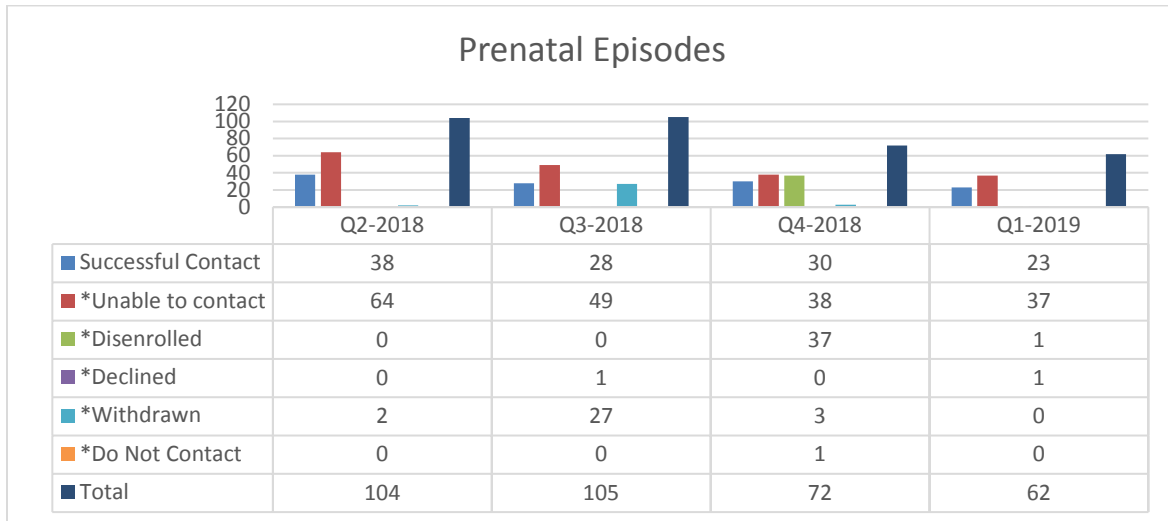
TOPICAL FLUORIDE VARNISH TREATMENTS

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.

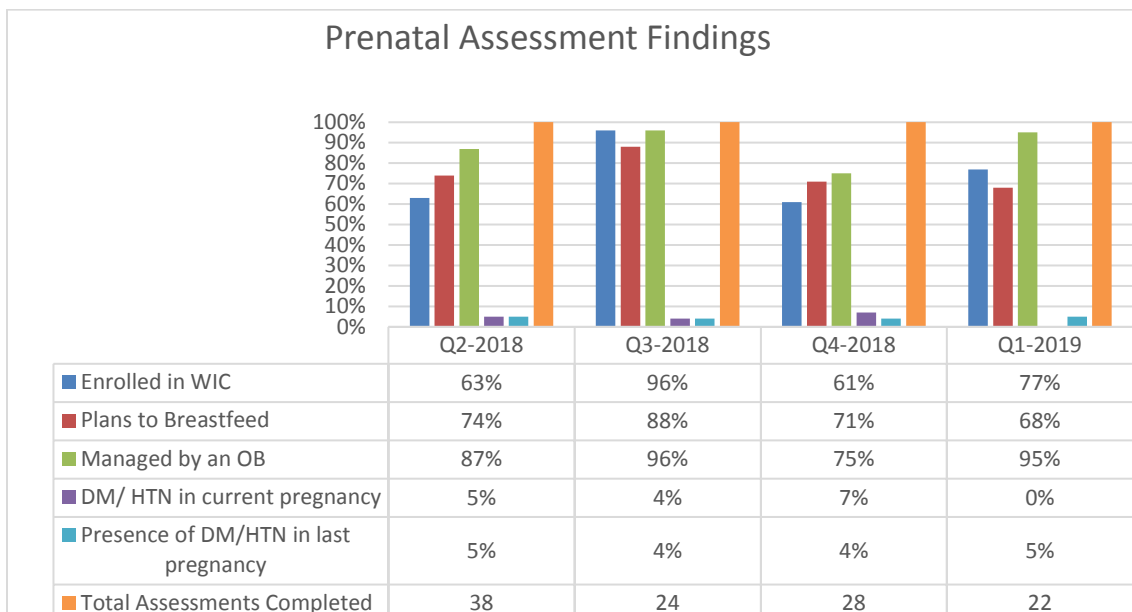


KERN HEALTH SYSTEMS
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PERINATAL OUTREACH AND EDUCATION The HE department performs outreach education calls to all members identified as being pregnant in the 1st trimester, a pregnant teen (under age 18), or postpartum due to a C-section or teen pregnancy delivery.

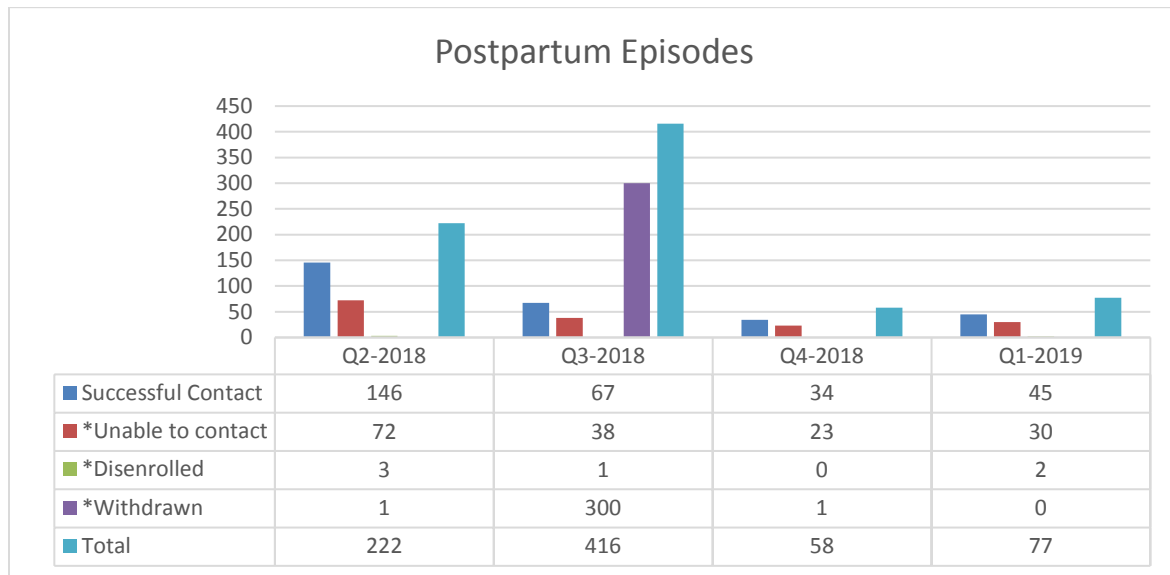


During the 1st quarter, 62 episodes for pregnant members were created and 37% were successfully contacted and participated in the assessment call.

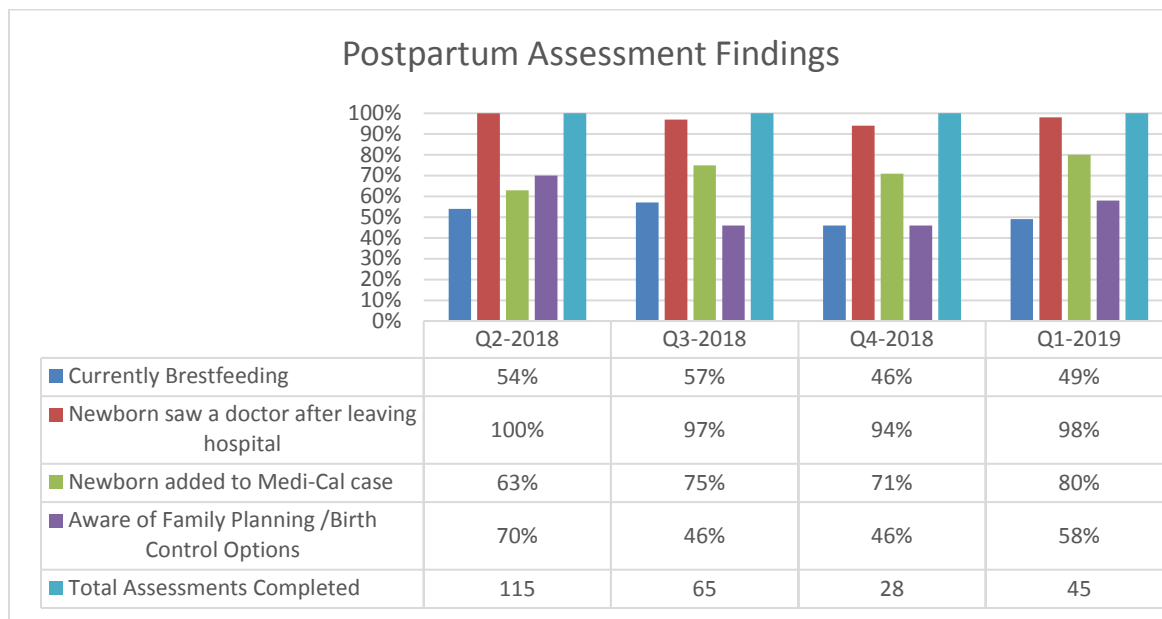


The total prenatal assessments completed decreased from 28 in the 4th quarter of 2018 to 22 in the 1st quarter of 2019.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
First Quarter 2019



During the 1st quarter, 77 postpartum members were created and 58.4% were successfully contacted and participated in the assessment call.



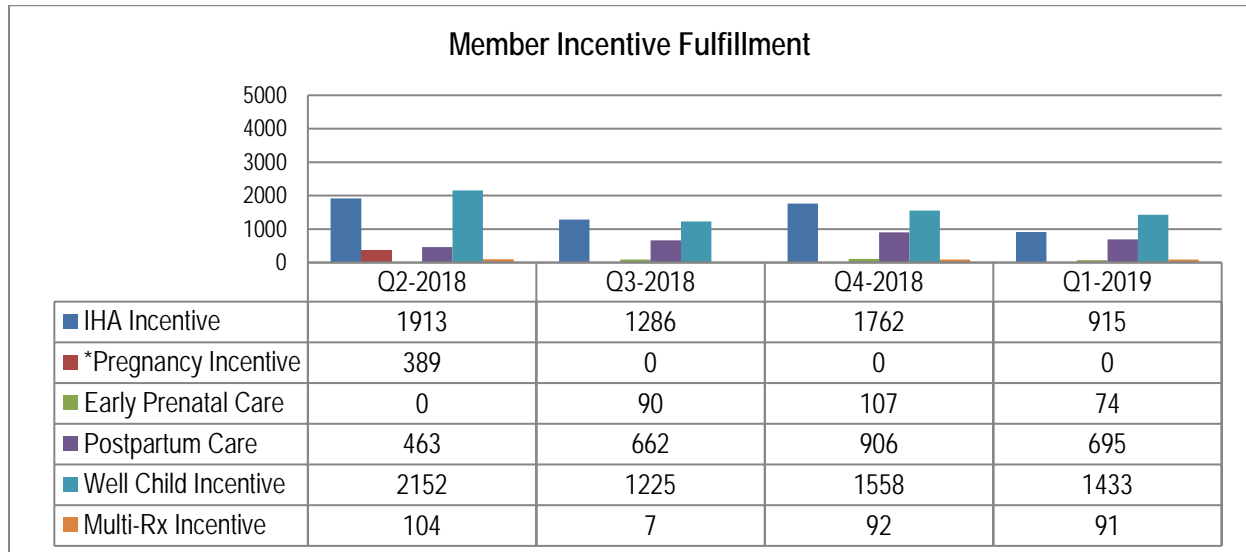
Postpartum assessment completed increased from 28 assessments in the 4th quarter of 2018 to 45 assessment completed in the 1st quarter of 2019.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
First Quarter 2019

MEMBER WELLNESS AND CHRONIC CONDITION BASED INCENTIVES

During the 1st quarter of 2019, 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.*

Health Services Quarterly Committee Reporting- Reporting Period January 1, 2019 to March 31, 2019

Health Services Overview

The 2019 membership enrollment remained stable at 252,000 in Q1 2019. Additional benefit coverage and broadening interdisciplinary collaboration to support the membership growth will continue through 2019.

- Maternal Depression Screening 7/1/2019
- JIVA-HHP module implemented 7/1/2019
- Kaiser Delegated Oversight Audit May 2019
- Housing Collaborative
- Respite
- DMHC Medical Audit August 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,

A handwritten signature in black ink that reads "Deborah (Murr) RN". The signature is enclosed in a thin yellow rectangular border.

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

Utilization Management Reporting

Timeliness of Decision Trending

Summary:

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

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

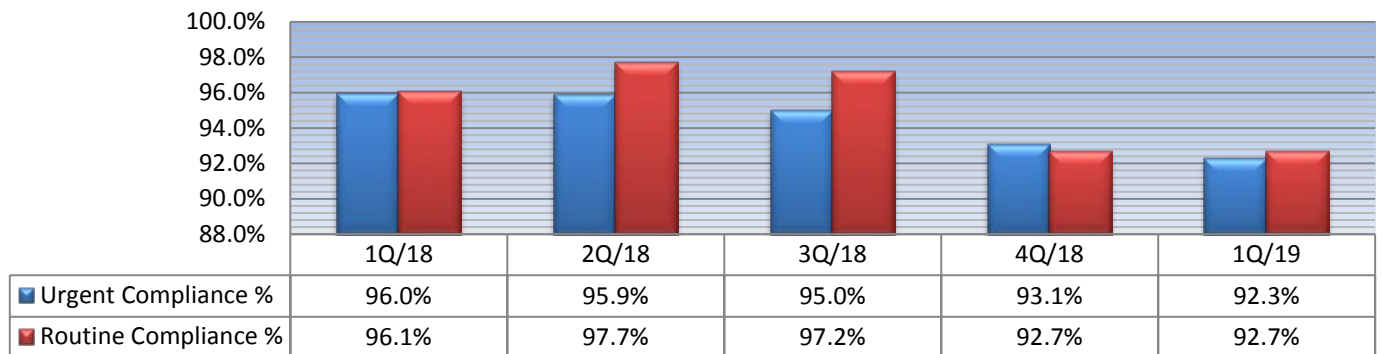
For those referrals that are found to be out of compliance with turn-around-timelines, the case manager and support staff are notified and importance of timeframes discussed to help ensure future compliance.

Urgent: Response back to Provider in 3 business days

Routine: Response back to Provider in 5 business day

There were 46,253 referrals processed in the 1st quarter 2019 of which 4,187 referrals were reviewed for timeliness of decision. In comparison to the 4th quarter's processing time, routine referrals remained the same from the 4th quarter which was 92.7% and urgent referrals decreased from the 4th quarter which was 93.1% to 92.3%.

UM - Timeliness of Decision

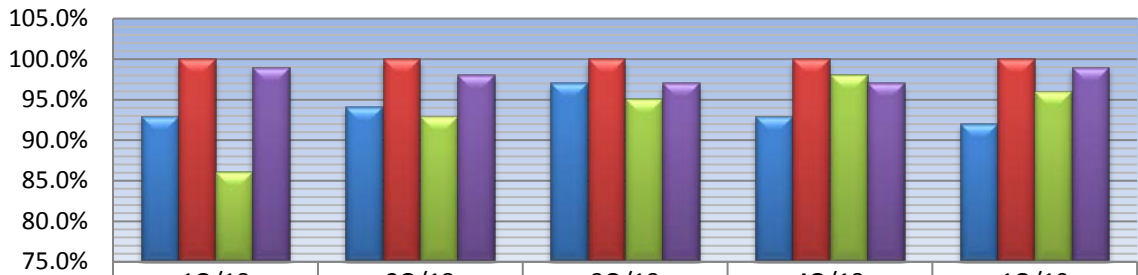


Audit Criteria:

- 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 January 1, 2019 to March 31, 2019

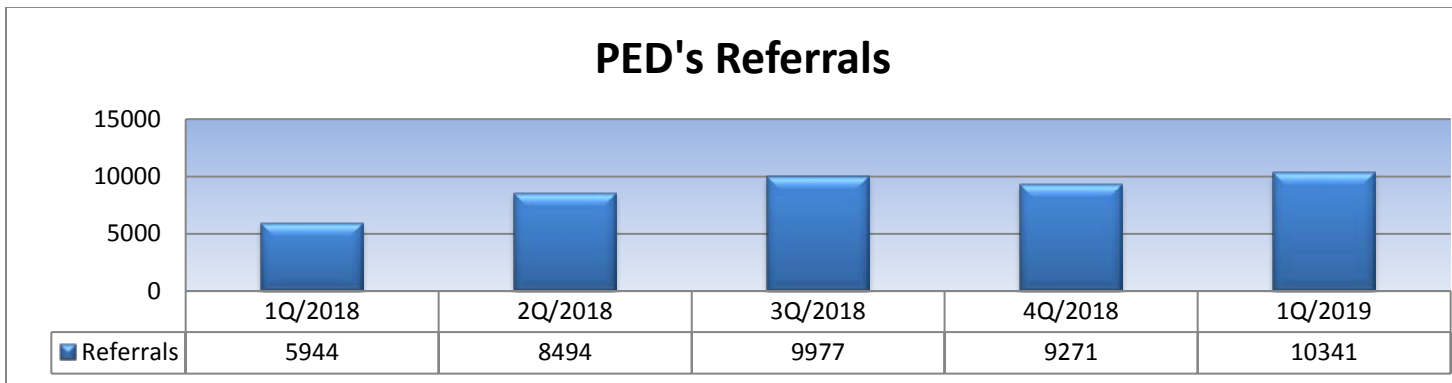
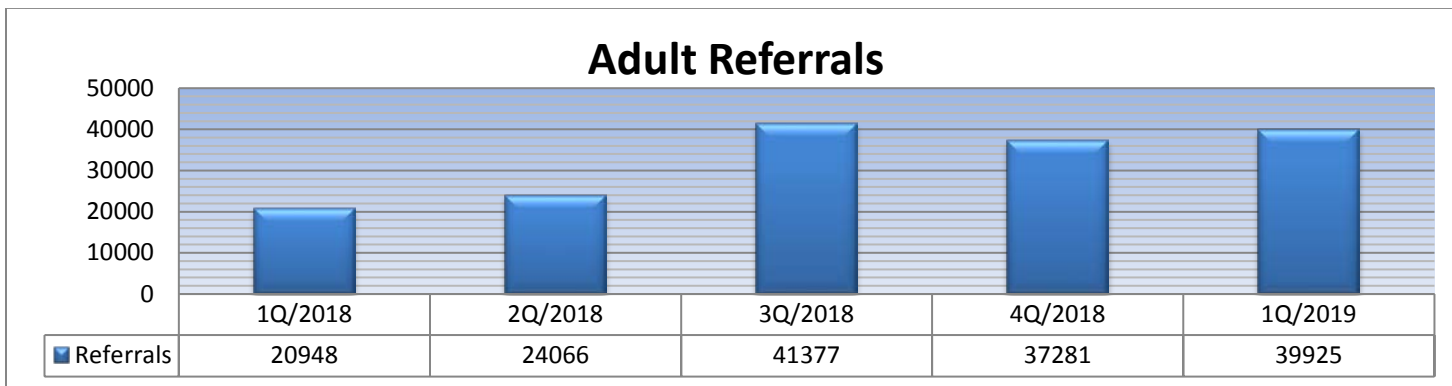
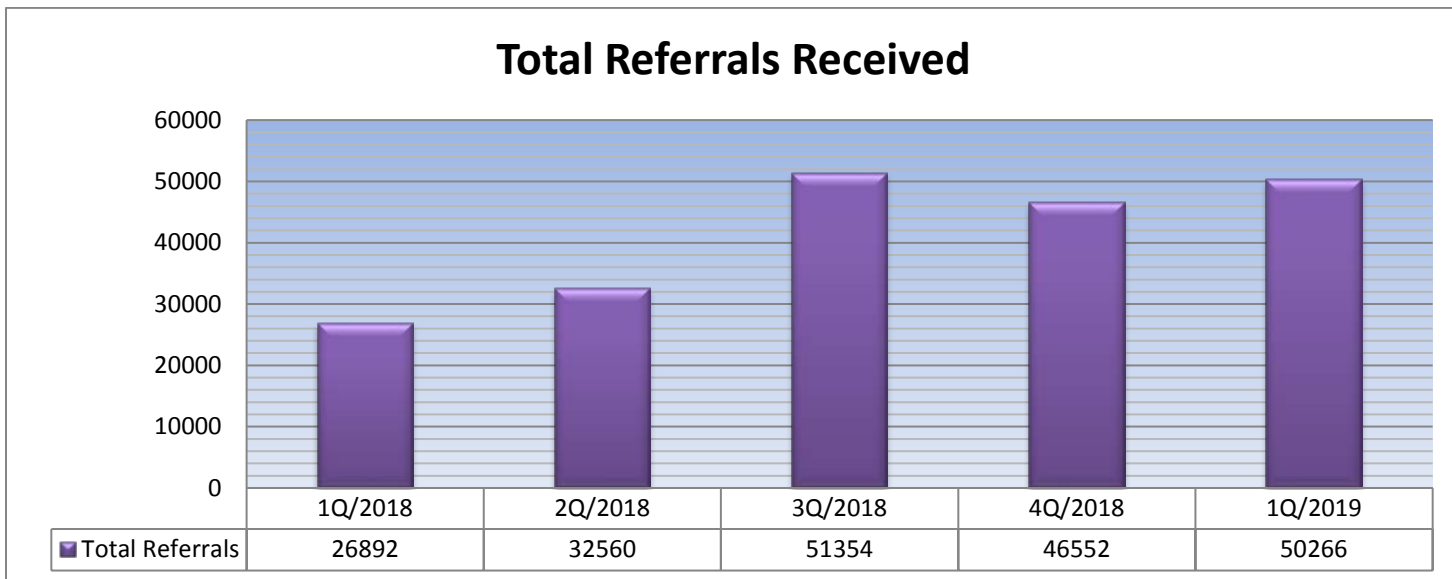
UM - Referral Notification Compliance



	1Q/18	2Q/18	3Q/18	4Q/18	1Q/19
Member Notification	93.0%	94.0%	97.0%	93.0%	92.0%
Provider Notification	100.0%	100.0%	100.0%	100.0%	100.0%
Criteria Included	86.0%	93.0%	95.0%	98.0%	96.0%
MD Signature Included	99.0%	98.0%	97.0%	97.0%	99.0%

Summary: Overall compliance rate from the 1st Qtr of 2019 is 97%, no changes from the 4th Qtr which was 97%.

Outpatient Referral Statistics



Health Services Quarterly Committee Reporting- Reporting Period January 1,
2019 to March 31, 2019

KHS 1st Quarter Inpatient and LOS Report



Participating Providers		
Provider Name	Count	LOS
ADVENTIST HEALTH BAKERSFIELD	470	3.99
ADVENTIST HEALTH COMMUNITY CAR	2	1.5
ADVENTIST HEALTH MEDICAL CENTE	30	2.77
BAKERSFIELD HEART HOSPITAL	73	4.12
BAKERSFIELD MEMORIAL HOSPITAL	563	3.04
DELANO REGIONAL MEDICAL CENTER	48	2.67
ENCOMPASS HEATH REHABILITATION	5	11
GGNSC SHAFTER LP	2	7.5
GOLDEN LIVING CENTER	1	22
GOOD SAMARITAN HOSPITAL	47	4.83
HOFFMANN HOSPICE OF THE VALLEY	5	4
KECK HOSPITAL OF USC	73	3.93
KERN COUNTY MEDICAL AUTHORITY	438	3.01
KERN MEDICAL CENTER	3	2.33
KERN VALLEY HEALTHCARE DISTRIC	12	3.58
MERCY HOSPITAL	475	2.82
NAPOLI IN THE DESERT	4	15.5
RIDGECREST REGIONAL HOSPITAL	6	2.33
ROSE DESERT CONGREGATE	3	32.67
SANTA MONICA UCLA MC AND ORTHO	8	5.13
UCLA MEDICAL CENTER	14	4.71
UNITED CARE FACILITIES	5	9
USC NORRIS CANCERHOSPITAL	4	5.25
USC VERDUGO HILLS HOSPITAL	3	3.33
Total	2295	3.4

Health Services Quarterly Committee Reporting- Reporting Period January 1, 2019 to March 31, 2019

Non Participating Providers		
Provider Name	Count	LOS
ADVENTIST MEDICAL CENTER	1	3
ADVENTIST SIMI VALLEY HOSPITAL	3	3.67
ANAHEIM GLOBAL MEDICAL CENTER,	1	1
ANTELOPE VALLEY	29	7.86
ARROWHEAD REG MED CTR	4	3.5
ARROWHEAD REGIONAL MED	1	4
BARSTOW COMM HOSPITAL	1	3
CALIFORNIA HOSPITAL MEDICAL	1	6
CALIFORNIA PACIFIC MEDICAL CEN	1	3
CEDARS SINAI MEDICAL CENTER	5	11.6
CENTINELA HOSPITAL MEDICAL GRO	1	1
COMMUNITY MEMORIAL HOSPITAL OF	2	4.5
CPH HOSPITAL MANAGEMENT LLC	1	4
DESERT VALLEY HOSPITAL INC	1	2
DOCTORS MEDICAL CENTER	1	2
DOCTORS MEDICAL CENTER OF MODE	1	1
EL CENTRO REGIONAL	1	3
ENCOMPASS HEALTH	1	16
FRESNO COMMUNITY HOSPITAL AND	12	6.83
GLENDALE MEMORIAL HO	1	2
GOOD SAMARITAN HOSPITAL	1	9
GOOD SAMARITAN HOSPITAL, L.P.	1	3
HENRY MAYO NEWHALL	3	6.33
HUNTINGTON MEMORIAL HOSPITAL	1	3
JACKSON MADISON COUNTY	1	2
KAWEAH DELTA MEDICAL CENTER	5	10
KINDRED HOSPITAL	2	14.5
KINDRED HOSPITAL SOUTH BAY	3	12
KINGSTON HEALTHCARE CENTER	1	14
LAC USC MEDICAL CENTER	1	7
LAC/USC MEDICAL CENTER	1	3
LANCASTER HOSPITAL CORPORATION	7	2.43
LOMA LINDA UNIVERSITY MEDICAL	4	7.25
MARIAN REGIONAL MEDICAL CENTER	1	2
MARINA DEL REY HOSP	1	3
MEMORIAL MEDICAL CENTER	1	2
MOUNTAINVIEW HOSPITAL	1	1
NORTHRIDGE HOSPITAL MEDICAL CE	2	1.5
PACIFICA HOSPITAL OF THE VALLE	2	11.5
PRIME HEALTHCARE SERVICES, INC	1	3
RIVERSIDE COMMUNITY HOSPITAL	4	4

Health Services Quarterly Committee Reporting- Reporting Period January 1, 2019 to March 31, 2019

SAINT LOUISE REGIONAL HOSPITAL	1	5
SALINAS VALLEY HOSPITAL	1	4
SANTA CLARA VALLEY MEDICAL	1	3
SHARP MEMORIAL HOSPITAL	1	1
SHARP-CHULA VISTA	2	2.5
SIERRA VIEW DISTRICT HOSPITAL	3	2.67
SOUTHWEST HEALTHCARE	1	5
ST FRANCIS MEDICAL CENTER	1	1
ST JOHNS REGIONAL MEDICAL CENT	1	4
ST JOSEPH MEDICAL CENTER	1	3
ST MARY MEDICAL CENTER	1	1
ST VINCENT MED CTR	3	8.67
STANFORD MEDICAL CENTER	9	6.22
SUNRISE HOSPITAL AND MEDICAL	3	5.33
TWIN CITIES COMMUNITY HOSPITAL	1	2
UMC EL PASO	3	2
UNIVERSITY MEDICAL CENTER	2	5.5
VALLEY HOSPITAL MEDICAL CENTER	1	2
WAKE FOREST UNIVERSITY	2	1.5
WEST HILLS HOSPITAL	1	1
WHITE MEMORIAL MEDICAL CENTER	3	2.33
Total	155	5.79

Health Services Quarterly Committee Reporting- Reporting Period January 1, 2019 to March 31, 2019

Rehab and SNF



Date Range : | 1/1/2019 - 3/31/2019
 Section: | Rehab Admission
 Population: | Adult

LOS By Admit Type Breakdown for Participating vs Non Participating Providers

Participating Providers

Provider Name	Count	LOS
BAKERSFIELD HEART HOSPITAL	1	2.00
BAKERSFIELD MEMORIAL HOSPITAL	1	4.00
ENCOMPASS HEATH REHABILITATION	14	12.21
MERCY HOSPITAL	1	1.00
UNITED CARE FACILITIES	1	5.00
Total	18	10.17

Non Participating Providers

Provider Name	Count	LOS
Total		NaN

Date Range : | 1/1/2019 - 3/31/2019
 Section: | SNF Admission
 Population: | Adult

LOS By Admit Type Breakdown for Participating vs Non Participating Providers

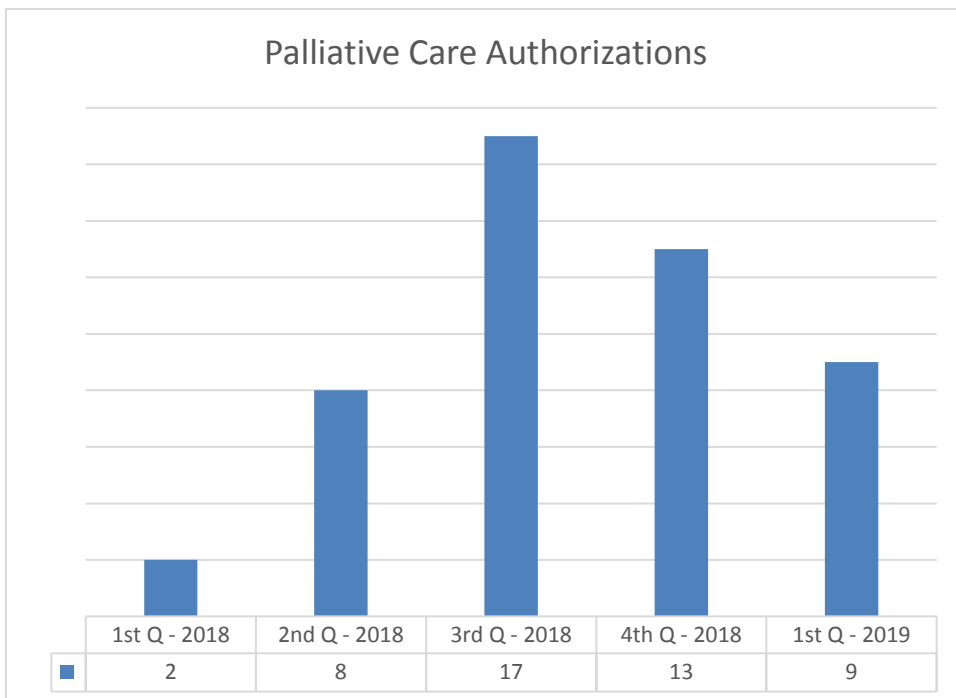
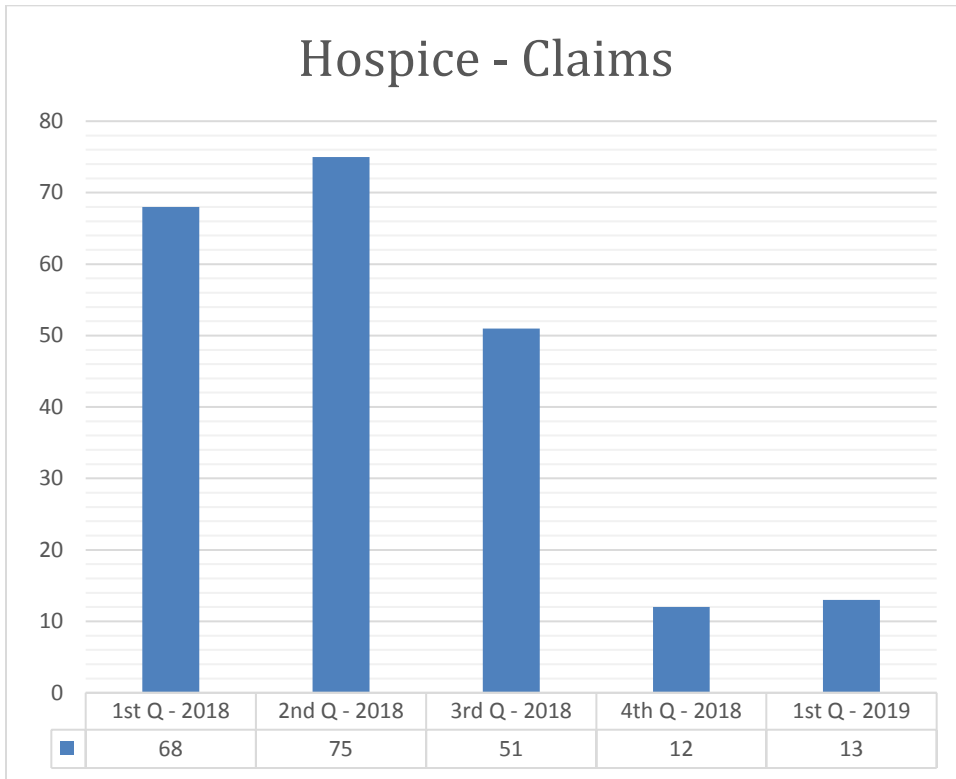
Participating Providers

Provider Name	Count	LOS
CAPRI IN THE DESERT	4	33.25
EVERLASTING HEALTHCARE	1	56.00
GGNSC SHAFTER LP	15	17.47
GOLDEN LIVING CENTER	8	15.50
HOFFMANN HOSPICE OF THE VALLEY	11	4.00
LIFEHOUSE BAKERSFIELD OPERATIO	3	24.00
NAPOLI IN THE DESERT	10	15.00
ODYSSEY HEALTHCARE	1	113.00
PARKVIEW JULIAN	3	20.00
ROSE DESERT CONGREGATE	2	57.50
UNITED CARE FACILITIES	62	16.63
VFP HOMES	5	20.40
Total	125	18.10

Non Participating Providers

Provider Name	Count	LOS
BARLOW RESPIRATORY	2	20.00
DELANO REGIONAL MEDICAL CENTER	1	29.00
EVERGREEN AT ARVIN HEALTHCARE	4	15.00
KINGSTON HEALTHCARE CENTER	5	13.80
PACIFICA HOSPITAL OF THE VALLE	2	9.00
SAN MARINO IN THE DESERT	5	18.20
Total	19	16.16

Health Services Quarterly Committee Reporting- Reporting Period January 1, 2019 to March 31, 2019

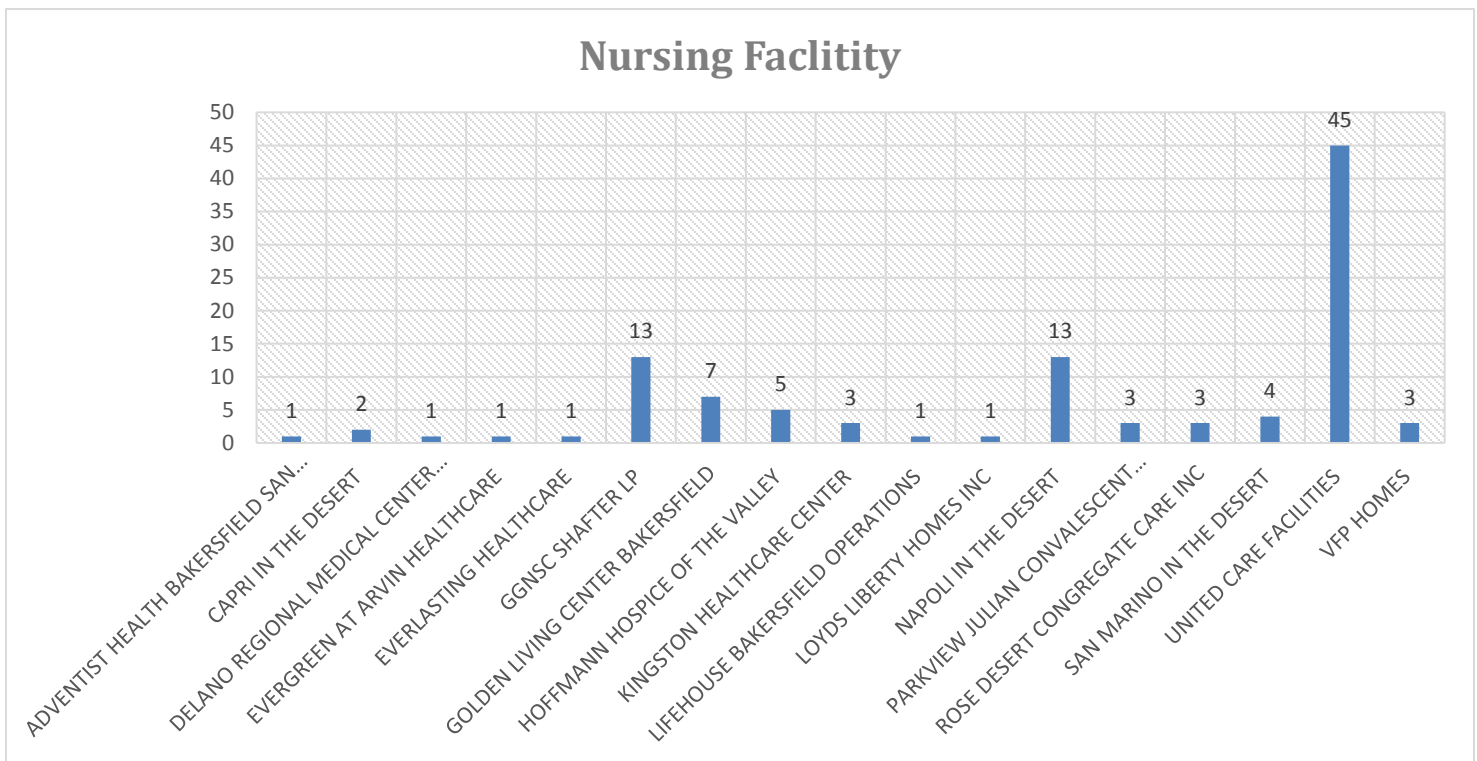


Health Services Quarterly Committee Reporting- Reporting Period January 1, 2019 to March 31, 2019

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.

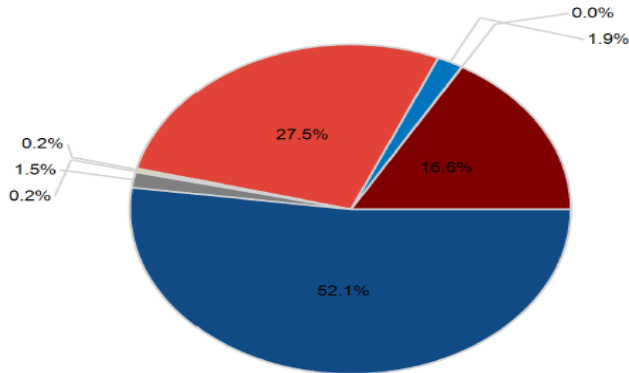
Summary: Summary: During the 1st quarter 2019, there were 144 referrals for Nursing Facility Services. The average length of stay was 16.2 days for these members. During the 4th quarter there was only 2 denials of the 156 referrals.



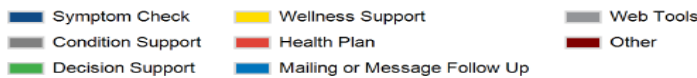
Health Dialog Report

January:

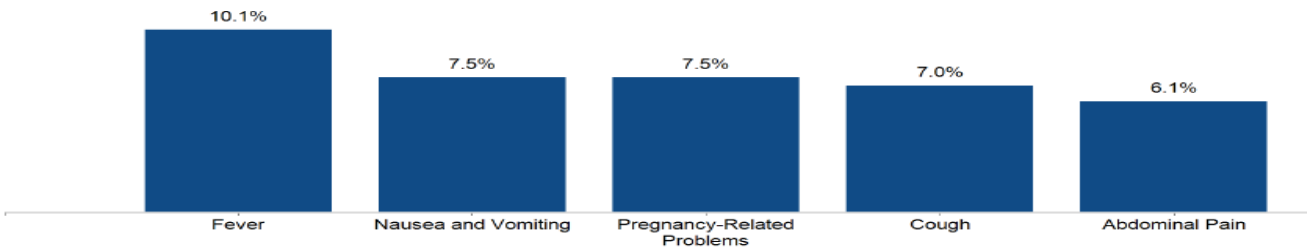
Member Inbound Call Reasons (Rolling Twelve Months)



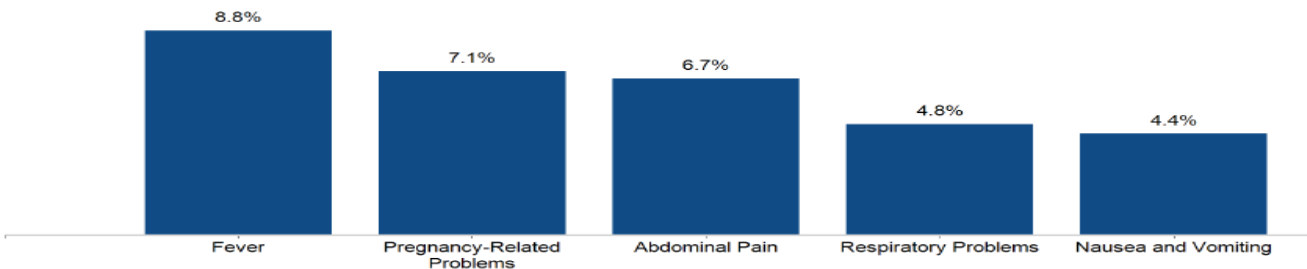
REASON	NUMBER
Symptom Check	2,692
Condition Support	78
Decision Support	8
Wellness Support	12
Health Plan	1,420
Mailing or Message Follow Up	98
Web Tools	2
Other	856



Most Frequent Symptoms - Inbound Symptom Check Calls (Jan-2019)



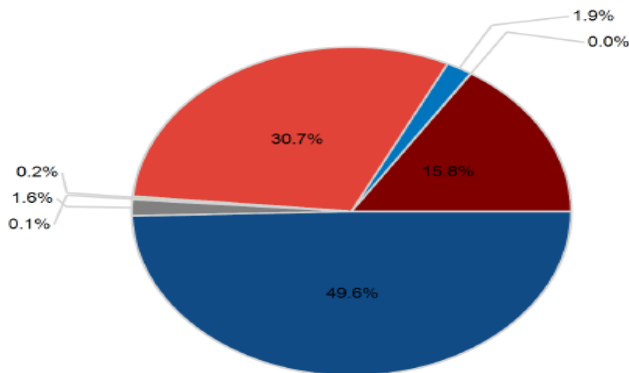
Most Frequent Symptoms - Inbound Symptom Check Calls (Rolling Twelve Months)



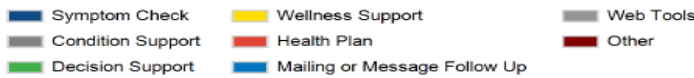
Health Services Quarterly Committee Reporting- Reporting Period January 1, 2019 to March 31, 2019

February:

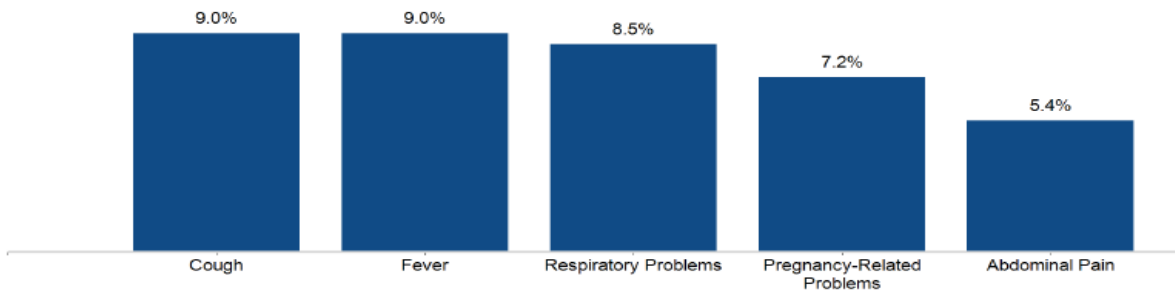
Member Inbound Call Reasons (Rolling Twelve Months)



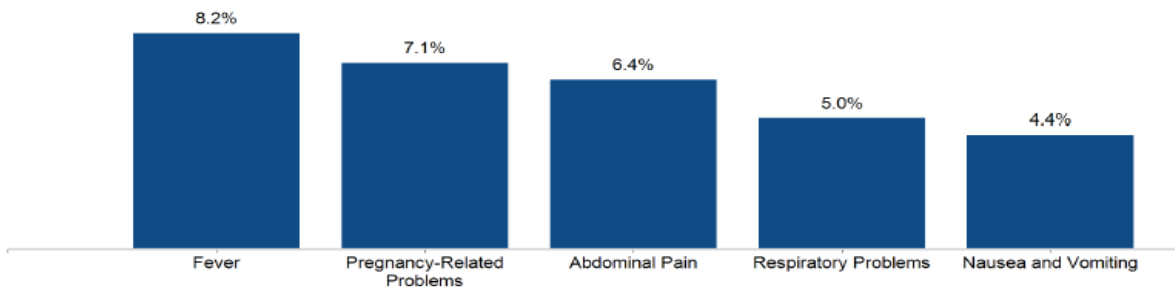
REASON	NUMBER
Symptom Check	2,687
Condition Support	86
Decision Support	6
Wellness Support	12
Health Plan	1,665
Mailing or Message Follow Up	104
Web Tools	2
Other	859



Most Frequent Symptoms - Inbound Symptom Check Calls (Feb-2019)



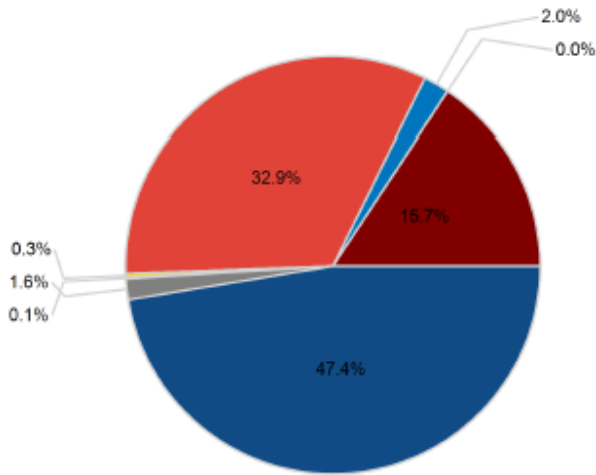
Most Frequent Symptoms - Inbound Symptom Check Calls (Rolling Twelve Months)



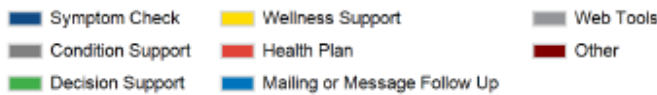
Health Services Quarterly Committee Reporting- Reporting Period January 1, 2019 to March 31, 2019

March:

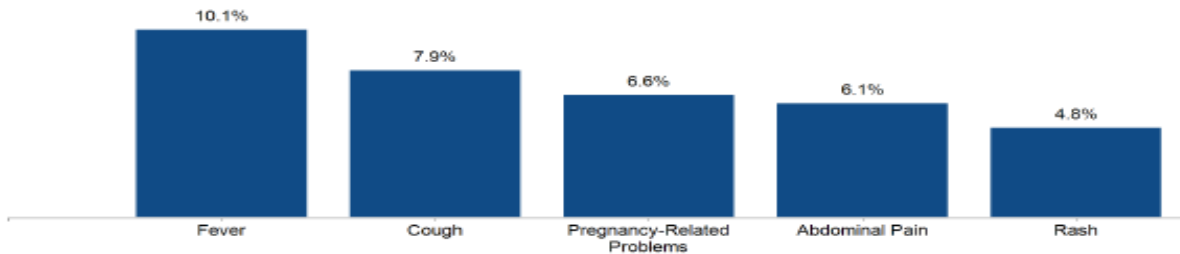
Member Inbound Call Reasons (Rolling Twelve Months)



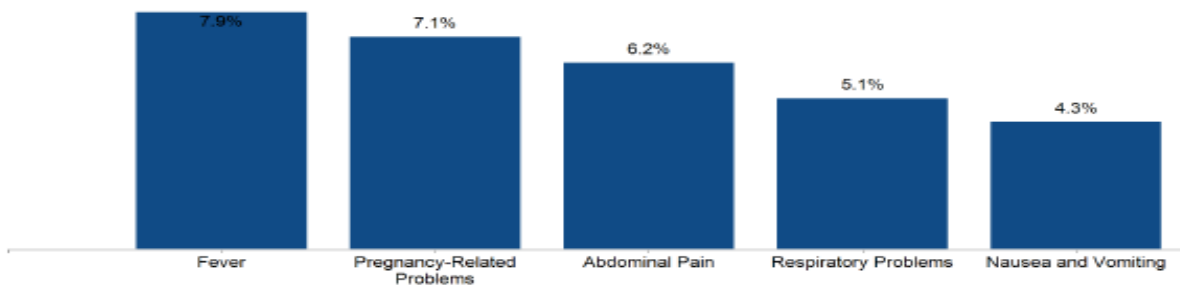
REASON	NUMBER
Symptom Check	2,864
Condition Support	91
Decision Support	8
Wellness Support	18
Health Plan	1,849
Mailing or Message Follow Up	112
Web Tools	1
Other	880



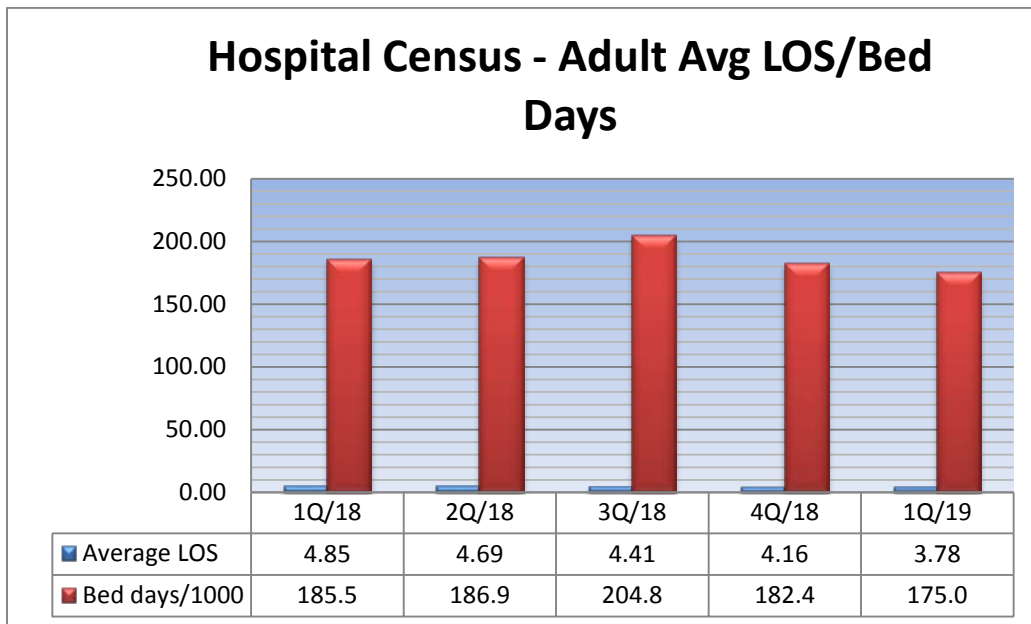
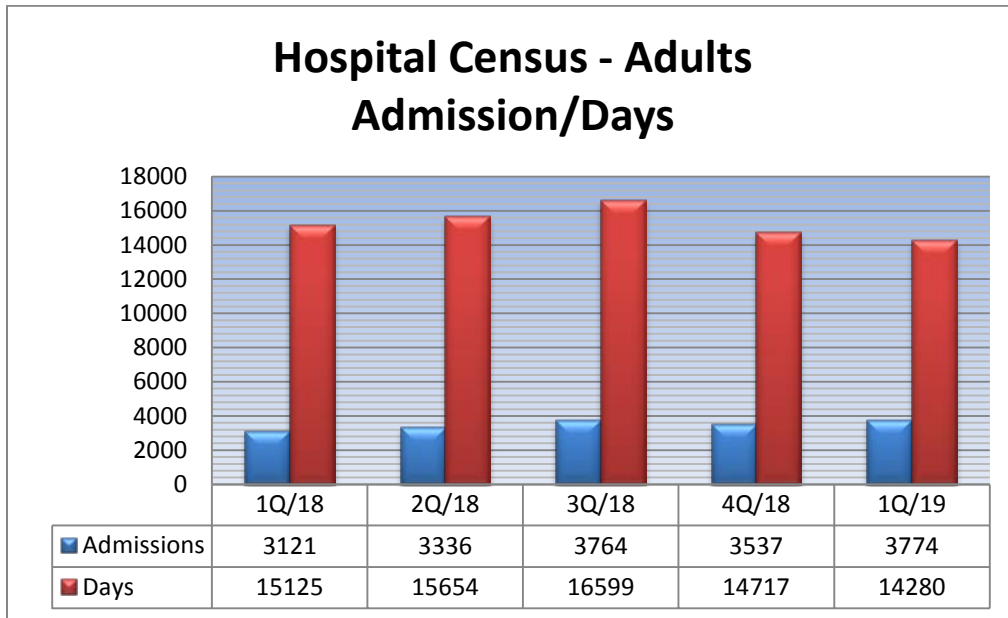
Most Frequent Symptoms - Inbound Symptom Check Calls (Mar-2019)



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

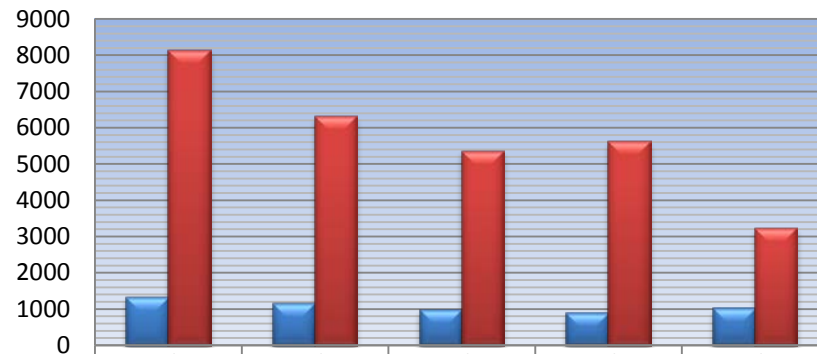


Inpatient 1st Quarter Trending



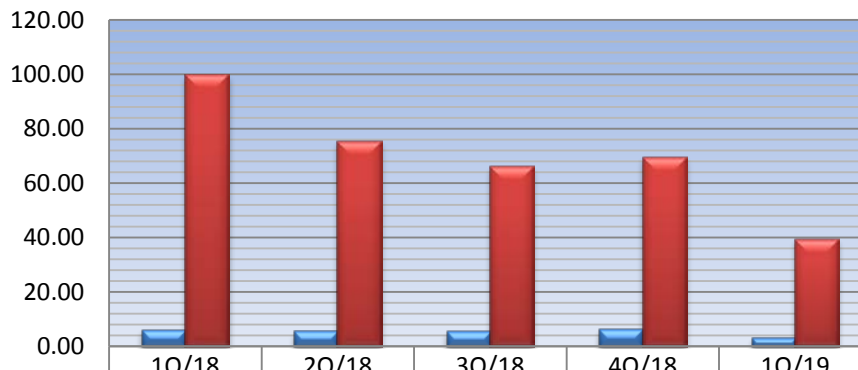
Health Services Quarterly Committee Reporting- Reporting Period January 1, 2019 to March 31, 2019

Daily Census - PEDS-Admission/Days



Admissions	1338	1154	994	899	1009
Days	8145	6324	5362	5620	3215

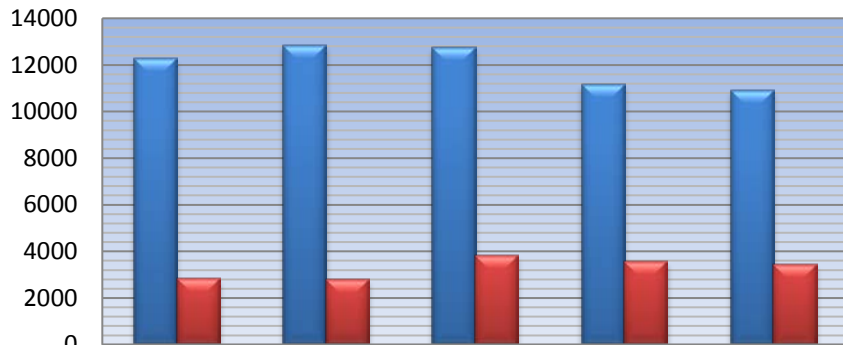
Daily Census - PEDS-Avg LOS/Bed Days



Average LOS	6.09	5.48	5.39	6.25	3.19
Bed days/1000	99.9	75.5	66.2	69.6	39.4

Health Services Quarterly Committee Reporting- Reporting Period January 1, 2019 to March 31, 2019

Approved/Denied - Adults



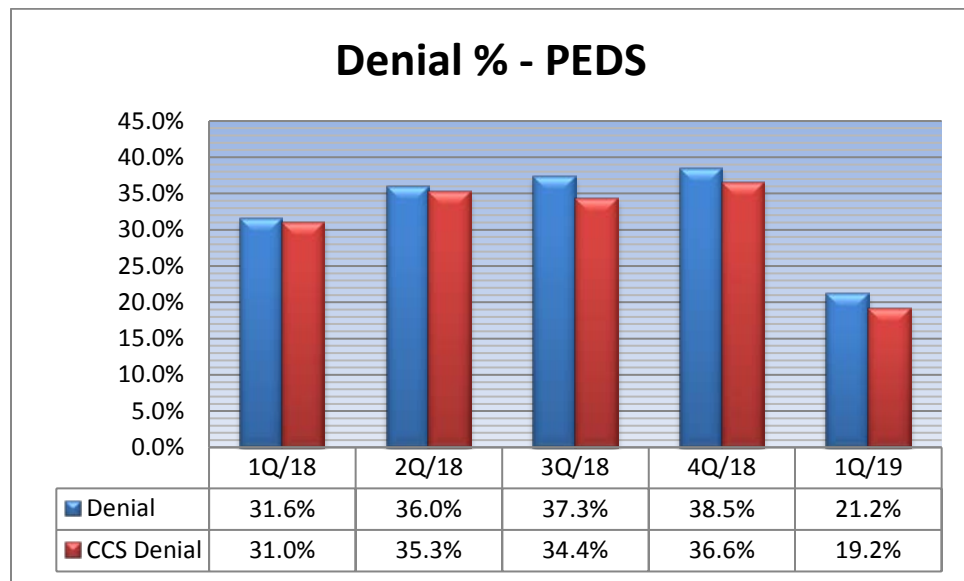
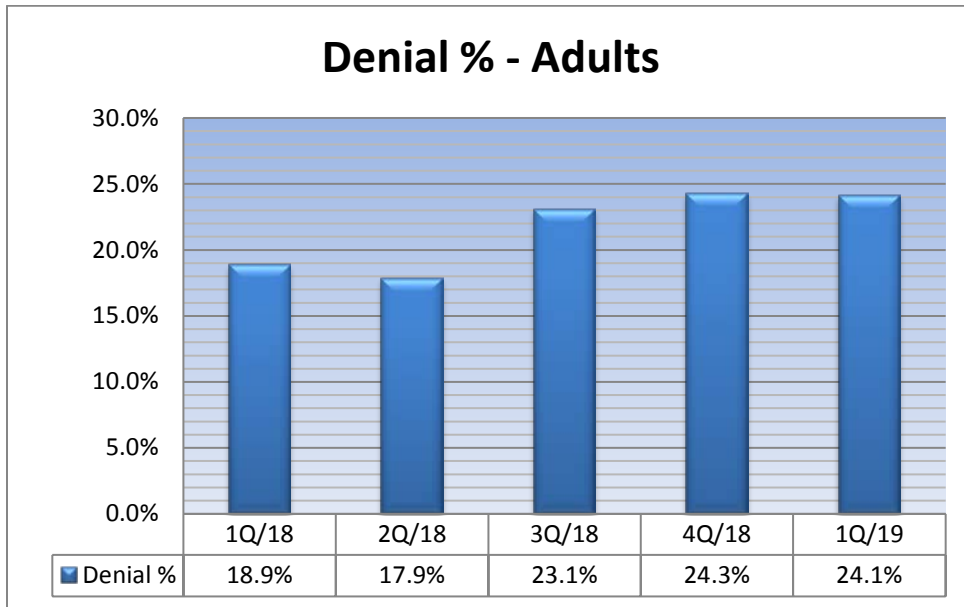
	1Q/18	2Q/18	3Q/18	4Q/18	1Q/19
■ Approvals	12270	12856	12765	11144	10932
■ Denied	2855	2798	3834	3573	3448

Approved/Denied - PEDS



	1Q/18	2Q/18	3Q/18	4Q/18	1Q/19
■ Approvals	5573	4046	3361	3454	2533
■ Denied	2572	2278	2001	2166	682

Health Services Quarterly Committee Reporting- Reporting Period January 1, 2019 to March 31, 2019



Continuity of Care

Total Referral – 45

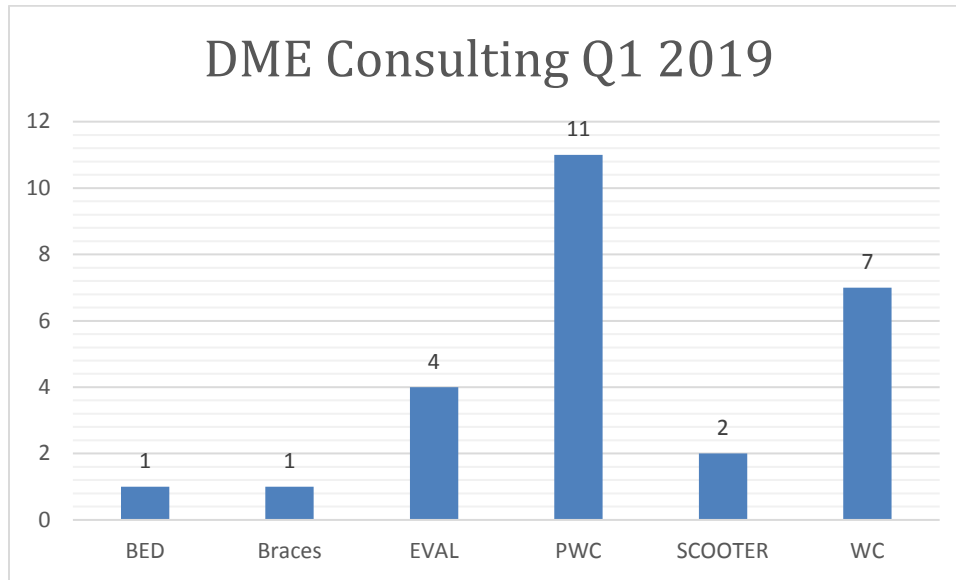
Total Approval – 44

Total Denial - 1

Total SPD COC -16

Health Services Quarterly Committee Reporting- Reporting Period January 1, 2019 to March 31, 2019

DME Consulting

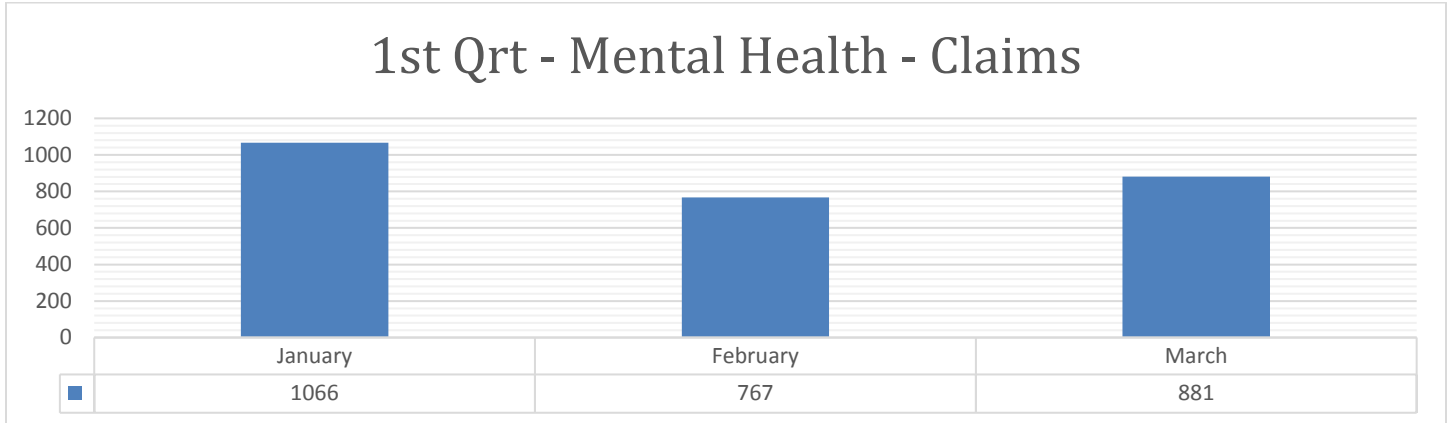


Autism Reporting

UNIQUE CASES		Mild	Moderate	Severe	Total	Undetermined
MEMBER COUNT		29	60	15	104	152
Severity %		27.88%	57.69%	14.42%	100%	
SEVERITY	Jan	Feb	Mar	Total		
MILD	12	12	4	28		
MODERATE	27	13	19	59		
SEVERE	5	8	2	15		
Approved FBA	53	65	88	206		
Approved Treatment	46	38	63	147		
PENDING DX	38	34	84	156		
	Jan	Feb	Mar	Total		
AGE 7 OR LESS	50	35	72			
AGE 8 OR GREATER	32	32	37			
TOTAL	82	67	109	258		
% < 7	60.98%	52.24%	66.06%	0.00%		
% > 8	39.02%	47.76%	33.94%	0.00%		

Health Services Quarterly Committee Reporting- Reporting Period January 1, 2019 to March 31, 2019

Mental Health



Diabetic Exam Reminder Effectiveness Report

Client: - 12049397

Reminder Year:	Reminder Month:	Reminders Sent	Received Exam Within 0-90 Days	Received Exam Within 91-180 Days	Total Exams Within 180 Days
2018	August	4,743	190	176	366
	September	557	27	25	52
	October	598	22	19	41
	November	770	41	9	50
	December	853	49	5	54
2019	January	8,557	213	0	213
	February	8,910	151	0	151
	March	265	1	0	1
Totals		25,253	694	234	928

LTM Effectiveness* : 4 %

12-Month Effectiveness (Oct 2017 - Sep 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.

Health Services Quarterly Committee Reporting- Reporting Period January 1, 2019 to March 31, 2019



Medical Data Collection Summary Report

Period Covered: April, 2018 through March, 2019
Prepared for: KERN HEALTH SYSTEMS - (12049397)

Reported Cases

	Members	
Received Eye Exam:	23,734	
Diabetes?:	1,181	5.0%
Diabetic Retinopathy:	149	.6%
Glaucoma:	161	.7%
Hypertension:	931	3.9%
High Cholesterol	350	1.5%
Macular Degeneration:	32	.1%

Estimated Number of Cases

Total Members:	244,596	
Diabetes?:	5,374	2.2%
Diabetic Retinopathy:	470	.2%
Glaucoma:	896	.4%
Hypertension:	23,688	9.7%
High Cholesterol	36,620	15.0%
Macular Degeneration:	290	.1%

KERN HEALTH SYSTEMS CASE MANAGEMENT DEPARTMENT MONTHLY REPORT

Reporting Period: January 1st, 2019- March 31st, 2019

During the months of January thru March, a total of 1,653 members were managed by the Case Management Department.

Episode Type	Closed Episodes	Open Episodes	Referral Episodes	Total
Case Management	854	152	44	1050
Behavioral Health Case Management	534	49	20	603

Episode Source other than ACG Modeler	Behavioral Health Management Episodes	Case Management Episodes
All Internally Generated Complex Case Management	18	99
All Internally Generated Disease Management	19	0
All Internally Generated Grievance	1	0
All Internally Generated Hospital Discharge	0	1
All Internally Generated Member Request	4	0

Health Services Quarterly Committee Reporting- Reporting Period January 1, 2019 to March 31, 2019

All Internally Generated UM Generated	2	14
CM DM HE Facility Based Social Worker	2	1
All Internally Generated Medical Director	0	2
CM DM HE Member Services	13	5
CM DM High ER Utilizer	153	0
Contract Physician/Provider	1	1
DM HE Social Worker Case Management	42	1
Internally Generated Complex Case Management	2	15

Closure Reasons	Behavioral Health Case Management Episode	Case Management Episode
Deceased	4	14
Declined Services	62	39
Do Not Contact	0	2
Does not meet criteria	52	76
Medical Director Decision	2	89
Member Disenrolled	7	23
Member Goals Completed	68	67
Non-Compliant-MD Approval obtained	0	2
Reassigned	4	16
Unable to Contact	256	478

Members Closed and Referred to HHP	Behavioral Health Case Management Episode	Case Management Episode
HHP	123	192
Closed Episodes with Admits within 30 days after Closure		Total
Behavioral Health Case Management		18
Case Management		36
Percentage of closed cases Readmitted		0.03 Percent

Health Services Quarterly Committee Reporting- Reporting Period January 1, 2019 to March 31, 2019

Assessments/Plan of Care	Behavioral Health Case Management Episode	Case Management Episode	Total
Assessments	66	157	223
Plan of Care	53	152	205

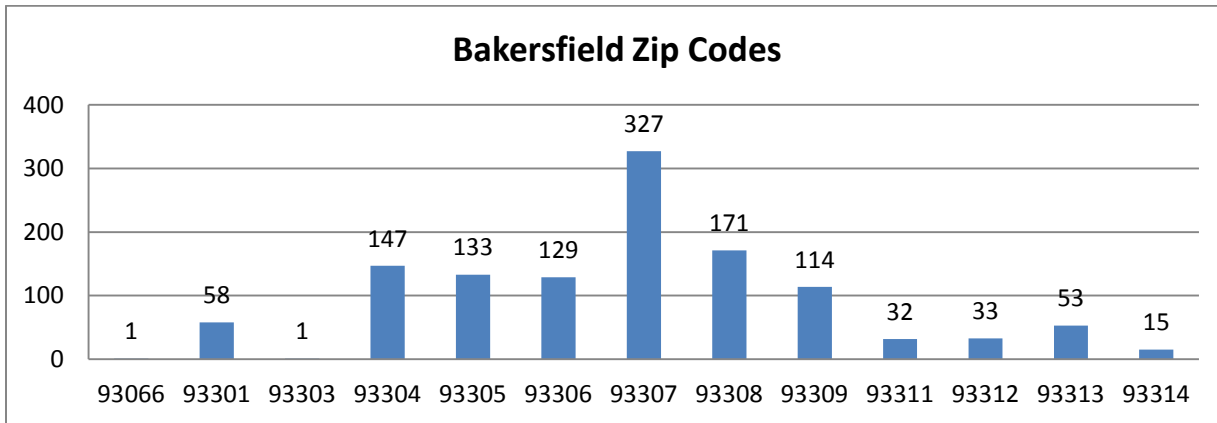
During the month of January thru March, 95% of the members managed were 65 years of age or younger.

Age	65 and under	Over 65	Total
Case Management	976	74	1050
Behavioral Case Management	590	13	603

Of the 1,653 members managed during the months of January thru March, the majority of members were female at 59%. The majority of members' ethnicity was Hispanic at 43%.

Ethnicity	Female	Male	Total
AFRICAN AMERICAN	102	66	168
ALASKAN/AMER INDIAN	4	1	5
ASIAN INDIAN	7	10	17
ASIAN/PACIFIC	5	6	11
CAMBODIAN	1	2	3
CAUCASIAN	349	228	577
CHINESE	0	1	1
FILIPINO	4	7	11
HISPANIC	441	277	718
NO VALID DATA	65	67	132
SAMOAN	1	0	1
UNKNOWN	3	5	8
VIETNAMESE	0	1	1

Health Services Quarterly Committee Reporting- Reporting Period January 1, 2019 to March 31, 2019



Outlying Areas

City	Total
ARVIN	25
BODFISH	9
BORON	4
BUTTONWILLOW	2
CALIF CITY	23
DELANO	77
FELLOWS	1
FRAZIER PARK	7
GLENDALE	1
HANFORD	1
HIGHLAND	1
INYOKERN	1
KERNVILLE	3
LAKE ISABELLA	15
LAMONT	28
LANCASTER	2
LEBEC	4
LOST HILLS	6
MARICOPA	3
MC FARLAND	21

Health Services Quarterly Committee Reporting- Reporting Period January 1, 2019 to March 31, 2019

MOJAVE	10
N/A	29
NORTH EDWARDS	1
ONYX	1
PECOS	1
ROSAMOND	6
SHAFTER	32
TAFT	32
TEHACHAPI	39
WASCO	39
WELDON	6
WOFFORD HTS	7
YERMO	1

Notes Completed

Note Source	Behavioral Case Management Episode	Case Management Episode
Activity Note	1,011	2,477
Add Episode Note	106	63
Call Tracking Note	0	3
Care Plan Problem Note	147	330
Change Status Note	2,021	2,734
Edit Episode Note	3	136
Episode Note	85	390
Goals	173	456
Interventions	251	1,125

Letters

Letter Template	Behavioral Health Case Management Episode	Case Management Episode
Appointment Letter English	26	25
Appointment Letter Spanish	2	15
Consent Form English	9	37
Consent Form Spanish	5	13
Discharge English	33	68
Discharge Spanish	8	22
Educational Material	132	226

Health Services Quarterly Committee Reporting- Reporting Period January 1, 2019 to March 31, 2019

Suicide Hospital Letter to MD	0	2
Unable to Contact	371	727
Welcome Letter Bilingual	53	213

Activity Type

Activity Type	Behavioral Health Case Management Episode	Case Management Episode
Fax	66	191
Letter Contact	395	876
Member Services	35	59
Phone Call	1,248	2,110

Activities Completed

Activities Completed	Total
CMA's	2,455
Nurses	1,691
Social Workers	832

Activity Name

Activity Name	Behavioral Health Case Management Episode	Case Management Episode
Appointment Reminder Calls	1	8
Basic Needs	0	7
Centric Appointment	0	1
Close Episode for UTC	18	69
Community Resources	2	18
Contact Member	128	160
Contact Pharmacy	6	17
Contact Provider	135	357
Create Work Item	53	56
HHP	123	192
ICT	29	46
Incoming Call	0	4
Inpatient Discharge Follow Up	34	119
Language Line	58	138
Mail Appointment Letter	31	13

Health Services Quarterly Committee Reporting- Reporting Period January 1, 2019 to March 31, 2019

Mail Authorization	0	4
Mail Consent Letter	16	46
Mail Discharge Letter	39	88
Mail Educational Material	96	226
Mail Member Handbook	4	1
Mail Pill Box	14	58
Mail Pocket Calendars	31	124
Mail Provider Directory	11	15
Mail Unable to contact letter	69	148
Mail Urgent Care Pamphlet	12	10
Mail Welcome Letter	38	12
Palliative Care	12	2
Phone call/Member on MM closure	0	1
Plan of care	49	141
Provided Information	0	24
Public Health Nurse	0	2
Request Medical Records	41	101
Return Mail	1	0
Schedule Physician Appointment	42	30
Transportation	18	57
Verbal consent to be received	633	939

Seniors and Persons with Disabilities (SPDs):

There were a total of 324 SPD members that were enrolled from January thru March, according to the risk stratification reports.

There are a total of 13,635 SPD members through March 2019

SPD Members are stratified into the Complex Case Management Group through use of the John Hopkins Predictive Modeler and represent 41

percent of the Complex Group from January thru March 2019.