



**KERN HEALTH  
SYSTEMS**

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

**Thursday, May 21<sup>st</sup> , 2020**

**At**

**7:00 A.M.**

**At**

**2900 Buck Owens Boulevard**

**4<sup>th</sup> Floor Kern River Room**

**Bakersfield, CA 93308**

**(Virtual Meeting)**

**The public is invited**

**For more information, call (661) 664-5000**

## Agenda

### Quality Improvement (QI) / Utilization Management (UM) Committee (VIRTUAL) MEETING

Kern Health Systems  
4<sup>th</sup> Floor Kern River Room  
2900 Buck Owens Boulevard  
Bakersfield, California 93308

Virtual Meeting  
Thursday, May 21<sup>st</sup>, 2020

7:00 A.M.

All agenda item supporting documentation is available for public review at Kern Health Systems in the Administration Department, 2900 Buck Owens Blvd, Bakersfield, CA 93308 during regular business hours, 8:00 a.m.–5:00 p.m., Monday through Friday, following the posting of the agenda. Any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available for review at the same location.

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

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

STAFF RECOMMENDATION SHOWN IN CAPS

## Agenda

### PUBLIC PRESENTATIONS

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SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!

### COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Committee Members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a])
- 3) Announcements
- 4) Closed Session
- 5) CMO Report
- CA-6) QI/UM Committee Summary of Proceedings February 20<sup>th</sup>, 2020 – APPROVE
- 7) Physician's Advisory Committee (PAC) Summary of Proceedings 1<sup>st</sup> Quarter – RECEIVE AND FILE
  - February 2020
  - March 2020
- CA-8) Pharmacy TAR Log Statistics 1<sup>st</sup> Quarter 2020 – RECEIVE AND FILE
- 9) Quality Improvement Department Summary Reports 1<sup>st</sup> Quarter 2020- APPROVE
  - Potential Quality Issue (PQI) Notifications
  - Facility Site Reviews (FSRs)
    - a. Initial Full Site Reviews
    - b. Periodic Full Site Reviews
    - c. Focus Reviews
      1. Critical Elements Monitoring
      2. IHEBA Monitoring
      3. IHA Monitoring
  - Quality Improvement Projects
    - a. Performance Improvement Projects (PIPs)
    - b. Improvement Projects (IPs)
  - MCAS Accountability Set (MCAS) Updates

### **Kaiser Reports**

- CA-10) Kaiser Reports (**PROPRIETARY AND CONFIDENTIAL**)
  - KFHC APL Grievance Report-1<sup>st</sup> Quarter 2020 –RECEIVE AND FILE
  - KFHC Volumes Report 1<sup>st</sup> Quarter 2020 – RECEIVE AND FILE
  - Kaiser Reports will be available upon Request

## **Agenda**

Quality Improvement- Utilization Management Committee Meeting  
Kern Health Systems

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### **VSP Reports**

#### 11) VSP Reports

- Medical Data Collection Summary Report 2020– APPROVE
- VSP DER Effectiveness Report – APPROVE

### **Member Services**

#### 12) Grievance Operational Board Update - RECEIVE AND FILE

- 1<sup>st</sup> Quarter 2020

#### 13) Grievance Summary Reports – RECEIVE AND FILE

- 1<sup>st</sup> Quarter 2020

### **Provider Relations**

#### 14) Re-credentialing Report 1<sup>st</sup> Quarter 2020 – RECEIVE AND FILE

#### CA-15) Board Approved New Contracts – RECEIVE AND FILE

- Effective March 1<sup>st</sup>, 2020
- Effective April 1<sup>st</sup>, 2020
- Effective May 1<sup>st</sup>, 2020

#### CA-16) Board Approved Providers Reports – RECEIVE AND FILE

- Effective March 1<sup>st</sup>, 2020
- Effective April 1<sup>st</sup>, 2020
- Effective May 1<sup>st</sup>, 2020

#### CA-17) Provider Relations Network Review Report 1<sup>st</sup> Quarter 2020– RECEIVE AND FILE

### **Disease Management**

#### 18) Disease Management 1<sup>st</sup> Quarter 2020 Report – APPROVE

### **QI-UM Program Document Reports**

#### 19) KHS 2019 QI Program Evaluation – RECEIVE AND FILE

#### 20) KHS 2020 QI Program Description – RECEIVE AND FILE

#### 21) KHS 2020 QI Work Plan – RECEIVE AND FILE

#### 22) KHS 2019 UM Program Evaluation - RECEIVE AND FILE

#### 23) KHS 2020 UM Program Description - RECEIVE AND FILE

### **Health Education Reports**

#### 24) Health Education Activity Report 1<sup>st</sup> Quarter 2020 – APPROVE

### **UM Department Reports**

#### 25) Combined UM Reporting 1<sup>st</sup> Quarter 2020 – APPROVE

#### 26) Provider Information and Resources during COVID-19 Emergency

- CDPH National Infant Immunization Flyer - RECEIVE AND FILE
- Asthma and COVID-19 Postcard - RECEIVE AND FILE
- Immunization Week Takeaway - RECEIVE AND FILE
- Prenatal and Postpartum Care QI Postcard - RECEIVE AND FILE
- Well-Child visits and COVID-19 Postcard - RECEIVE AND FILE
- QI Diabetes Post Card - RECEIVE AND FILE

**Agenda**

Quality Improvement- Utilization Management Committee Meeting  
Kern Health Systems

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05/21/2020

ADJOURN TO THURSDAY, AUGUST 20<sup>TH</sup>, 2020 AT 7:00 A.M.

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

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## SUMMARY OF PROCEEDINGS

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

KERN HEALTH SYSTEMS  
4<sup>th</sup> Floor Kern River Room  
2900 Buck Owens Boulevard  
Bakersfield, California 93308

Regular Meeting  
Thursday, February 20, 2020  
7:00 A.M.

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

Members Absent: Jennifer Ansolabehere, PHN; Philipp Melendez, MD

**Meeting was called to order at 7:04 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

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**PUBLIC COMMENT: Logan Newton from Achillies Prosthetics and Orthotics –**  
**1st concern: He feels a high percentage of claims they submit are being denied and lately they are unable to work with our Physicians to get them overturned and approved. They provide clear supporting documentation but the claims are still denied and they feel they no longer are given the opportunity to prove medical necessity.**  
**2<sup>nd</sup> concern: Per Medi-Cal guidelines, DME under \$250 does not require authorization but for many items, KHS still requires authorization. Logan requested KHS change their policy to match Medi-Cal and no longer require authorization for these items so they no longer have to turn away patients. He feels their supporting documentation is not being looked at and they are being denied based on price rather than medical necessity.**

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 – **DHCS outlined the 5-year plan for the “CalAIM” proposal for all Managed MCAL Plans, and this was discussed with QI-UM Committee.**

**2020-Submission plan for transitioning existing programs (WPC, HHP, TCM) into ECM and ILOS**

**2021-**  
**LTC and TRANSPLANTS carved in**  
**PHARMACY CARVE-OUT implementation**  
**PHM implementation**

**2022-**  
**FULL INTEGRATION RFP posted (Jan - July); full integration contracts announced (July)**

**2023-**  
**Mandatory managed care enrollment for DUALS. All Medi-Cal managed care plans to operate D-SNPs**

**2024-**  
**Full integration pilots GO-LIVE date**

**2025-**  
**NCQA ACCREDITATION for plans and delegates by 2025**

**2026-**  
**Full implementation of LTSS, LTC, D-SNPs**

CA-6) QI/UM Committee Summary of Proceedings November 14<sup>th</sup>, 2019 – APPROVED  
**Arya-Kennedy: All Ayes**

- 7) Physician’s Advisory Committee (PAC) Summary of Proceedings 4<sup>th</sup> Quarter – RECEIVED AND FILED – **Park-Kennedy: All Ayes**
- October 2019
  - November 2019
  - December 2019

CA-8) Pharmacy TAR Log Statistics 4<sup>th</sup> Quarter 2019 – RECEIVED AND FILED – **Park-Kennedy: All Ayes**

- October 2019
- November 2019
- December 2019

- 9) Quality Improvement Department Summary Reports 4<sup>th</sup> Quarter 2019- APPROVED - **Park-Kennedy: All Ayes**
- Potential Quality Issue (PQI) Notifications
  - Facility Site Reviews (FSRs)
    - a. Initial Full Site Reviews
    - b. Periodic Full Site Reviews
    - c. Focus Reviews
      - 1. Critical Elements Monitoring
      - 2. IHEBA Monitoring
      - 3. IHA Monitoring
  - Quality Improvement Projects
    - a. Performance Improvement Projects (PIPs)



b. Improvement Projects (IPs)

- MCAS Accountability Set (MCAS) Updates

**Kaiser Reports**

CA-10) Kaiser Reports (**PROPRIETARY AND CONFIDENTIAL**)

- KFHC APL Grievance Report-4<sup>th</sup> Quarter 2019 –RECEIVED AND FILED
- KFHC Volumes Report 4<sup>th</sup> Quarter 2019 – RECEIVED AND FILED

**VSP Reports - Park-Arya: All Ayes**

11) VSP Reports

- Medical Data Collection Summary Report 2019– APPROVED
- VSP DER Effectiveness Report – APPROVED

**Member Services - Park-Kennedy: All Ayes**

12) Grievance Operational Board Update - RECEIVED AND FILED

- 4<sup>th</sup> Quarter 2019

13) Grievance Summary Reports – RECEIVED AND FILED

- 4<sup>th</sup> Quarter 2019

**Provider Relations - Arya-Park: All Ayes**

14) Re-credentialing Report 4<sup>th</sup> Quarter 2019 – RECEIVED AND FILED

CA-15) Board Approved New Contracts – RECEIVED AND FILED

- Effective November 1<sup>st</sup>, 2019
- Effective December 1<sup>st</sup>, 2019
- Effective January 1<sup>st</sup>, 2020

CA-16) Board Approved Providers Reports – RECEIVED AND FILED

- Effective November 1<sup>st</sup>, 2019
- Effective December 1<sup>st</sup>, 2019
- Effective January 1<sup>st</sup>, 2020

CA-17) Provider Relations Network Review Report 4<sup>th</sup> Quarter 2019– RECEIVED AND FILED

**Disease Management - Arya-Kennedy: All Ayes**

18) Disease Management 4<sup>th</sup> Quarter 2019 Report – APPROVED

**Policies and Procedures - Arya-Park: All Ayes**

19) QI/UM Policies and Procedures – APPROVED

- 3.10-P Alcohol and Substance Abuse Treatment
- 3.14-P Mental Health Services
- 3.77-P Palliative Care

## **Health Education Reports - Arya-Park: All Ayes**

CA-20) 2019 HECL Work Plan Evaluation- RECEIVED AND FILED

CA-21) 2020 HECL Work Plan – RECEIVED AND FILED

22) Health Education Activity Report 4<sup>th</sup> Quarter 2019 – APPROVED

- **Member incentives are currently being revised to better align with the new MCAS measures. The postpartum incentive has been updated to reflect a 1-12 week timeframe to complete the postpartum exam for all deliveries on or after 1/1/20. Deliveries prior to 1/1/20 will be under the prior incentive criteria of 3-8 weeks. New incentive programs will be shared at an upcoming committee meeting.**
- **Health Education Class Curriculums have been undergoing revisions since 2019. The goal is to create an evidence-based curriculum that meets the health needs of KHS members and the Kern community. Curriculum will include 1:1 follow up visits with a health educator for 1 year after completion of the class series.**
- **Spring 2020 Member Newsletter will be sent to member homes the first week of April. Content will include preventive care, access to care, specialty care, mental health, dental and respiratory health. Newsletter is sent in English, Spanish or large font to every household.**

## **UM Department Reports - Arya-Kennedy: All Ayes**

23) Combined UM Reporting 4<sup>th</sup> Quarter 2019 – APPROVED

- **Deborah Murr; Chief Health Services Officer, spoke to committee regarding Homebound Programs. To effectively care for difficult and challenging members with multiple chronic co-morbidities, mobility challenges, and poly pharmacy, health care services need to evolve to deliver services at the most important point of care, the member's home. The goal of the KHS homebound program is to achieve the Triple Aim of better clinical outcomes, improved member experience, and lower costs for these most challenging populations. Special programs and partnerships are at the forefront of KHS clinical leadership strategy to develop agile programs to assist member's in receiving medically necessary care in the home while adapting to the member's physical, emotional, and functional well-being.**

**Meeting adjourned by Dr. Martha Tasinga, M.D., C.M.O. @ 8:06 A.M.  
to Thursday, May 21, 2020 at 7:00 A.M.**

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# SUMMARY OF PROCEEDINGS

## PHYSICIAN ADVISORY COMMITTEE MEETING

KERN HEALTH SYSTEMS  
2900 Buck Owens Blvd.  
4<sup>th</sup> Floor Conference Room – Kern River Room  
Bakersfield, California 93308

Wednesday, February 5, 2020  
7:00 A.M.

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### COMMITTEE RECONVENED

Members Present: Hasmukh Amin, M.D., David Hair, M.D., Miguel Lascano, M.D., Ashok Parmar, M.D., Raju Patel, M.D., Martha Tasinga, M.D., C.M.O.

Members Absent: Angela Egbikuadje, PD.MS, Ph.D

**Meeting called to order at 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 MEMBER OF THE COMMITTEE OR AUDIENCE WISHES TO COMMENT OR ASK QUESTIONS. IF COMMENT OR DISCUSSION IS DESIRED BY ANYONE, THE ITEM WILL BE REMOVED FROM THE CONSENT AGENDA AND WILL BE CONSIDERED IN LISTED SEQUENCE WITH AN OPPORTUNITY FOR ANY MEMBER OF THE PUBLIC TO ADDRESS THE COMMITTEE CONCERNING THE ITEM BEFORE ACTION IS TAKEN.

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### COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

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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 6-0, THE COMMITTEE APPROVED PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING AND RE-CREDENTIALING.**
  - **Dr. Tasinga reviewed the letter sent to PRV000383 on 08/30/19. This provider has requested to be a member of PAC; however, the open position would require review of the policy to determine specialty participation requirements regarding invitations to other providers who are interested. Members were asked to submit names of potential members for vacant positions.**
  - **Dr. Tasinga discussed a concern raised surrounding PRV000449 with transporting his patients to a non-credentialed, non-PAR, out of area surgery center in Pasadena which the provider owns. PRV000449 is classifying the patients as emergency; however, the surgery is not performed for up to 3 weeks. A medical record review audit was performed by an outside Peer Review Agency, Advanced Medical Review (AMR) which found 75% of the cases reviewed were in fact urgent and medically necessary for adult cases. Case reviewed as non-urgent have been redirected to Jules-Stein; however, the provider convinced the parents of this patient to not utilize this facility. The members discussed there should not be a reason for adult cases to be sent out of area and they can be performed locally. Valley Children's has capacity for children ophthalmology and Bakersfield Memorial has the**

**established relationship to have these cases performed at Valley Childrens. Legal is providing a letter informing PRV0000449 to cease transportation for his patients to his Ambulatory Surgery Center (ASC).**

COMMITTEE RECONVENED TO OPEN SESSION @ 7:28 A.M.

- CA-4) Minutes for KHS Physician Advisory Committee meeting on December 4, 2019 – APPROVED  
**Amin-Patel: All Ayes**
- CA-5) VSP Diabetic Exam Reminder Effectiveness Report – RECEIVED AND FILED  
**Amin-Patel: All Ayes**
- CA-6) VSP Medical Data Collection Summary Report – RECEIVED AND FILED  
**Amin-Patel: All Ayes**

MEETING ADJOURNED BY DR. MARTHA TASINGA, M.D., C.M.O. @ 8:01 A.M. TO WEDNESDAY, MARCH 4, 2020 AT 7:00 A.M.

**AMERICANS WITH DISABILITIES ACT  
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KERN HEALTH SYSTEMS  
2900 Buck Owens Blvd.  
4<sup>th</sup> Floor Conference Room – Kern River Room  
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Wednesday, March 4, 2020  
7:00 A.M.

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### COMMITTEE RECONVENED

Members Present: Hasmukh Amin, M.D., Ph.D; David Hair, M.D., Miguel Lascano, M.D., Martha Tasinga, M.D., C.M.O.

Members Absent: Ashok Parmar, M.D., Raju Patel, M.D.

**Meeting called to order at 7:03 A.M. by Dr. Martha Tasinga, M.D., C.M.O.**

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

CLOSED SESSION

- 1) 3) Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) – **BY A VOTE OF 4-0, THE COMMITTEE APPROVED PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING AND RE-CREDENTIALING.**
  - **PRV044937 – Dignity Health filed an 805 Report on this provider with subsequent agreements reached, therefore Dignity is requesting KHS to sign release of information to allow review. This providers privileges were suspended by Mercy Hospital and after subsequent meeting with their Medical Executive, privilege suspension was terminated on 5/22/2018. Bakersfield Memorial is temporarily suspending the providers privileges to perform craniotomy for aneurysms, pending evidence of CMEs. No further or additional actions taken.**

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

- CA-4) Minutes for KHS Physician Advisory Committee meeting on February 5, 2020 – **APPROVED**  
**Hair-Amin: All Ayes**



MEETING ADJOURNED BY DR. MARTHA TASINGA, M.D., C.M.O. @ 7:38 A.M. TO  
WEDNESDAY, MAY 6, 2020 AT 7:00 A.M.

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

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KERN HEALTH SYSTEMS  
Quality Improvement Department Quarterly QI-UM Committee Report  
Q1 2020

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The purpose of this report is to provide a summary of the quarterly activities and outcomes for the QI department. This provides a window into both compliance with regulatory requirements as well as identifying opportunities for improving the quality of care for our members. Areas covered in the report include:

- I. Potential Inappropriate Care (PIC) Notifications
  
- II. Facility Site Reviews (FSRs) and Medical Record Reviews (MRRs)
  - a. Initial Full Site Reviews
  
  - b. Periodic Full Site Reviews
  
  - c. Focus Reviews
  
- III. Quality Improvement Projects
  - a. Performance Improvement Projects (PIPs)
  
  - b. Improvement Projects (IPs)
  
- IV. MCAS Accountability Set (MCAS) Updates
  
- V. Policy and Procedures and other program documents:

# KERN HEALTH SYSTEMS

## Quality Improvement Department Quarterly QI-UM Committee Report Q1 2020

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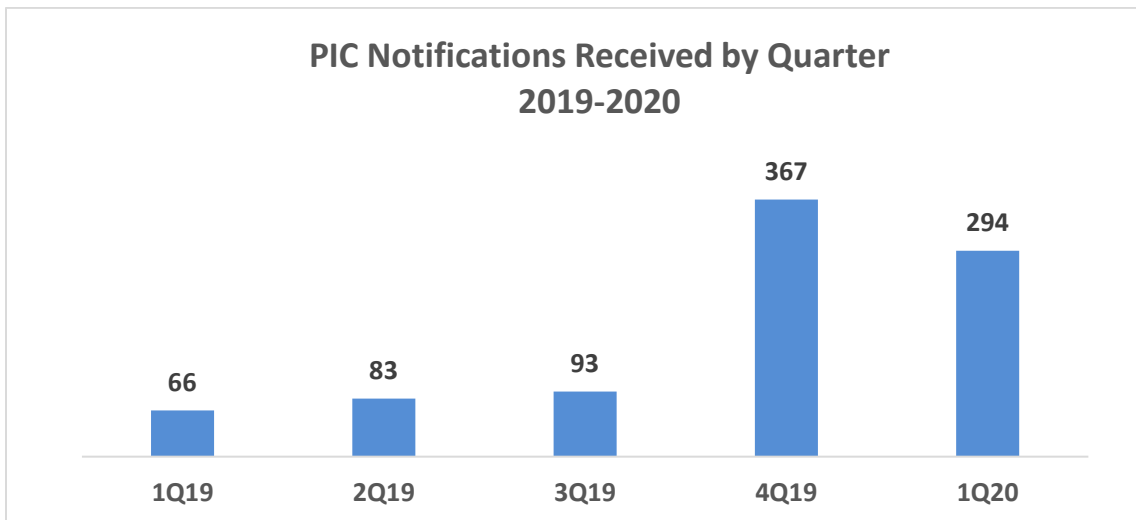
### **I. Potential Inappropriate Care (PIC) Notifications:**

QI receives Notifications from various sources to review for potential inappropriate care issues. On receipt of a potential inappropriate care issue, a high-level review is completed by a QI RN to determine what level of Potential Quality Issue exists.

PICs are assigned a level based on the outcome of the review. The levels assigned are as follows:

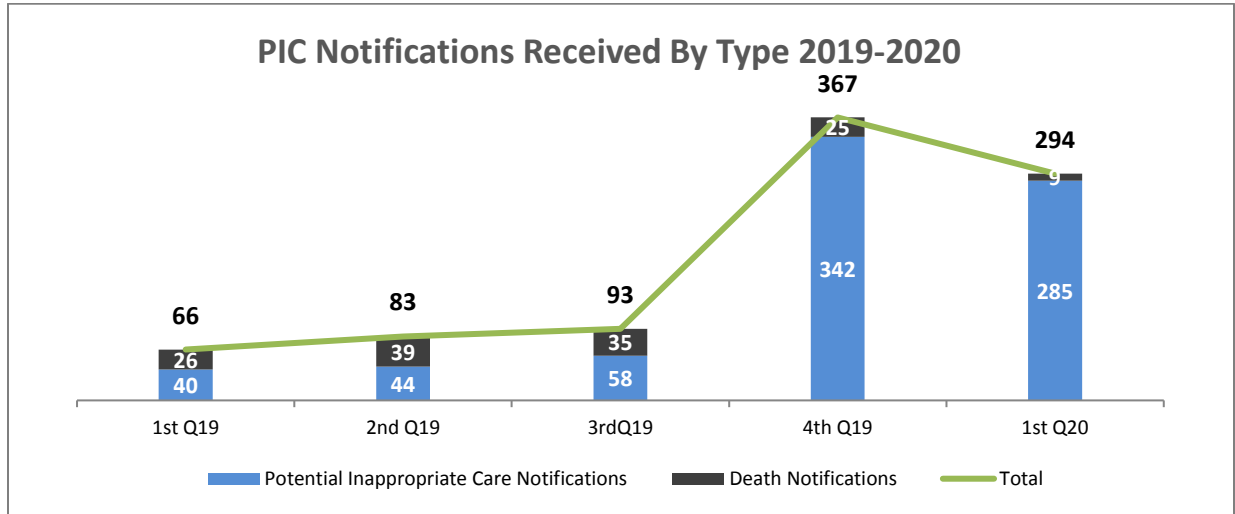
- Level 0 = No Quality of Care Concern
  - Follow-up = Track and Trend and/or Provider Education
- Level 1 = Potential for Harm
  - Follow-up = Track and trend the particular area of concern for the specific provider and the Medical Director or their designee may provide additional actions that are individualized to the specific case or provider.
- Level 2 = Actual Harm
  - Follow-up = Corrective Action Plan plus direction from Medical Director or their designee which is individualized to the specific case or provider
- Level 3 = Actual Morbidity or Mortality Failure
  - Follow-up = Corrective Action Plan plus direction from Medical Director or their designee which is individualized to the specific case or provider

Effective January 2020, QI had stopped PQI investigation of all Death notifications. Instead, we are working with Utilization Management team to refer only death notifications in which they think there may be a quality concern. Those referrals will be processed like any other PQI notifications.

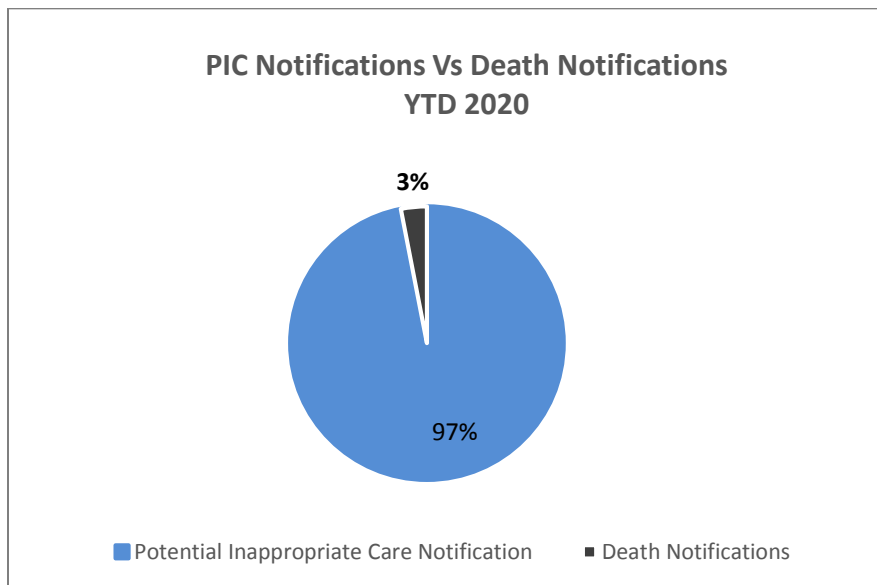


# KERN HEALTH SYSTEMS

## Quality Improvement Department Quarterly QI-UM Committee Report Q1 2020



From the above charts, we received a total of 294 notifications for the 1st Quarter of 2020. This is almost a 20% decrease in the notifications compared to previous quarter. The reduction in death notifications from the previous quarter is directly correlated to the change in the process that occurred in January. As mentioned above, the new process involves only sending death notifications in which there is a suspected quality of care concern.



The above chart reflects the YTD PIC death notifications versus other PIC referrals. The death notifications are significantly lower in proportion compared to 2019 YTD because of the process change that occurred in January.

# KERN HEALTH SYSTEMS

## Quality Improvement Department Quarterly QI-UM Committee Report

### Q1 2020

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#### **II. Facility Site Reviews (FSR) and Medical Record Review (MRR) Description:**

Certified Site Reviewers perform a Facility Site Review on all contracted primary care provider sites (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 FSRs and MRRs for providers credentialed per DHCS and MMCD contractual and policy requirements.

An Initial Full Site Review (IFSR) is completed as part of the credentialing process on new providers at sites that have not previously been reviewed before being added to the KHS provider network. An IFSR is also completed when an existing KHS provider moves to a new site location. Approximately 3 months after the completion of an IFSR, an Initial Medical Record Review (IMRR) is conducted on sites other than Urgent Care (UC) Facilities. A passing FSR score is considered “current” if it is dated within the last three (3) years.

Subsequent Periodic Full Site Reviews (PFSRs) are conducted as part of the re-credentialing process for providers three (3) years after completion of the IFSR and every three (3) years thereafter.

#### **Critical Elements**

There are nine critical elements related to the potential for adverse effect on patient health or safety and include the following:

- Exit doors and aisles are unobstructed and egress (escape) accessible.
- Airway management equipment, appropriate to practice and populations served, are present on site.
- Only qualified/trained personnel retrieve, prepare or administer medications.
- Office practice procedures are utilized on-site that provide timely physician review and follow-up of referrals, consultation reports and diagnostic test results.
- Only lawfully authorized persons dispense drugs to patients.
- Personal protective equipment (PPE) is readily available for staff use.
- Needle stick safety precautions are practiced on-site.
- 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.
- Spore testing of autoclave/steam sterilizer is completed (at least monthly, with documented results).

#### **Scoring and Corrective Action Plans**

Provider sites that receive a FSR or MRR score with an Exempted Pass (90% or above, without deficiencies in critical elements) are not required to complete a corrective action plan (CAP). All sites that receive a Conditional Pass (80-89%, or 90% and above with deficiencies in critical elements) are

# KERN HEALTH SYSTEMS

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required to complete a CAP addressing each of the noted deficiencies. The compliance level categories for both the FSR and MRR are as listed below:

**Exempted Pass: 90% or above**

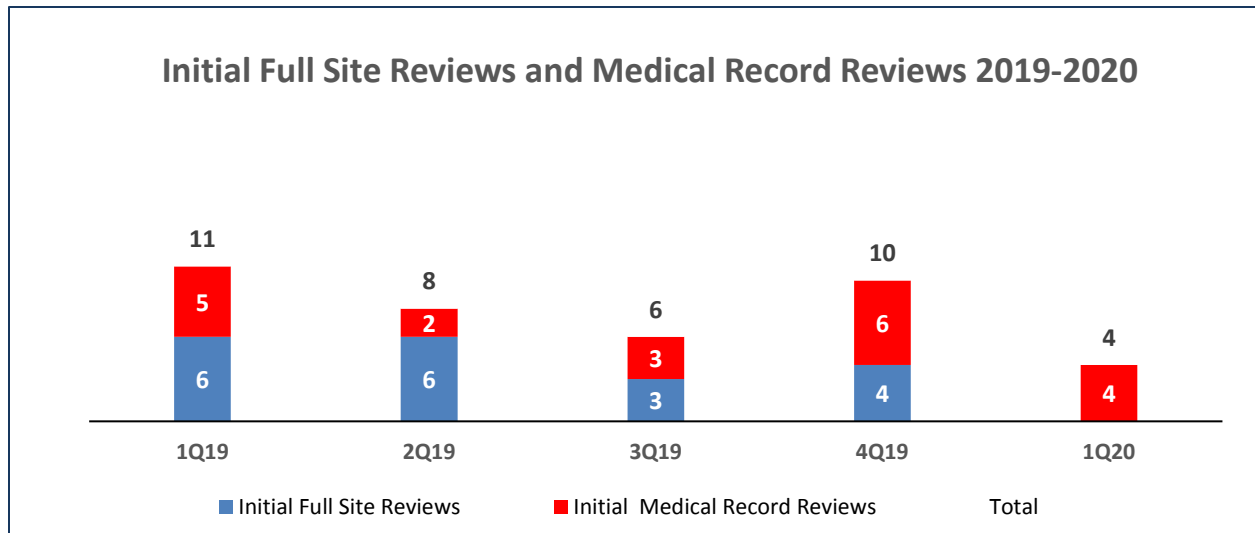
**Conditional Pass: 80-89%**

**Not Pass: below 80%**

**Corrective Action Plans (CAPs)**

A CAP is issued when an initial, periodic, or focus review has deficiencies identified. DHCS requires follow up at 10 days for failure of any critical element, follow up for other failed elements at 45 days, and if not corrected by the 45 day follow up, at 90 days after a CAP has been issued. The majority of CAPs issued are corrected and completed within the 45 Day follow up period. Providers are encouraged to speak with us if they have questions or encounter issues with CAP completion. QI nurses provide education and support during the CAP resolution process.

**Initial Facility Site Review and Medical Record Review Results:**

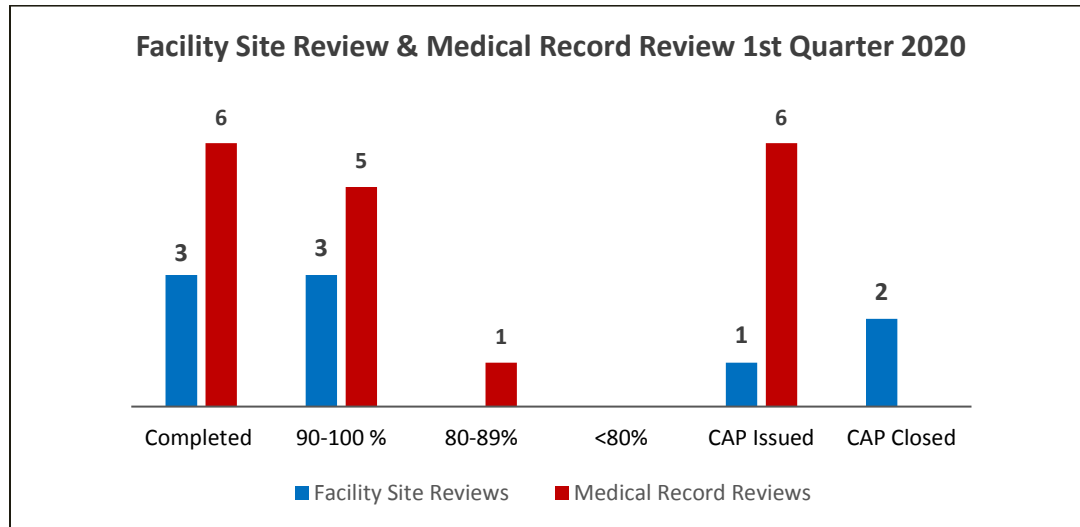


No trends are identified, and this chart simply reflects the volume of new providers in KHS’s Network. A decision was made in the beginning of March to stop all provider visits due to the COVID-19 situation for staff and providers’ safety. DHCS has delayed site reviews until the COVID -19 emergency response situation has ended.

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**Facility Site Review and Medical Record Review Results (Initial & Periodic):**



From the above chart:

- A total of 3 Site Reviews were completed in the 1<sup>st</sup> Quarter of 2020. All of the 3 were periodic site reviews.
- A total of 6 Medical Record Reviews were completed out of which 4 were initial medical record reviews and 2 were Periodic Medical Record Reviews.
- The total CAPS issued were 1 for Facility Site Review and 6 for Medical Record Review.
- There were 2 Full Site Review CAPs closed.

A decision was made at the beginning of March to stop all provider visits due to the COVID-19 situation for staff and providers' safety. DHCS have delayed site reviews until the COVID -19 emergency response situation has ended.

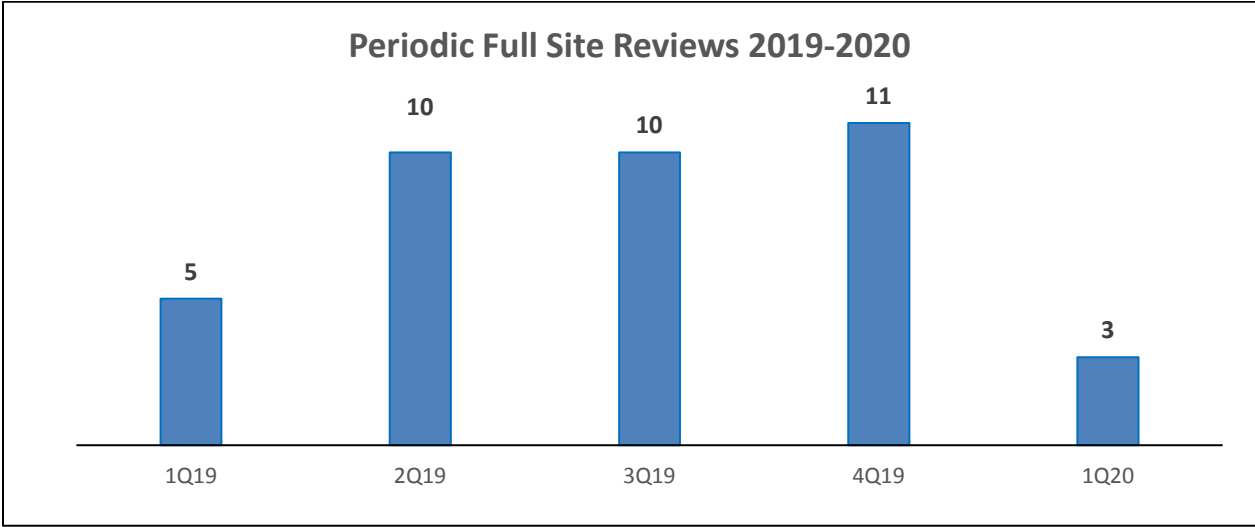
**Periodic Full Site Reviews**

Periodic Full Site Reviews are required every 3 years. The due date for Periodic FSRs is based on the last Initial or Periodic FSR that was completed. The volume of Periodic Reviews is not controlled by KHS. It is based on the frequency dictated by DHCS.



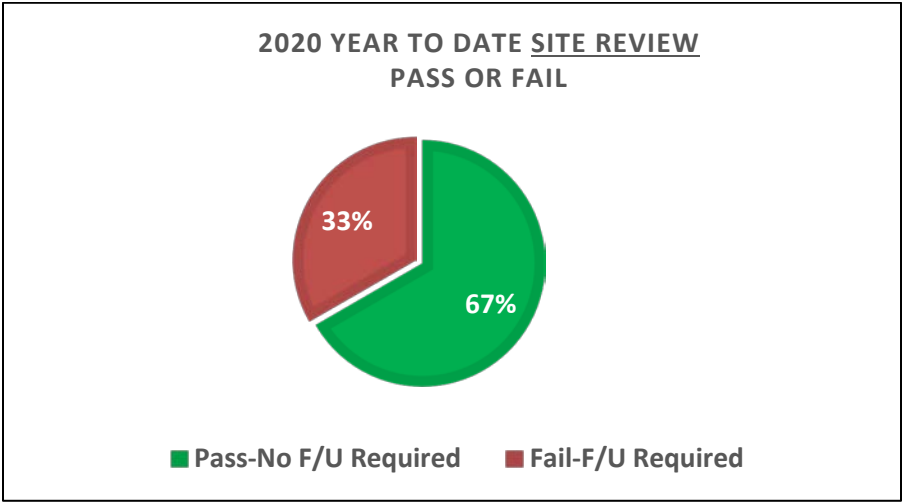
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This above chart reflects the number of Periodic Full Site Reviews that were due and completed for each quarter. A decision was made in the beginning of March to stop all the provider visits due to the COVID-19 situation for staff and providers’ safety. DHCS have delayed site reviews until the COVID -19 emergency response situation has ended.

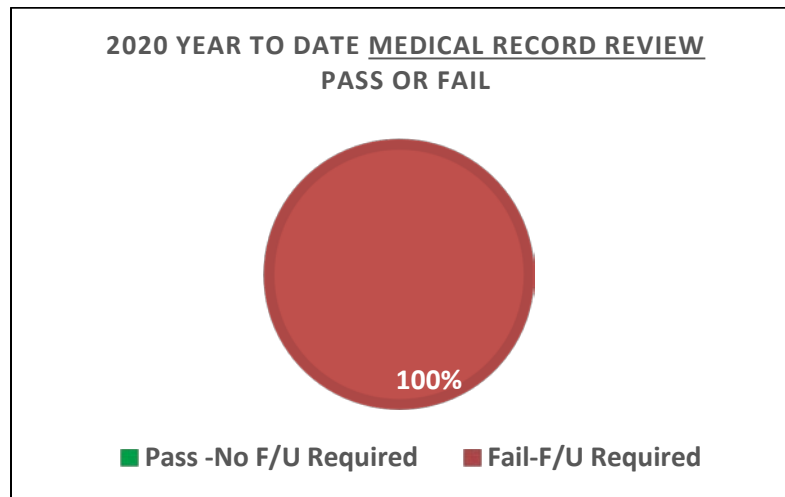
**Year to Date (YTD) Initial and Periodic FSR Pass or Fail Rate:**



In 2020 YTD 67% of the Initial and Periodic site reviews performed passed on the first visit and 33% required follow-up. Compared to last quarter, full site review pass rate increased by 4% and fail rate decreased by 4%.

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For 2020 YTD, there were 6 medical reviews conducted and all had an additional follow-up scheduled. So all the 6 sites failed in the first visit. Typically, there are more follow-ups required for Medical Record Reviews. Quality Improvement explores opportunities to improve areas on a broader basis for areas with consistent non-compliance.

For 1<sup>st</sup> Quarter top #3 deficiencies identified for Opportunities for improvement in facility site reviews are:

1. Staff Training on Universal Precaution, Blood Borne pathogens, Biohazard Waste Handling; preparation and administration of medications, Minor's Rights.
2. Documentation of checking of emergency medications.
3. Fire Fighting Equipment- Fire extinguisher not inspected at least annually.

Top #3 deficiencies identified for Opportunities for improvement in Medical record reviews are:

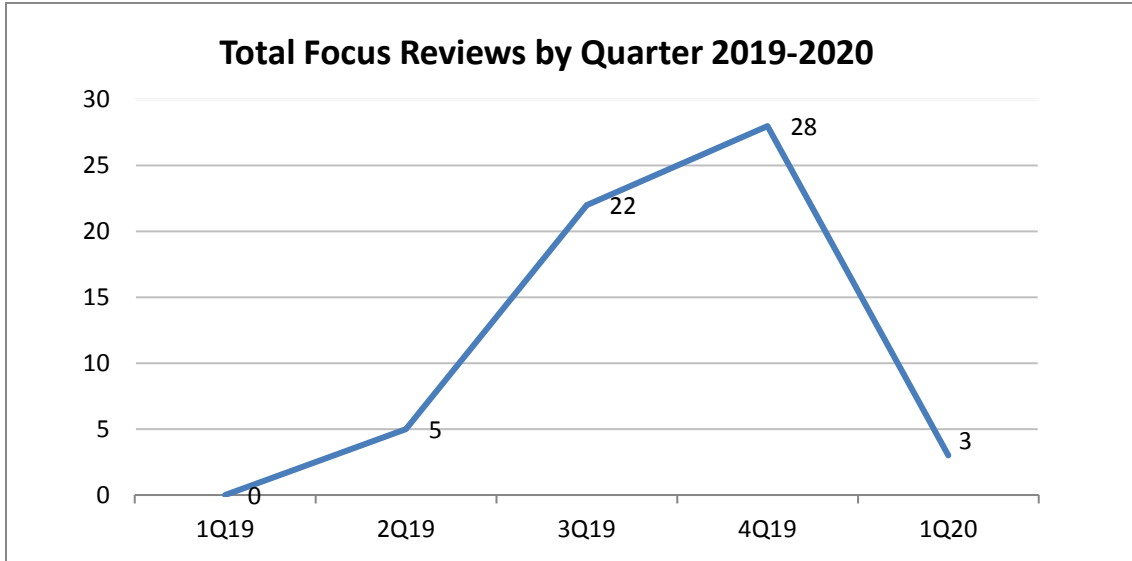
1. For top #1 there were two areas identified who had equal opportunities for improvement
  - a) Efforts/follow up contacts documentation for missed primary care appointments.
  - b) Cervical Cancer Screening
2. For top #2 there were three areas identified who had equal opportunities for improvement
  - a) There was no evidence of follow up of Specialty referrals made, and results/reports of diagnostic tests, when appropriate.
  - b) TB Screening not being done on both kids and adults.
  - c) Incomplete Adult and Pediatric Immunizations.
3. Emergency Contact is not identified.

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**Focus Reviews:**

Focus Reviews are conducted between Initial and first Periodic Full Site Reviews or between two Periodic Full Site Reviews. Typically they occur about every 18 months. These reviews are intended to be a check-in to ensure the provider is compliant with the 9 critical elements and as a follow up for any areas found to be non-compliant in the previous Initial or Periodic Full Site Review.



**Note** There is no data for the 1<sup>st</sup> Quarter of 2019 due to HEDIS Review Activity.

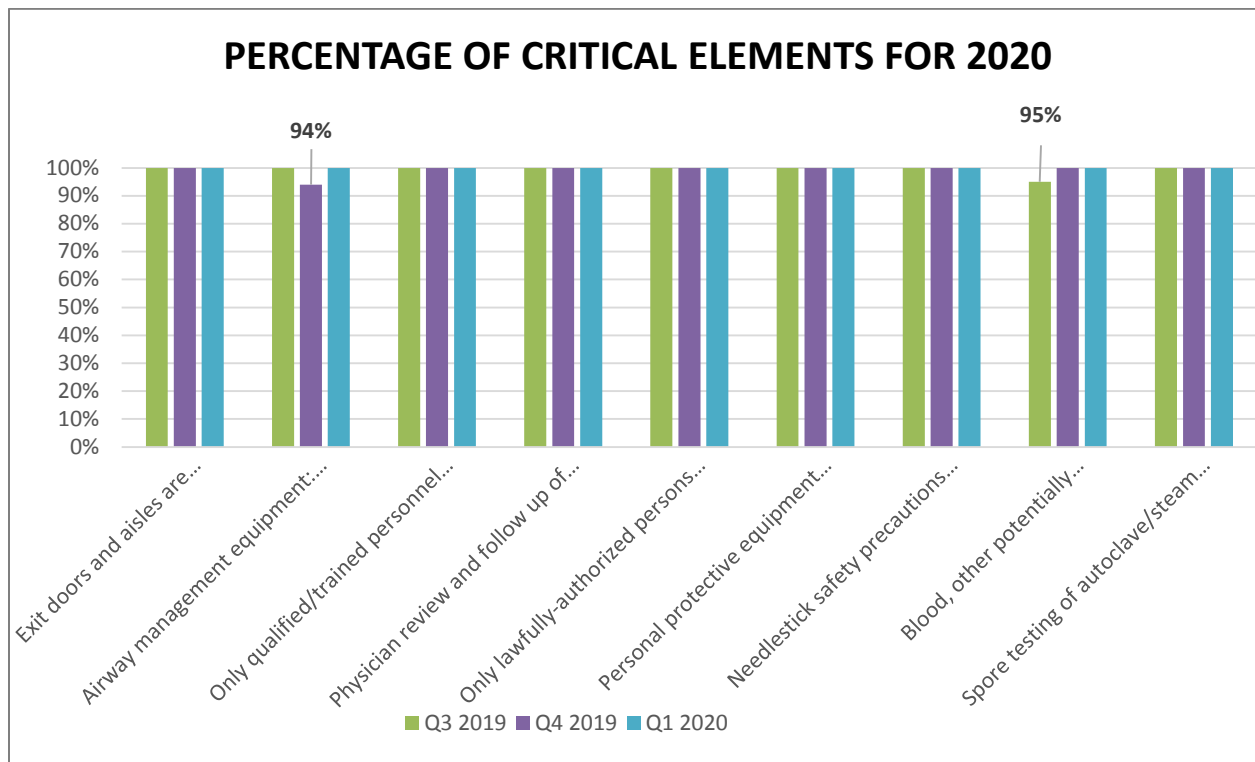
A decision was made in the beginning of March to stop all the provider visits due to the COVID-19 situation for staff and providers' safety. DHCS have delayed site reviews until the COVID -19 emergency response situation has ended.

# KERN HEALTH SYSTEMS

## Quality Improvement Department Quarterly QI-UM Committee Report Q1 2020

KHS is responsible for systematic monitoring of all PCP and OB/GYN sites between each regularly scheduled, full scope site review surveys. This monitoring includes the nine (9) critical elements. These nine critical survey elements are related to the potential for adverse effect on patient health or safety which 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 review or monitoring visit must be corrected by the provider within 10 business days of the survey date. Sites found deficient in any critical element during a Focus Review are required to correct 100% of the survey deficiencies, regardless of survey score.

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 survey or monitoring visit. The PCP and/or site contact are required to correct 100% of the survey deficiencies regardless of the survey score.

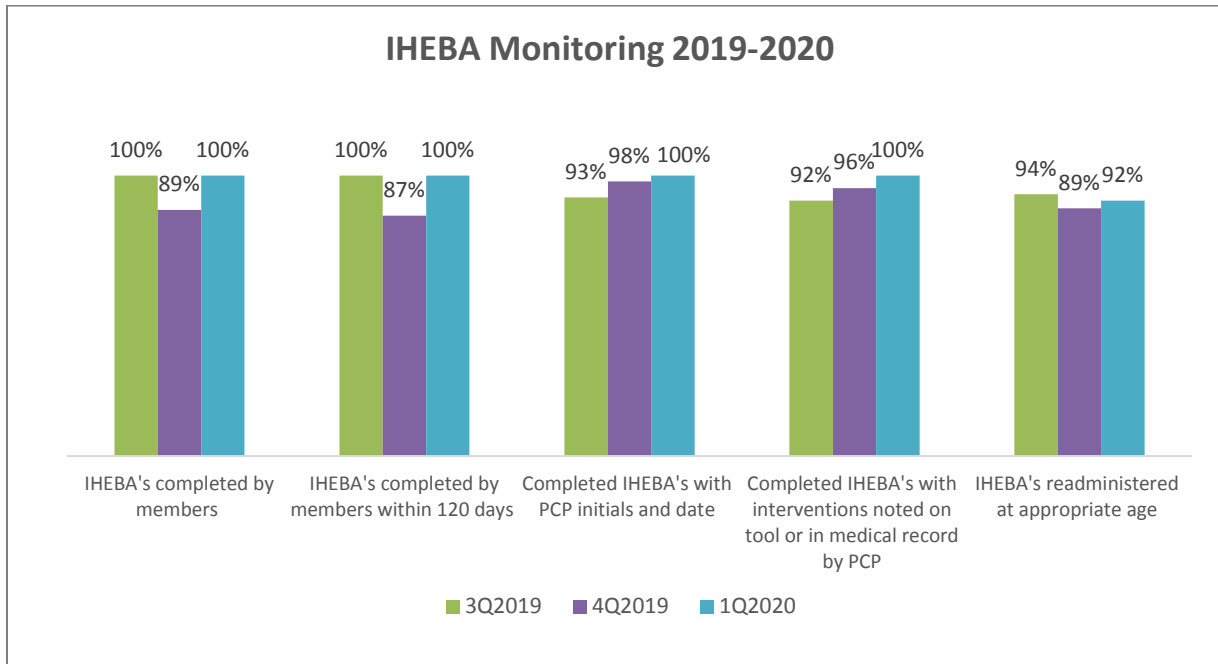


**Analysis for Critical Elements:** All Critical Elements scored 100% for Q1 2020.

# KERN HEALTH SYSTEMS

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**Individual Health Education Behavioral Assessment (IHEBA) Description:** The 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%.



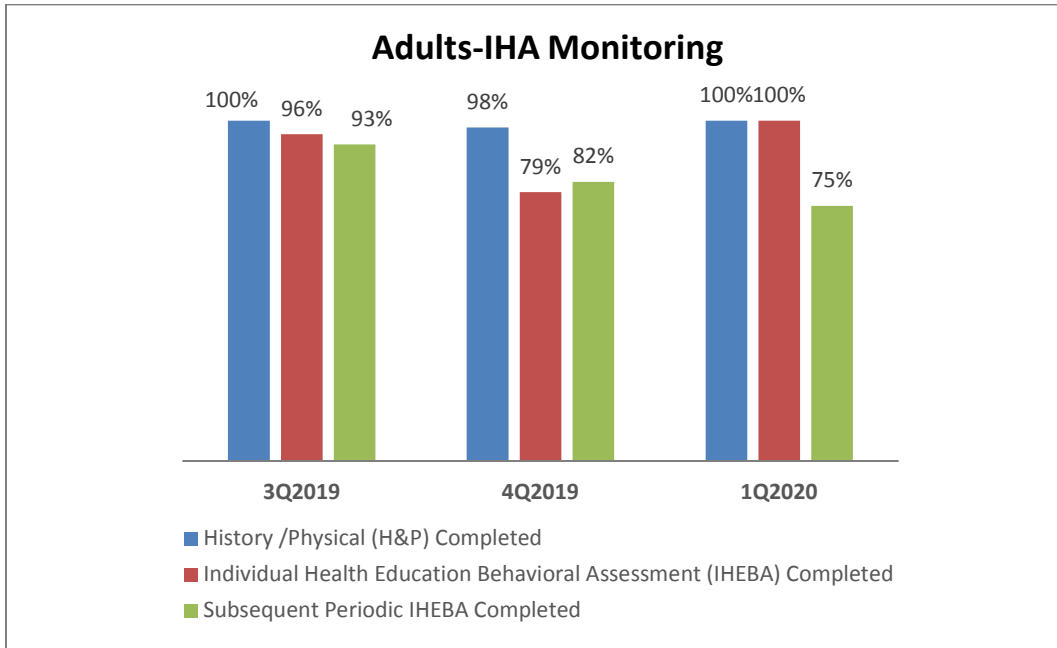
**IHEBA Results:** In the 1<sup>st</sup> Quarter of 2020, 30 records were audited from 3 different providers. One of the provider scored below the MPL for IHEBA's re-administered at the appropriate age. Necessary Corrective Action Plans (CAPS) were issued and the deficiencies were corrected.

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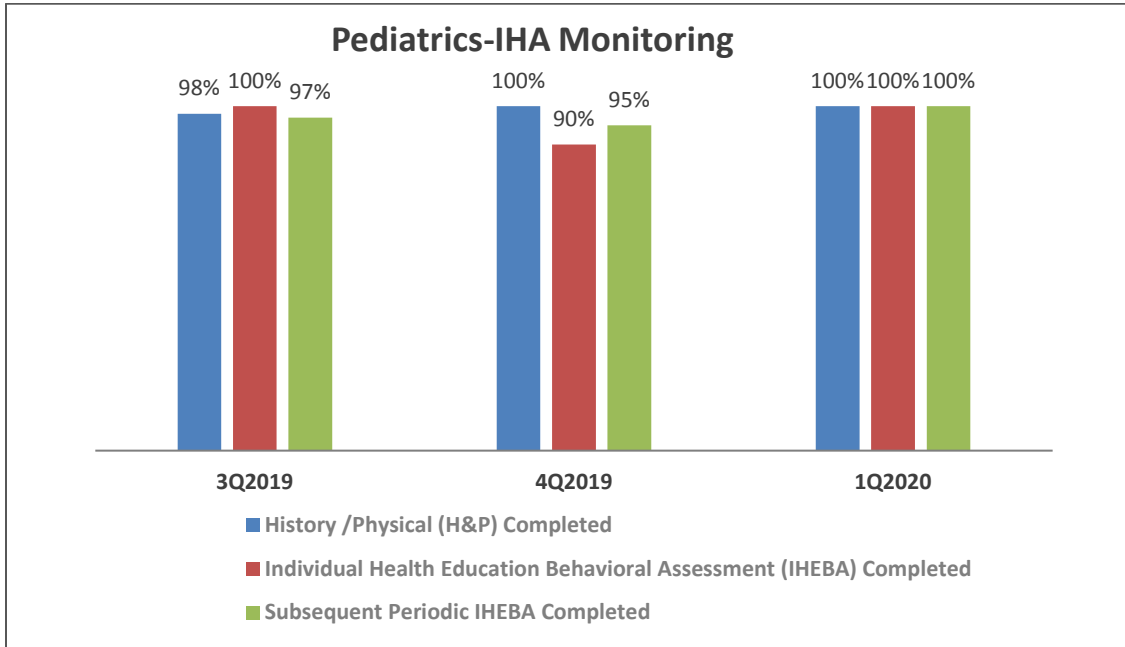
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**Initial Health Assessment (IHA) Description:** An IHA must be provided to each member within 120 days of enrollment. As PCP's receive their assigned members, the practitioner's office contacts the member to schedule an IHA to be performed within the 120 day time limit. If the practitioner is unable to contact the member, he/she contacts the 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, and IHAs are performed on both adult and child members.



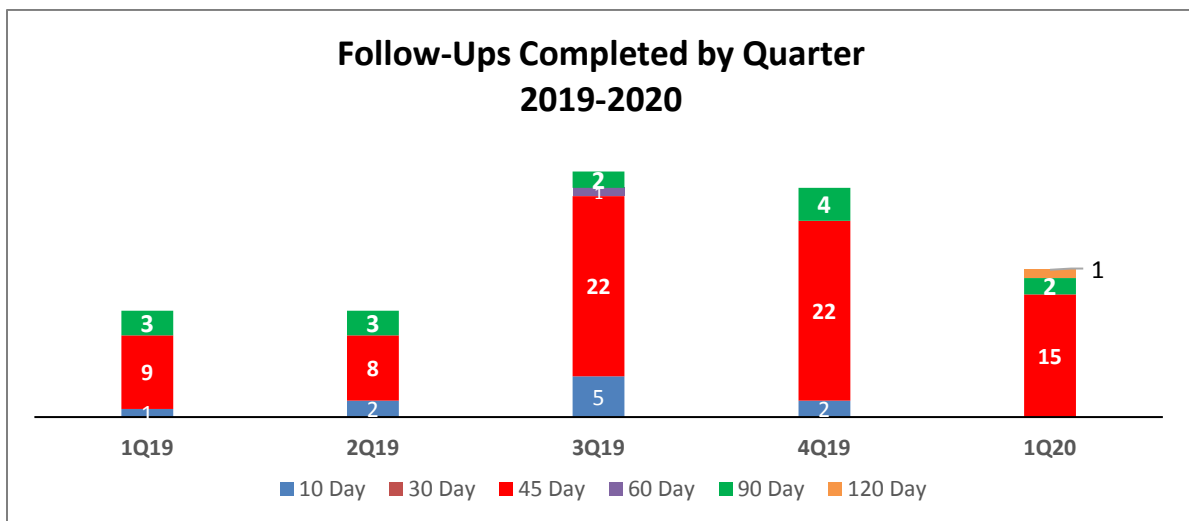
**ADULT IHA Results:** In the 1<sup>th</sup> Quarter of 2020, there were 3 providers who had adult IHA records. We had 14 Adult-IHA records reviewed for these 3 providers. One provider among the three scored below MPL for Subsequent Periodic IHEBA that rendered overall score of adult-IHA in this area. Corrective Action Plans (CAPS) were issued and the deficiencies were corrected.

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**PEDIATRIC IHA Results:** For the 1<sup>st</sup> Quarter of 2019, 3 providers had pediatric IHA records. Among these 3 providers, 12 Pediatrics-IHA records were reviewed. All records surveyed scored 100% in all the three areas.

**Facility Site Review and Focus Review Corrective Action Plans (CAPs):**



In the 1<sup>st</sup> Quarter of 2020, fifteen 45-Day Follow-ups, two 90-Day Follow-ups and one 120-day follow up were completed. The majority of CAPs issued were corrected within the 45 Days follow-up period except for one provider. That provider has not corrected their deficiencies and it has been greater than 90 days

# KERN HEALTH SYSTEMS

## Quality Improvement Department Quarterly QI-UM Committee Report

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since the deficiency was identified. The deficiency was with their EMR system as well as other technical difficulties. With the peer review led by our CMO, KHS rendered help on the technical issues in combination with education from QI site reviewers.

### **III. Quality Improvement Projects**

#### **Performance Improvement Projects (PIPs)**

Based on the final HEDIS rates, two of the measures that KHS is held accountable to meet the Minimum Performance Level (MPL) were not met. Those two measures were the Asthma Medication Ratio (AMR) and the Well-Child visits for ages 3-6 years old (W34). Improvement projects (IP) are required for both of these measures and are being incorporated into the 2019-2021 PIPs. DHCS has approved this approach. For 2019-2021, KHS has chosen the following PIP topics:

#### **Disparities in W34 (Well child Visits on ages 3-6 years old)**

Our PIP team is working closely with providers to identify gaps in care and take necessary actions to address them. Module 2-Intervention determination involves quality improvement activities that have potential impact on the SMART Aim. KHS submitted Module 2 on January 16, 2021 and received approval from DHCS on January 31, 2020.

Module 3 intervention testing includes how the intervention will be monitored for effectiveness. Plan Do Study Act (PDSA) cycles are designed to test the effectiveness of intervention. Module 3 was submitted on 3/12/2020. Approval of module 3 from HSAG was received on 3/27/2020. March is the first month for the first intervention of Saturday Clinics twice a month for Well Child Visits. The first Saturday Clinic were held 3/14/2020. We were notified by Kern Pediatrics on 3/24/2020 that due to the COVID-19 "shelter in place," the 3/28/2020 and future Saturday Clinics will be placed on hold for now. KHS will continue to provide Kern Pediatrics the monthly HEDIS Non-Compliant W34 Report for the 6 year olds as requested for outreach by Kern Pediatrics. HSAG is allowing extensions as needed to support staff and provider safety in response to COVID 19.

#### **Child/Adolescent Health Asthma Medication Ratio (AMR) PIP**

KHS received approval for Module 1 from DHCS on January 28, 2020. We are working with two Pediatric Providers on this PIP to identify common areas for improvement in their processes to improve their overall HEDIS AMR measure compliance.

The KHS PIP Team had multiple meetings with both AMR PIP partners to complete Module 2. Module 2 was submitted on 3/9/2020 and was accepted by HSAG on 3/20/2020. Module 3 (Intervention Testing) is due 5/1/2020. KHS contacted both AMR PIP partners on the and provided a list of interventions previously discussed with them in Module 2 for implementation. HSAG is allowing extensions as needed to support staff and provider safety in response to COVID 19.



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**IV. MCAS Annual Audit Updates (also known as HEDIS)**

- In January, training and inter-rater reliability testing was completed for all QI RNs conducting abstraction medical record reviews for the hybrid MCAS measures we are held accountable to. Hybrid measures are those which are measured through manual medical record review. QI staff collected medical records for the 13 hybrid measures. Quality improvement RNs began the abstraction review process for the hybrid measures on 02/10/2020.
- On Feb-13, the Health Organization Questionnaire (HOQ) application was submitted to NCQA.
- The HSAG onsite audit was completed successfully on March 20, 2020. The MCAS team is responding to all follow up items from the onsite audit and will continue submitting data and reports for the remainder of the audit. The audit is expected to be completed in July.

**V. Policy and Procedures and other program documents:**

- The QI department is developing a policy and process for Potential Inappropriate Care (PIC) referrals.
- The 2019 QI Program evaluation, 2020 QI Program description and 2020 QI-work plan will be presented later in today's meeting.

**KAISER REPORTS**  
**(PROPRIETARY AND CONFIDENTIAL)**  
**Available upon Request**



## Medical Data Collection Summary Report

**Period Covered:** May, 2019 through April, 2020  
**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:	27,425	
Diabetes?:	1,489	5.4%
Diabetic Retinopathy:	224	.8%
Glaucoma:	347	1.3%
Hypertension:	1120	4.1%
High Cholesterol	430	1.6%
Macular Degeneration:	52	.2%

### Estimated Number of Cases

Total Members:	248,927	
Diabetes?:	5,907	2.4%
Diabetic Retinopathy:	522	.2%
Glaucoma:	989	.4%
Hypertension:	25,627	10.3%
High Cholesterol	37,771	15.2%
Macular Degeneration:	327	.1%

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



## Diabetic Exam Reminder Effectiveness Report

Client: - 12049397

Reminder Year:	Reminder Month:	Reminders Sent	Received Exam Within 0-90 Days	Received Exam Within 91-180 Days	Total Exams Within 180 Days
2019	April	1,012	63	50	113
	May	553	40	32	72
	June	730	60	29	89
	July	591	40	35	75
	August	541	40	25	65
	September	4,151	237	162	399
	October	525	50	25	75
	November	0	0	0	0
	December	1,916	137	2	139
2020	January	878	45	0	45
	February	503	15	0	15
	March	0	0	0	0
<b>Totals</b>		<b>11,400</b>	<b>727</b>	<b>360</b>	<b>1,087</b>

LTM Effectiveness\* : 10 %

12-Month Effectiveness (Oct 2018 - Sep 2019) : 9 %

\* 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.

# Grievance Report

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

Category	Q1 2020	Status	Issue	Q4 2019	Q3 2019	Q2 2019	Q1 2019
Access to Care	53		Appointment Availability	56	34	32	41
Coverage Dispute	0		Authorizations and Pharmacy	0	3	9	14
Medical Necessity	225		Questioning denial of service	187	214	244	228
Other Issues	36		Miscellaneous	14	16	13	9
Quality of Care	273		Questioning services provided. All cases forwarded to Quality Dept.	323	65	26	29
Quality of Service	2		Questioning the professionalism, courtesy and attitude of the office staff. All cases forwarded to PR Department	0	0	1	6
Exempt	1620		Member Grievances that are calls of dissatisfaction, that are not regarding a coverage or medical necessity issue, resolved within one business day.	1140	1515	1321	1216
<b>Total Grievances, Appeals and Exempt Cases</b>	<b>2209</b>			1720	1847	1646	1543



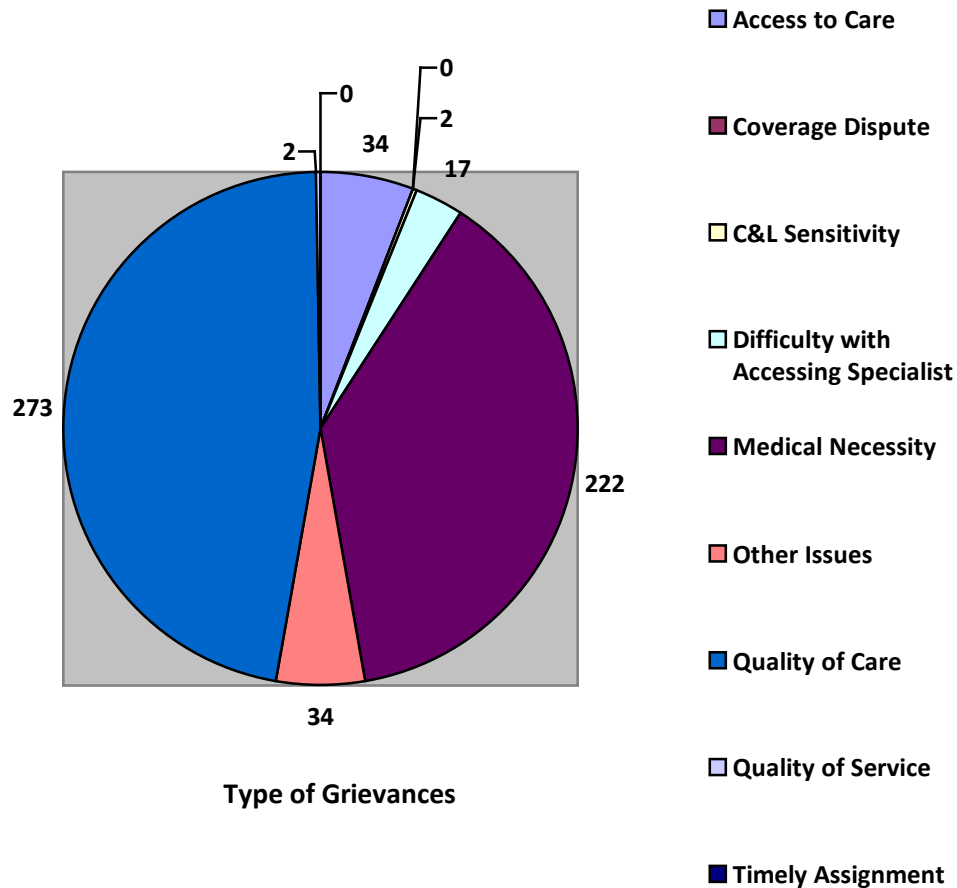
# Additional Insights-Grievance & Appeal Detail

Issue	1st Quarter Grievances	Upheld Plan Decision	Overtured Ruled for Member	Still Under Review
Access to Care	37	27	7	3
Coverage Dispute	0	0	0	0
Specialist Access	16	4	8	4
Medical Necessity	225	141	58	26
Other Issues	36	20	8	8
Quality of Care	273	0	273	0
Quality of Service	2	2	0	0
Total	589	194	354	41



## 1st Quarter 2020 Grievance Summary

Issue	Number	In Favor of Health Plan	In favor of Enrollee	Still under review
Access to care	34	27	7	0
Coverage dispute	0	0	0	0
Cultural and Linguistic Sensitivity	2	2	0	0
Difficulty with accessing specialists	17	6	11	0
Medical necessity	222	153	69	0
Other issues	34	27	7	0
Quality of care	273	160	113	0
Quality of service	2	2	0	0
Timely assignment to provider	0	0	0	0



**Grievances per 1,000 Members = 2.24**

During the first quarter of 2020, there were five hundred and eighty four formal grievances and appeals received. Two hundred and seven cases were closed in favor of the Enrollee; three hundred and seventy seven were closed in favor of the Plan. Five hundred and eighty two cases closed within thirty days; two cases closed past thirty days. One hundred and sixty two cases were received from SPD (Seniors and Persons with Disabilities) members. Seventy one cases were received from Medi-Cal Expansion members.

## 1st Quarter 2020 Grievance Summary

### **Access to Care**

There were thirty four grievances pertaining to access to care. Twenty seven cases closed in favor of the Plan. Seven cases closed in favor of the Enrollee. The following is a summary of these issues:

Sixteen members complained about the lack of available appointments with their Primary Care Provider (PCP). Eleven 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 PCP appointments. Five of the cases closed in favor of the Enrollee after the responses indicated the offices may not have provided appropriate access to care.

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

Four members complained about the telephone access with their Primary Care Provider (PCP). All four cases closed in favor of the Plan after the responses indicated the members were provided with the appropriate telephone access.

Two members complained about the physical access with their Primary Care Provider (PCP). Both cases closed in favor of the Plan after the responses indicated the members were provided with the appropriate physical access.

### **Coverage Dispute**

There were no grievances pertaining to a Coverage Dispute issue.

### **Cultural and Linguistic Sensitivity**

There were two grievances pertaining to Cultural and Linguistic Sensitivity. Both cases closed in favor of the Plan. The following is a summary of these issues:

Two members complained about the lack of interpreting service to assist during their appointments. Both cases closed in favor of the Plan after the responses indicated the members were provided with the appropriate access to interpreting services.

### **Difficulty with Accessing a Specialist**

There were seventeen grievances pertaining to Difficulty Accessing a Specialist. Six cases closed in favor of the Plan. Eleven 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. Two 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. Six cases closed in favor of the Enrollee after the responses indicated the



## 1st Quarter 2020 Grievance Summary

members may not have been provided appropriate access to care based on the Access to Care Standards for specialty appointments.

Five members complained about the wait time to be seen for a specialist appointment. All five cases closed in favor of the Enrollee after the responses indicated the members may not have been seen within the appropriate wait time for an appointment based on the Access to Care Standards.

One member complained about the access to an out of network specialist. The case closed in favor of the Plan after an investigation indicated there were contracted specialists available to meet the member's needs.

Three members complained about the wait time for Non-Emergency Medical Transportation (NEMT) to pick them up for an appointment. All three cases closed in favor of the Plan after it was determined the members received the appropriate access to transportation services.

### **Medical Necessity**

There were two hundred and twenty two appeals pertaining to Medical Necessity. One hundred and fifty three of the cases were closed in favor of the Plan. Sixty-nine of the cases closed in favor of the Enrollee. The following is a summary of these issues:

One hundred and sixty seven members complained about the denial or modification of a referral authorization request. One hundred 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. One case was closed in favor of the Plan and modified. Sixty six cases were closed in favor of the Enrollee as it was determined medical necessity was met and the denials were overturned.

Fifty five members complained about the denial or modification of a TAR. Fifty two 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 denials were upheld. Three 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 thirty two grievances pertaining to Other Issues. Twenty seven of the cases were closed in favor of the Plan. Seven cases closed in favor of the Enrollee.

### **Quality of Care**

There were two hundred and seventy three grievances involving Quality of Care issues. These cases were forwarded to Quality Improvement (QI) for their due process. One hundred and thirteen cases were closed in favor of the Enrollee as a potential quality of care issue was identified. One hundred and sixty cases closed in favor of the Plan as no quality of care issue was identified.

## 1st Quarter 2020 Grievance Summary

The following is a summary of these issues:

One hundred and seventy eight members complained about the quality of care received from a Primary Care Provider (PCP). All records and/or responses were sent to QI for further review and investigation. One hundred and three cases closed in favor of the Plan as no quality of care issue was identified. Seventy five cases closed in favor of the enrollee as a potential quality of care concern was identified.

Seventy one members complained about the quality of care received from a specialty provider. All records and/or responses were sent to QI for further review and investigation. Forty three cases closed in favor of the Plan as no quality of care issue was identified. Twenty eight cases closed in favor of the Enrollee as a potential quality of care concern was identified.

Seventeen members complained about the quality of care received from providers staffed by an urgent care, hospital, or a non-hospital affiliated clinic. All records and/or responses were sent to QI for further review and investigation. Twelve cases closed in favor of the Plan as no quality of care issue was identified. Five cases closed in favor of the Enrollee as a potential quality of care issue was identified.

Five members complained about the quality of care received from a pharmacy. All records and/or responses were sent to QI for further review and investigation. Two cases closed in favor of the Plan as no quality of care issue was identified. Three cases closed in favor of the Enrollee as a potential quality of care concern was identified.

Two members complained about the quality of care received from a Non-Emergency Medical Transportation (NEMT) provider. All records and/or responses were sent to QI for further review and investigation.

### **Quality of Service**

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

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

### **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 2020, there were 51 grievances and appeals received by KFHC members assigned to Kaiser Permanente. Five cases closed in favor of the Plan. Twenty two cases were closed in favor of the Enrollee. Twenty four cases are still open and pending closure.

### **Access to Care**

## 1st Quarter 2020 Grievance Summary

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

Three members complained about the excessive wait time to be seen for an appointment. Two cases closed in favor of the Enrollee. One case is open pending closure.

### **Coverage Dispute**

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

Twelve members complained about a service they requested; however, the requests were not covered. Four cases closed in favor of the Plan and the services were not covered. Seven of the cases closed in favor of the Enrollee and the services were provided. One case is still open pending closure

### **Medical Necessity**

There were no cases pertaining to Medical Necessity. The following is a summary of these issues:

### **Quality of Care**

There were twelve grievances pertaining to quality of care. The following is a summary of these issues:

Two members complained about the quality of care they received from a hospital. One case closed in favor of the Enrollee. One case is open pending review for closure

Five members complained about the quality of care they received from a provider. All five cases are open pending review for closure.

Four members complained about a provider denying treatment. All four cases are open pending review for closure.

One member complained about the Plan denying treatment. This case is open pending review for closure.

### **Quality of Service**

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

Seventeen members complained about the services being inadequate at a facility. One case closed in favor of the Plan. Seven cases closed in favor of the Enrollee. Nine cases are open pending review for closure.

Seven members complained about the poor attitude they received from a provider and/or staff. One case closed in favor of the Enrollee. Six cases are open pending review for closure.

**KERN HEALTH SYSTEMS**  
**1st Quarter 2020**  
**CREDENTIALING / RECREDENTIALING SUMMARY REPORT**

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Report Date: April 2, 2020

Department: Provider Relations

Monitoring Period: January 1, 2020 through March 31, 2020

Population:

<b>Providers</b>	<b>Credentialed</b>	<b>Recertified</b>
MD's	33	51
DO's	3	2
AU's	0	0
DC's	0	0
AC's	0	1
PA's	11	7
NP's	9	15
CRNA's	1	3
DPM's	2	2
OD's	0	2
ND's	0	0
RD's	0	0
BCBA's	2	4
LM's	1	0
Mental Health	8	0
Ocularist	0	0
Ancillary	5	22
OT	0	0
<b>TOTAL</b>	<b>75</b>	<b>109</b>

<b>Specialty</b>	<b>Providers Credentialed</b>	<b>Providers Recertified</b>	<b>Providers Sent to PAC</b>	<b>Providers Not Approved</b>
Acupuncture	0	1	1	0
Allergy & Immunology	0	0	0	0
Anesthesiology / CRNA	1	4	5	0
Audiology	0	0	0	0
Autism / Behavioral Analyst	2	4	6	0
Cardiology	1	0	1	0
Chiropractor	0	0	0	0
Colon & Rectal Surgery	0	0	0	0
Critical Care	0	0	0	0
Dermatology	0	0	0	0
Emergency Medicine	2	5	7	0
Endocrinology	0	2	2	0
Family Practice	15	16	31	0
Gastroenterology	0	1	1	0
General Practice	1	7	8	0
General Surgery	4	1	5	0
Genetics	0	0	0	0

**KERN HEALTH SYSTEMS**  
**1st Quarter 2020**  
**CREDENTIALING / RECREDENTIALING SUMMARY REPORT**

<b>Specialty</b>	<b>Providers Credentialed</b>	<b>Providers Recredentialed</b>	<b>Providers Sent to PAC</b>	<b>Providers Not Approved</b>
Gynecology	0	0	0	0
Gynecology/Oncology	0	0	0	0
Hematology/Oncology	0	2	2	0
Hospitalist	3	1	4	0
Infectious Disease	0	1	1	0
Internal Medicine	8	8	16	0
Mental Health	8	0	8	0
MidWife (Certified)	0	0	0	0
MidWife (Licensed)	1	0	1	
Naturopathic Medicine	0	0	0	0
Neonatology	0	0	0	0
Nephrology	0	4	4	0
Neurological Surgery	2	3	5	0
Neurology	1	1	2	0
Obstetrics & Gynecology	4	4	8	0
Ocularist	0	0	0	0
Occupational Therapy	0	0	0	0
Ophthalmology	1	0	1	0
Optometry	0	2	2	0
Orthopedic Surgery / Hand Surg	1	0	1	0
Otolaryngology	0	0	0	0
Pain Management	1	2	3	0
Pathology	0	0	0	0
Pediatrics	4	7	11	0
Physical Medicine & Rehab	2	2	4	0
Plastic Sugery	0	4	4	0
Podiatry	2	2	4	0
Psychiatry	2	2	4	0
Pulmonary	0	0	0	0
Radiation Oncology	0	0	0	0
Radiology	7	7	14	0
Registered Dieticians	0	0	0	0
Rheumatology	0	2	2	0
Sleep Medicine	0	0	0	0
Thoracic Surgery	0	0	0	0
Urology	0	1	1	0
Vascular Medicine	0	0	0	0
Vascular Surgery	0	0	0	0
KHS Medical Directors	0	0	0	0
<b>TOTAL</b>	<b>73</b>	<b>96</b>	<b>169</b>	<b>0</b>

**KERN HEALTH SYSTEMS**  
**1st Quarter 2020**  
**CREDENTIALING / RECREDENTIALING SUMMARY REPORT**

<b>ANCILLARY</b>	<b>Providers Credentialed</b>	<b>Providers Recredentialed</b>	<b>Providers Sent to PAC</b>	<b>Providers Not Approved</b>
Ambulance	0	0	0	0
Cardiac Sonography	0	0	0	0
Comm. Based Adult Services	0	1	1	0
Dialysis Center	3	0	3	0
DME	1	2	3	0
Hearing Aid Dispenser	0	0	0	0
Home Health	0	1	1	0
Home Infusion/Compounding	0	0	0	0
Hospice	0	0	0	0
Hospital	0	1	1	0
Laboratory	0	1	1	0
Lactation Consultant	0	0	0	0
MRI	0	0	0	0
Ocular Prosthetics	0	0	0	0
Pharmacy	0	8	8	0
Pharmacy/DME	1	0	1	0
Physical / Speech Therapy	0	5	5	0
Prosthetics & Orthotics	0	1	1	0
Radiology	0	0	0	0
Skilled Nursing	0	0	0	0
Sleep Lab	0	1	1	0
Surgery Center	0	1	1	0
Transportation	0	0	0	0
Urgent Care	0	0	0	0
<b>TOTAL</b>	<b>5</b>	<b>22</b>	<b>27</b>	<b>0</b>

**Defer = 0**

**Denied = 0**

Kern Health Systems  
Board Approved Effective 03/01/20

Legal Name/DBA Name	Specialty	Provider #	Group #	Address	Contract Effective Date
Tesa Kurin LM	Licensed Midwife	PRV057224	PRV057224	1505 West Avenue J Ste. 203 Lancaster CA 93534	3/1/2020
Michael G Oefelein MD Inc	Urology	PRV009421	PRV052179	3838 San Dimas St Ste. B-231 Bakersfield CA 93301	3/1/2020
Right Healthcare, Inc.	DME	PRV006486	PRV006486	5640 District Blvd Ste 111 Bakersfield CA 93313	3/1/2020

Kern Health Systems  
Board Approved Effective 04/01/20

Legal Name/DBA Name	Specialty	Provider #	Group #	Address	Contract Effective Date
Sarkiss, Christopher MD	Neurological Surgery / Neuro-Oncology	PRV060197	PRV060198	3807 Union Avenue Suite B Bakersfield CA 93305	Eff 4/1/20
Rx Pharmacy Inc.	Pharmacy / DME	PRV059575	PRV059575	3101 N Sillect Ave Ste 114-116 Bakersfield CA 93308	Eff 4/1/20



Kern Health Systems  
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Legal Name/DBA	Specialty	Provider #	Group #	Address	Contract Effective Date
Siniva Kaneen, MD Inc DBA OB GYN	OB/GYN	PRV006987	PRV006987	8501 Brimhall Rd #300 Bakersfield CA 93312	4/16/2020
Charnpal Mangat, MD Inc	OB/GYN	PRV040968	PRV060301	3801 San Dimas St B-231 Bakersfield CA 93301	4/16/2020
Matthew Dolan BCBA dba: Behavioral Education Analysis & Research (BEAR)	ABA	PRV060568	PRV060567	26300 Chester Ct Tehachapi CA 93561	5/1/2020
Yug Inc. dba: People's Pharmacy #3	Pharmacy	PRV060569	PRV060569	4813 Coffee Rd Bakersfield CA 93308	5/1/2020

Kern Health Systems  
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	NAME	LEGAL NAME/ADDRESS	Provider #	Group #	SPECIALTY	CONTRACT STATUS	PAC APPROVED - EFFECTIVE DATE
	Kurin, Tesa LM	Tesa Kurin 1505 West Avenue J Ste. 203 Lancaster CA 93534	PRV057224	PRV057224	Licensed Midwife	Existing	Yes Eff 3/1/20
	Right Healthcare, Inc.	Right Healthcare, Inc. 5640 District Blvd Ste 111 Bakersfield CA 93313	PRV006486	PRV006486	DME	New Contract	Yes Eff 3/1/20
	Stewart, Debra DO	OBHG California, PC 420 34th St Bakersfield CA 93301  <b>Additional Affiliation:</b> Clinica Sierra Vista	PRV002513	PRV000384	OB/GYN	Existing	Yes Eff 3/1/20
	Antelope Valley Dialysis - DaVita	Total Renal Care, Inc. Db: Antelope Valley Dialysis - DaVita 1759 W Avenue J Ste. 102 Lancaster CA 93534	PRV013469	PRV013469	Dialysis Center	Existing	Yes Eff 3/1/20
	Antis, Daniel James Zamora PA-C	Priority Urgent Care 4821 Panama Lane Ste A-C Bakersfield CA 93313	PRV058823	PRV038192	Emergency Medicine	Existing	Yes Eff 3/1/20
	Bagga, Mandeep MD	Infusion & Clinical Services Db: Premier Valley Medical Group 5401 White Lane Bakersfield 611 Airport Dr Bakersfield	PRV055644	PRV000404 PRV055842	Psychiatry	Existing	Yes Eff 3/1/20
	Bekarev, Kehvon MD	Kern County Hospital Authority 6001 Truxtun Ave Ste 210B Bakersfield 1111 Columbus St Bakersfield	PRV056081	ALL KM	Pediatrics	Existing	Yes Eff 3/1/20
	Cayabyab-Garcia, Valerie MD	Riverwalk Pediatric Clinic, Inc 9508 Stockdale Hwy Ste 150 Bakersfield CA 93311	PRV000628	PRV000212	Pediatrics	Existing	Yes Eff 3/1/20
	Chase, Ashton NP-C	Clinica Sierra Vista (CSV) Walk-In Clinics 2400 Wible Road Ste 14 Bakersfield 2000 Physicians Blvd Bakersfield	PRV057944	PRV000002	Family Practice	Existing	Yes Eff 3/1/20
	Condez, Edsel PA-C	Emergency Physicians Urgent Care, Inc. Accelerated Urgent Care * All Locations 212 Coffee Road Bakersfield CA 93309	PRV057337	ALL SITES	Family Practice	Existing	Yes Eff 3/1/20
	Feliz, Trisha LCSW	Omni Family Health 4600 Panama Ln Ste 102B Bakersfield 210 N Chester Ave Bakersfield 655 S Central Valley Hwy Shafter	PRV056680	PRV000019	Clinical Social Worker	Existing	Yes Eff 3/1/20
	Frenette, Paul MD	Ridgecrest Regional Hospital Southern Sierra Medical Clinic 105 E Sydnor Ave Ste 100 Ridgecrest CA 93555	PRV057335	PRV057082	Family Practice	Existing	Yes Eff 3/1/20

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Grandhe, Sundeep MD	Kern County Hospital Authority 1111 Columbus St Bakersfield CA 93305	PRV042364	ALL KM	Internal Medicine	Existing	Yes Eff 3/1/20
Ignacio, Dominador NP-C	Priority Urgent Care 4821 Panama Lane Ste A-C Bakersfield CA 93313	PRV036318	PRV038192	Emergency Medicine	Existing	Yes Eff 3/1/20
Indian Wells Valley Dialysis - DaVita	Total Renal Care, Inc. Db: Indian Wells Valley Dialysis - DaVita 212 Richmond Rd Ridgecrest CA 93555	PRV002176	PRV002176	Dialysis Center	Existing	Yes Eff 3/1/20
Jackson, Mary NP-C	Centric Health Db: Sillect Urgent Care 4500 Morning Dr Ste. 101 Bakersfield CA 93306	PRV007869	PRV046020	Family Practice	Existing	Yes Eff 3/1/20
Karapetians, Anthony MD	Kern County Hospital Authority 1111 Columbus St Bakersfield CA 93305	PRV041714	ALL KM	Internal Medicine	Existing	Yes Eff 3/1/20
Massirio, Barry PA-C	Centric Health Db: Sillect Urgent Care 4500 Morning Dr Ste. 101 Bakersfield CA 93306	PRV000616	PRV046020	Family Practice	Existing	Yes Eff 3/1/20
Nghiem, Vu DO	Emergency Physicians Urgent Care, Inc. Accelerated Urgent Care * All Locations 212 Coffee Road Bakersfield CA 93309	PRV059192	ALL KM	Family Practice	Existing	Yes Eff 3/1/20
Olazabal Pupo, Yoel MD	Clinica Sierra Vista 8787 Hall Rd Lamont CA 93241	PRV057681	ALL SITES	Family Practice	Existing	Yes Eff 3/1/20
Parsaeian, Ali MD	Emergency Physicians Urgent Care, Inc. Accelerated Urgent Care * All Locations 212 Coffee Road Bakersfield CA 93309	PRV059193	ALL SITES	Family Practice	Existing	Yes Eff 3/1/20
Peters, Lansdale PA-C	Emergency Physicians Urgent Care, Inc. Accelerated Urgent Care * All Locations 212 Coffee Road Bakersfield CA 93309	PRV039864	ALL SITES	Family Practice	Existing	Yes Eff 3/1/20
Ragoonanan, Laura MD	United Neuroscience, Inc. 3838 San Dimas St Ste. A140 3838 San Dimas St Ste. A250 Bakersfield CA 93301	PRV059085	PRV030840	Neurology	Existing	Yes Eff 3/1/20
Renganathan, Gowri MD	Kern County Hospital Authority 1111 Columbus St Bakersfield CA 93305	PRV042240	ALL KM	Internal Medicine	Existing	Yes Eff 3/1/20

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Repetto, Jimena MD	Ridgecrest Regional Hospital Southern Sierra Medical Clinic 105 E Sydnor Ave Ste 100 Ridgecrest CA 93555	PRV056803	PRV030085	Family Practice	Existing	Yes Eff 3/1/20
Rodriguez, Randy PA-C	Clinica Sierra Vista (CSV) 8787 Hall Rd Lamont CA 93241	PRV057322	PRV000002	Family Practice	Existing	Yes Eff 3/1/20
Ross, Michael PA-C	Universal Urgent Care & Occupational Medicine, Inc *All Urgent Care Locations 8325 Brimhall Rd Ste 100 Bakersfield CA 93312  <b>Additional Affiliation:</b> Universal Healthcare Services, Inc. (PCP)	PRV006282	ALL SITES	Internal Medicine	Existing	Yes Eff 3/1/20
Saab, Hussien MD	Kern County Hospital Authority 1111 Columbus St Bakersfield CA 93305	PRV041569	ALL KM	Internal Medicine	Existing	Yes Eff 3/1/20
Sandhu, Raman MD	Omni Family Health 4900 California Ave Ste 100B Bakersfield 4151 Mexicali Dr Bakersfield 655 S Central Valley Hwy Shafter	PRV054624	PRV000019	Psychiatry	Existing	Yes Eff 3/1/20
Sutter, Monica PA-C	Kern County Hospital Authority 3551 Q St Ste 100 Bakersfield CA 93301	PRV000994	ALL SITES	Orthopedic Surgery	Existing	Yes Eff 3/1/20
They, Michael NP-C	LAGS Spine & Sportscares Medical Centers, Inc. 3550 Q St Ste 103-105,201,202 Bakersfield CA 93301	PRV059194	PRV000403	Physical Medicine & Rehabilitation	Existing	Yes Eff 3/1/20
Vong, Julie LCSW	Omni Family Health 4600 Panama Ln Ste 102B Bakersfield 4151 Mexicali Dr Bakersfield 210 N Chester Ave Bakersfield 1022 Calloway Dr Bakersfield	PRV057943	PRV000019	Clinical Social Worker	Existing	Yes Eff 3/1/20
Wagman, Allan MD	Kern Radiology Medical Group, Inc. 2301 Bahamas Dr Bakersfield CA 93309	PRV042261	ALL SITES	Diagnostic Radiology	Existing	Yes Eff 3/1/20
Wharton, Wendall PA	Universal Healthcare Services, Inc. Dbas: Central California Pain Management 8303 Brimhall Rd Bldg 1500 Bakersfield 2123 Niles St Bakersfield	PRV057849	PRV000521	Pain Medicine	Existing	Yes Eff 3/1/20
Wildenberg, Hope MD	Ridgecrest Regional Hospital Southern Sierra Medical Clinic 105 E Sydnor Ave Ste 100 Ridgecrest CA 93555	PRV032061	PRV030085	Family Practice	Existing	Yes Eff 3/1/20

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	Zuverza-Chavarria, Virginia PhD	Kern County Hospital Authority 820 34th St Bakersfield CA 93301	PRV056421	ALL KM	Psychology	Existing	<b>Yes</b> <b>Eff 3/1/20</b>
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Kern Health Systems  
Board Approved Effective 04/01/20

	NAME	LEGAL NAME/ADDRESS	Provider #	Group #	SPECIALTY	CONTRACT STATUS	PAC APPROVED - EFFECTIVE DATE
	Sarkiss, Christopher MD	Pacific Central Coast Health Centers Db: Neuroscience Health Center 3807 Union Avenue Suite B Bakersfield CA 93305	PRV060197	PRV060198	Neurological Surgery / Neuro-Oncology	New Contract	Yes Eff 4/1/20
	Rx Pharmacy Inc.	Rx Pharmacy Inc. 3101 N Sillect Ave Ste 114-116 Bakersfield CA 93308 P - 661-489-5309 F - 661-489-5376	PRV059575	PRV059575	Pharmacy / DME	New Contract	Yes Eff 4/1/20
	Alore, Patrick MD	Kern Radiology Medical Group, Inc. 2301 Bahamas Dr Bakersfield CA 93309 P-661-326-9600 F-661-334-3164	PRV036913	PRV005565	Diagnostic Radiology	Existing	Yes Eff 4/1/20
	Aquino, Jenica NP-C	Central California Foundation for Health Db: Delano Prompt Care Clinic 1201 Jefferson Street Delano CA P-661-725-2579 F-661-725-6833 Db: Wasco Medical Plaza 2300 7th Street Wasco CA P-661-758-4184 F-661-758-4187	PRV058690	PRV005653	General Practice	Existing	Yes Eff 4/1/20
	Batzofin, Joel MD	Kern County Hospital Authority 1111 Columbus St Bakersfield CA 93305 P-661-326-2800 F-661-862-7686	PRV056437	ALL SITES	OB/GYN / Reproductive Endocrinology & Infertility	Existing	Yes Eff 4/1/20
	Betsis, Diana BCBA	Behavior Frontiers, LLC 5060 California Ave Ste 610 Bakersfield CA 93309 P-661-316-3930 F-855-568-2494	PRV059738	PRV046025	Qualified Autism Provider / Behavioral Analyst	Existing	Yes Eff 4/1/20
	Brown, Douglas MD	Kern Radiology Medical Group, Inc. 2301 Bahamas Dr P-661-326-9600 F-661-334-3164 3838 San Dimas St Ste A-120 Bakersfield CA P-661-326-9600 F-661-324-6036	PRV048326	ALL SITES	Diagnostic Radiology	Existing	Yes Eff 4/1/20
	Butler, Alonie PsyD	Omni Family Health *Various locations 4900 California Ave Ste 100 B P-800-300-6664 F-661-459-1974 Bakersfield CA 93309	PRV059138	PRV000019	Psychology	Existing	Yes Eff 4/1/20

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Chaabo, Hani MD	Ridgecrest Regional Hospital RHC 1111 N China Lake Blvd Ste 190 Ridgecrest CA 93555 P-760-499-3855 F-760-446-2014	PRV0538344	PRV029495	Family Practice	Existing	Yes Eff 4/1/20
Daniel, Matthew DPM	Oak Hills Medical Corporation Dbas: Heart Vascular and Leg Center 1408 Commercial Way Ste A P-661-324-4100 F-661-324-4600 5020 Commerce Drive Bakersfield CA	PRV059070	PRV000310	Podiatry	Existing	Yes Eff 4/1/20
Davis, Helen Anne MD	Kern County Hospital Authority 2920 F St - Bakersfield CA 93301 P-661-862-8175 F - 661-862-8175 1700 Mt Vernon Ave - Bakersfield 93306	PRV057325	ALL SITES	Ophthalmology	Existing	Yes Eff 4/1/20
Dier, Gary MD	Renaissance Imaging Medical Assoc, Inc. 44105 W 15th St Ste 100 Lancaster P-661-726-6050 F-661-949-5759 38925 Trade Center Dr Ste E Palmdale	PRV059734	PRV000324	Diagnostic Radiology	Existing	Yes Eff 4/1/20
Fennell, Elton MD	Ridgecrest Regional Hospital 1111 N China Lake Blvd Ste 190 P-760-499-3855 F-760-446-2014 1011 N China Lake Blvd Ste A Ridgecrest CA	PRV057320	PRV029495	OB/GYN	Existing	Yes Eff 4/1/20
Fennell, Vincent MD	Kern Radiology Medical Group, Inc. 2301 Bahamas Dr P-661-326-9600 F-661-334-3164 3838 San Dimas St Ste A-120 Bakersfield CA	PRV038818	ALL SITES	Diagnostic Radiology	Existing	Yes Eff 4/1/20
Gower, Jonathan MD	Kern County Hospital Authority 1700 Mt Vernon Ave P-661-326-2000 F-661-633-2006 Bakersfield CA 93306	PRV057854	ALL SITES	General Surgery	Existing	Yes Eff 4/1/20
Halio, Michon MD	Kern Radiology Medical Group, Inc. 2301 Bahamas Dr P-661-326-9600 F-661-334-3164 3838 San Dimas St Ste A-120 Bakersfield CA	PRV046373	ALL SITES	Diagnostic Radiology	Existing	Yes Eff 4/1/20
Heine, Stephanie NP-C	Riverwalk Pediatric Clinic, Inc. 9508 Stockdale Hwy Ste 150 P-661-663-7500 F-661-663-3063 Bakersfield CA 93311	PRV058139	PRV000212	Pediatrics	Existing	Yes Eff 4/1/20

Kern Health Systems  
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Landon, Cole PA-C	Kern County Hospital Authority 1700 Mt Vernon Ave P-661-326-2000 F-661-633-2006 Bakersfield CA 93306	PRV056679	ALL SITES	General Surgery	Existing	Yes Eff 4/1/20
Lee, Darrin MD	Kern County Hospital Authority 1700 Mt Vernon Ave Bakersfield 93306 P-661-326-2000 F-661-633-2006 3551 Q St Ste 100 Bakersfield 93301	PRV050231	ALL SITES	Neurological Surgery	Existing	Yes Eff 4/1/20
Manzo, Larisa BCBA	Center for Autism & Related Disorders, LLC 5300 Lennox Ave Ste 100 P-661-321-9700 F-661-885-4263 Bakersfield CA 93309	PRV059735	PRV032083	Qualified Autism Provider / Behavioral Analyst	Existing	Yes Eff 4/1/20
Megorden, Laura DPM	LAGS Spine & SportsCare Medical Ctrs, Inc. 3550 Q St Ste 103-105,201,202 Bakersfield CA 93301 P-661-432-1451 F-661-489-5040	PRV059732	PRV000403	Podiatry	Existing	Yes Eff 4/1/20
Moreno, Edgar PA-C	Centric Health Dbas: Sillect Urgent Care 4500 Morning Dr Ste 101 Bakersfield CA 93306 p-661-371-3275 f-661-323-8472	PRV058149	ALL SITES	Family Practice	Existing	Yes Eff 4/1/20
Nobleza, Edgar NP-C	Clinica Sierra Vista 1508 Garces Hwy Delano CA 93215 P-661-725-4780 F-661-725-1048	PRV057680	PRV000002	Family Practice	Existing	Yes Eff 4/1/20
Parra, Perla LCSW	Clinica Sierra Vista 2400 Wible Rd Ste 14 Bakersfield CA 93304 P-661-835-1240 F-661-835-4667	PRV057682	PRV000002	Clinical Social Worker	Existing	Yes Eff 4/1/20
Peteva, Yoana MD	Ridgecrest Regional Hospital 1111 N China Lake Blvd Ste 190 Ridgecrest CA 93555 P-760-499-3855 F-760-446-2014	PRV057942	PRV000279	Pediatrics	Existing	Yes Eff 4/1/20
Ray, Melissa NP-C	Kern County Hospital Authority 1700 Mt Vernon Ave Bakersfield 93306 1111 Columbus St Bakersfield 93305 P-661-326-2000 F-661-633-2006	PRV047897	ALL SITES	OB/GYN	Existing	Yes Eff 4/1/20



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Roberts, Amanda MD	Kern County Hospital Authority 1700 Mt Vernon Ave Bakersfield CA 93306 P-661-326-2000 F-661-633-2006	PRV056164	ALL SITES	General Surgery	Existing	Yes Eff 4/1/20
Rose Point Dialysis - DaVita	Total Renal Care, Inc. Rose Point Dialysis - DaVita 400 N. Palm Avenue Wasco CA 93280	PRV054651	PRV054651	Dialysis Center	Existing	Yes Eff 3/1/20
Sahadevan, Sharon Wesley Dev MD	Hospitalist Medicine Physicians of Calif, Inc. Db: Sound Physicians of California 2615 Chester Ave Bakersfield CA 93301 P-661-869-6227 F-661-869-6931	PRV054437	PRV014433	Internal Medicine / Hospitalist	Existing	Yes Eff 4/1/20
Sibal-Gomez, Ed Marie MD	Hospitalist Medicine Physicians of Calif, Inc. Db: Sound Physicians of California 2615 Chester Ave Bakersfield CA 93301 P-661-869-6227 F-661-869-6931	PRV054668	PRV014433	Internal Medicine / Hospitalist	Existing	Yes Eff 4/1/20
Sidhu, Gurmail CRNA	Coffee Surgery Center, LLC Db: All Kids Dental Surgery Center 2525 Eye St Ste 100 Bakersfield CA 93301	PRV006672	PRV000369	Certified Nurse Anesthetist	Existing	Yes Eff 4/1/20
Sinner, Jason MD	Kern Radiology Medical Group, Inc. 2301 Bahamas Dr Bakersfield CA 93309 P-661-326-9600 F-661-334-3164	PRV030673	ALL SITES	Diagnostic Radiology	Existing	Yes Eff 4/1/20
Solomon, Niji NP-C	Viral Y. Mehta, MD, FACC, Inc. Db: Comprehensive Cardiovascular Med Grp 5945 Truxtun Ave Bakersfield CA 93309 P-661-631-5544 F-661-631-5546	PRV059733	PRV039331	Cardiovascular Disease	Existing	Yes Eff 4/1/20
Stocker, Andrea LCSW	Omni Family Health *Various Locations 161 N Mill St Tehachapi CA 93561 P-800-300-6664 F-661-772-5501	PRV058691	PRV000019	Clinical Social Worker	Existing	Yes Eff 4/1/20
Vu, Christopher DO	Hospitalist Medicine Physicians of Calif, Inc. Db: Sound Physicians of California 2615 Chester Ave Bakersfield CA 93301 P-661-869-6227 F-661-869-6931	PRV055823	PRV014433	Internal Medicine / Hospitalist	Existing	Yes Eff 4/1/20

Kern Health Systems  
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	Walker, JT LCSW	Omni Family Health *Various Locations 4900 California Ave Ste 100B Bakersfield CA 93309 P-800-300-6664 F-661-459-1974	PRV057679	PRV000019	Clinical Social Worker	Existing	<b>Yes</b> <b>Eff 4/1/20</b>
	West, Justin PA-C	Kern County Hospital Authority 1700 Mt Vernon Ave Bakersfield CA 93306 P-661-326-2000 F-661-633-2006	PRV042763	ALL SITES	General Surgery	Existing	<b>Yes</b> <b>Eff 4/1/20</b>

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	NAME	LEGAL NAME/ADDRESS	Provider #	Group #	SPECIALTY	CONTRACT STATUS	PAC APPROVED - EFFECTIVE DATE
	Dolan, Matthew BCBA	Matthew T. Dolan dba: Behavioral Education Analysis & Research 26300 Chester Ct Tehachapi CA 93561 P-714-600-9529	PRV060568	PRV060567	Qualified Autism Provider / Behavioral Analyst	New Contract	Yes Eff 5/1/20
	Helliwell, Siniva (Kaneen) MD	Siniva Kaneen MD Inc DBA OB GYN 8501 Brimhall Road Ste 300 Bakersfield CA 93312 P-661-410-2942 F - 661-410-0135	PRV006987	PRV006987	OB/GYN	New Contract	Yes Reinstate Eff 4/16/20
	People's Pharmacy #3	Yug Inc dba: People's Pharmacy #3 4813 Coffee Rd Bakersfield CA 93308 P-661-679-7363 F - 661-679-7365	PRV060569	PRV060569	Pharmacy	New Contract	Yes Eff 5/1/20
	Bejar Lua, Araceli LCSW	Omni Family Health 1001 Main Street P-800-300-6664 F-661-721-8944 Delano CA 93215	PRV059242	PRV0000019	Family Practice	Existing	Yes Eff 5/1/20
	Bhanvadia, Sumeet MD	Ridgecrest Regional Hospital 105 E Sydnor Avenue Ste 100 Ridgecrest CA 93555 P-760-446-6404 F-760-446-6415	PRV047765	PRV057082	Urology	Existing	Yes Eff 5/1/20
	Bodapati, Naga Venkata MD	Clinica Sierra Vista 1015 Baker St Ste 4 Bakersfield CA 93305 P-661-328-4283 F-661-843-8619	PRV058687	PRV0000002	Psychiatry / Child & Adolescent Psychiatry	Existing	Yes Eff 5/1/20
	Cambray, Angely NP-C	Omni Family Health 655 S Central Valley Highway Shafter CA 93263 P-800-300-6664 F-661-746-9197	PRV059713	PRV000019	Family Practice	Existing	Yes Eff 5/1/20
	Ebora, Karisma NP-C	Ridgecrest Regional Hospital 1111 N China Lake Blvd Ste 190 Ridgecrest CA 93555 P-760-499-3855 F-760-446-2014	PRV058688	PRV000279 PRV029495	Pediatrics	Existing	Yes Eff 5/1/20
	Garrett, Anita PA-C	Kern County Hospital Authority 9330 Stockdale Highway Ste. 400 Bakersfield CA 93311 P-661-664-2200 F-661-664-2200	PRV060126	ALL SITES	Internal Medicine	Existing	Yes Eff 5/1/20
	Hennick, Jennifer NP-C	San Joaquin Community Hospital Db: Adventist Health Bakersfield 2700 Chester Ave Bakersfield CA 93301 P-661-637-8720 F-661-637-8719	PRV004230	PRV000207	General Surgery	Existing	Yes Eff 5/1/20

Kern Health Systems  
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Herbst-Collins, Elizabeth PA-C	Adventist Health Medical Center Tehachapi 105 West E St Tehachapi CA 93561 P-661-823-7070 F-661-823-7070	PRV045387	ALL SITES	Gastroenterology	Existing	Yes Eff 5/1/20
Hernandez, Marissa NP-C	Priority Urgent Care 4821 Panama Lane Ste A-C Bakersfield CA 93313 P-661-556-4777 F-661-556-4782	PRV058518	PRV038192	Emergency Medicine	Existing	Yes Eff 5/1/20
Hoburn, Monette NP-C	Kern County Hospital Authority 1111 Columbus St 1700 Mt Vernon Ave Bakersfield CA	PRV058740	ALL SITES	OB/GYN	Existing	Yes Eff 5/1/20
Kalsow, Katherine BCBA	Center for Autism & Related Disorders, Inc. 5300 Lennox Ave Ste 100 Bakersfield CA 93309 P-661-321-9700 F-661-885-4263	PRV060574	PRV032083	Qualified Autism Provider / Behavioral Analyst	Existing	Yes Eff 5/1/20
Krakora, Breanne	Center for Autism & Related Disorders, Inc. 5300 Lennox Ave Ste 100 Bakersfield CA 93309 P-661-321-9700 F-661-885-4263	PRV060575	PRV032083	Qualified Autism Provider / Behavioral Analyst	Existing	Yes Eff 5/1/20
Lardinois, Claude MD	Telehealthdocs Medical Corporation *All Locations 2215 Truxtun Avenue Ste. 100 Bakersfield CA 93301	PRV060576	ALL SITES	Endocrinology/Metab olism	Existing	Yes Eff 5/1/20
Meda, Janet NP-C	Universal Urgent Care & Occup. Med, Inc *All Urgent Care Locations 8325 Brimhall Rd Ste 100 Bakersfield CA 93312	PRV038205		Family Practice	Existing	Yes Eff 5/1/20
Merla, Amatej MD	Ridgecrest Regional Hospital 1011 N China Lake Blvd Ste A Ridgecrest CA 93555 P-760-499-3640 F-760-499-7229	PRV036709	PRV000279	Hematology / Oncology	Existing	Yes Eff 5/1/20
Nail, Lee NP-C	Omni Family Health 1133 N Chelsea Street Ridgecrest CA 161 N Mill Street Tehachapi CA	PRV059868	PRV000019	General Practice	Existing	Yes Eff 5/1/20
Nashed, Beshoy DO	Central California Foundation for Health Db: Delano Prompt Care Clinic 1201 Jefferson St Delano CA 93215 P-661-725-2579 F-661-725-6833	PRV058689	PRV0005653	General Surgery	Existing	Yes Eff 5/1/20





# KERN HEALTH SYSTEMS

## **Provider Network Management Network Review Quarter 1, 2020**

- **After Hours Calls**
- **Appointment Availability Survey**
- **Access Grievance Review (Q4, 2019)**
- **Geographic Accessibility & Annual DHCS Network Certification**
- **Network Adequacy**
- **Attachment A: *DHCS Network Certification Geographic Accessibility Analysis***



## **After Hours Calls**

**Quarter 1, 2020**



# AFTER HOURS CALLS SURVEY

## Q1, 2020



### Introduction

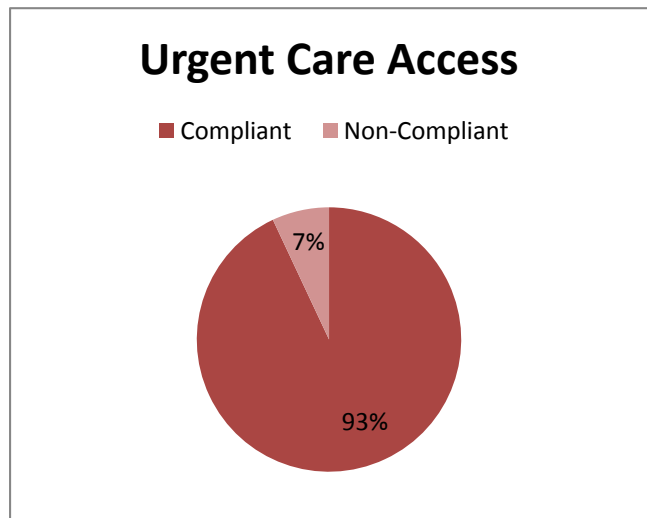
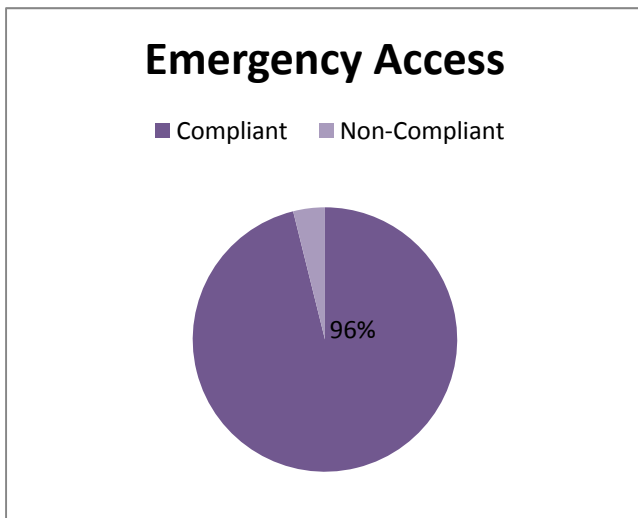
As required by the Department of Managed Health Care (DMHC) Health & Safety Code 1348.8, Kern Health Systems (KHS) uses an after-hours caller program to assess compliance with access standards for Kern Family Health Care (KFHC) Members. KHS policy requires that:

- 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

129 provider offices were contacted during Q1 2020. Of those offices, 125 were compliant with the Emergency Access Standards and 120 were compliant with the Urgent Care Access Standards.





## AFTER HOURS CALLS SURVEY

Q1, 2020



### **Trending / Follow –Up / Outreach**

The Plan reviewed results against past quarters. The Plan identified five (5) provider groups with a repeated incident of non-compliance. In some cases, it appears that Plan outreach and education based on the prior quarter’s results may have taken place concurrent with the Plan’s survey vendor conducting the Q1 2020 after-hours calls – which could be one potential reason for multiple providers remaining out of compliance.

The Plan’s Provider Network Management Department made a series of secondary calls to provider groups found out-of-compliance in prior quarters, but who had since received education from the Plan; the results of these calls found that the majority of provider groups that received outreach were now compliant with the after-hours standard.

While the Plan typically conducts outreach to provider offices to notify them of instances of non-compliance, the Plan is not conducting outreach this quarter to limit administrative burden on contracted providers during the COVID-19 pandemic; these providers will be logged for additional tracking and trending, and potential further outreach to measure compliance.

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# KERN HEALTH SYSTEMS

## Appointment Availability Survey

Quarter 1, 2020



# Appointment Availability Survey

Q1, 2020



## 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 fifteen (15) business days of request.**
- 3) First prenatal OB/GYN visit – **within the lesser of (10) business days or 2 weeks 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 Committee.

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 survey, KHS staff count the rings prior to a provider answering to gauge compliance.

## Appointment Availability Survey Results

A random sample of 10 primary care provider offices, 10 specialist offices, and 10 OBGYN offices were contacted during Q1 2020. While typically the Plan conducts survey outreach to 15 primary care provider and specialist offices, each category was reduced to 10 this quarter due to COVID-19.

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 2020, the Plan's average wait time for a primary care appointment was **4.4 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 2020, the Plan's average wait time for a specialist appointment was **3.1 days**, and was found to be in-compliance with the 15 business day standard. Of OB/GYN providers surveyed for a first pre-natal visit, the plan compiled the wait time (in days) to determine the Plan's average wait time for a first prenatal visit with an OB/GYN; for Q1 2020 the Plan's average wait time for a first prenatal visit with an OB/GYN was **7 days**, and was found to be in-compliance with the 10 day/2 week standard.

While the Plan's average wait time for all appointment types was in-compliance with the required standards, during the course of the Q1 2020 survey, the Plan identified 2 primary care provider offices and 3 OB/GYN provider offices not in-compliance with the required standard. While the Plan typically conducts outreach to provider offices to notify them of instances of non-compliance, the Plan is not

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# Appointment Availability Survey

Q1, 2020



conducting outreach this quarter to limit administrative burden on contracted providers during the COVID-19 pandemic; these providers will be logged for additional tracking and trending, and potential further outreach to measure compliance.

Non-compliant provider offices were compared against prior quarter's appointment availability surveys and access grievances. The Plan identified that one provider office which was found noncompliant during the Q1 2020 appointment availability, had an "Access to Care" grievance for appointment availability found in favor of the enrollee during Q2 2019; while the Plan has made note of these occurrences, it is not considering this a trend at this time due to the time gap between the two incidents. The Plan did not identify any other trends amongst the non-compliant providers.

## Phone Answering Timeliness Results

Utilizing the methodology outlined above, KHS conducts a phone answering timeliness survey in conjunction with the appointment availability survey. During Q1 2020, all calls were answered within six rings or less, with an average **1.8 rings** before a call was answered.

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# KERN HEALTH SYSTEMS

## Access Grievance Review

Quarter 4, 2019



# Access Grievance Review

## Q4, 2019



### Introduction and KHS Policy

On a quarterly basis, KHS' Provider Network Management 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, fifty-two (52) access-related grievances were received and reviewed by the KHS grievance committee. In thirty-two (32) of the cases, no issues were identified and were closed in favor of the plan. The remaining **twenty (20) cases**, were closed in favor of the enrollee; these cases were forwarded to the Plan's Provider Network Management Department for further tracking and trending.

### Tracking, Trending, and Provider Outreach

The twenty (20) grievances that were closed in favor of the enrollee were forwarded to the Plan's Provider Network Management Department and were reviewed by the Provider Network Analyst Team against all access grievances received in the previous year.

The received access grievances were categorized as follows:

<b>Access to Care</b>	<b>8</b>
Access - Wait Time	2
Access - Appointment Availability	4
Access - Phone Access	2
<b>Difficulty Accessing a Specialist</b>	<b>12</b>
Access - Wait Time	3
Access - Appointment Availability	5
Access - Other	2
Access - Phone Access	2

The two (2) Access to Care – *Wait Time* grievances were both against the same provider office; the Plan found this provider also received a grievance within this same category during Q4 2018. At this time, this is being considered a potential trend and the Plan will continue to monitor via the quarterly access grievance review.

Upon review of the remaining grievances for Access to Care - *Appointment Availability* and *Phone Access*, the Plan did not identify any potential trends when reviewed against grievances from the prior year.

In reviewing the two (2) grievances for Difficulty Accessing a Specialist – *Other*, the Plan found one grievance was against a non-contracted provider and the other was found in favor of the enrollee due to

# Access Grievance Review

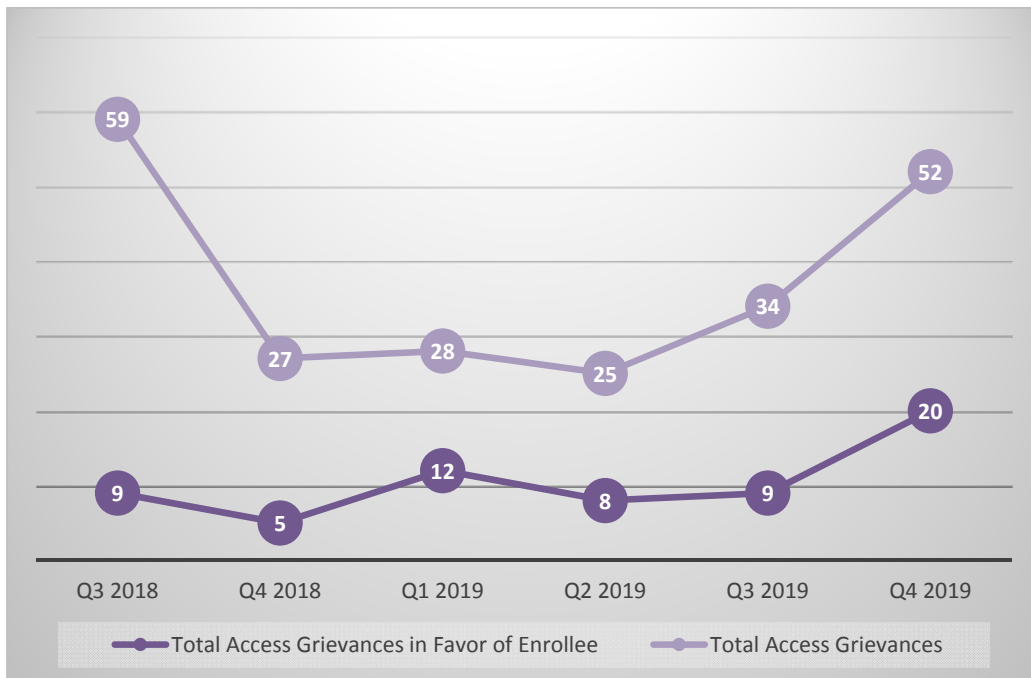
## Q4, 2019



no-response from the provider during the grievance process. The Plan does not consider either of the grievances trends at this time.

Upon review of the remaining grievances for Difficulty Accessing a Specialist – *Appointment Availability, Phone Access, and Wait Time*, the Plan did not identify any potential trends when reviewed against grievances from the prior year. The Plan did make note that while one group did have repeat grievances found in favor of the enrollee, due to the size of this group and the multiple specialty services offered, the Plan is not considering this a trend at this time, though will continue to monitor via the quarterly access grievance review.

### Total Access Grievances



Upon review of Q4 2019 access grievances found in favor of the enrollee, the Plan noticed an increase in the amount of grievances when compared to prior quarters. The Plan has made note this singular quarter of increase and will continue to monitor total grievance count via the quarterly access grievance review.



# KERN HEALTH SYSTEMS

## Geographic Accessibility

**Quarter 1, 2020**





# Geographic Accessibility

Q1, 2020



## 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 – 2020

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 20-003, 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 completed required reporting during Q1/Q2 2020. Review of the Plan’s compliance with DHCS Network Certification reporting requirements and requested alternative access standards is still ongoing with the DHCS. The geographic accessibility analysis the Plan completed to fulfill DHCS Network Certification requirements and review current network geographic accessibility, and analysis methodology, are included as *Attachment A*.



# KERN HEALTH SYSTEMS

## Network Adequacy

Quarter 1, 2020



# Network Adequacy

Q1, 2020



## 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 2019, 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 2019. SPH’s methodology involved two waves of mail and Internet, with a third wave of phone follow up to administer the survey; for 2019, the provider survey was conducted from March to May.

Based on the results of 2019 survey, KHS calculated a network-wide FTE percentage of **49.06% for Primary Care Providers** and **43.19% for Physicians**.

# Network Adequacy

## Q1, 2020



### Full Time Equivalency Compliance Calculations

Of KHS' 257,890 membership at the close of Q1 2020, 9,175 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 2020, the plan was contracted with 393 Primary Care Providers, a combination of 217 physicians and 176 mid-levels. Based on the FTE calculation process outlined above, with a 49.06% PCP FTE percentage, KHS maintains a total of **149.64 FTE PCPs**. With a membership enrollment of 248,715 utilizing KHS contracted PCPs, KHS currently maintains a ratio of **1 FTE PCP to every 1662.13 members**; KHS is compliant with state regulations and Plan policy.

As of the end of Q1 2020, the plan was contracted with 1109 Physicians. Based on the FTE calculation process outlined above, with a 43.19% Physician FTE percentage, KHS maintains a total of **478.93 FTE Physicians**. With a total membership enrollment of 248,715 utilizing KHS contracted Physicians, KHS currently maintains a ratio of **1 FTE Physician to every 519.31 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 2020 the plan maintained a network of 393 Primary Care Providers, a combination of 217 physicians and 176 mid-levels. At the time of this review, 323 Primary Care Providers were accepting new members at a minimum of one Plan-contracted location, a combination of 163 physicians and 160 mid-levels. **The Plan calculated that 84% of the network of Primary Care Providers is currently accepting new members at 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.

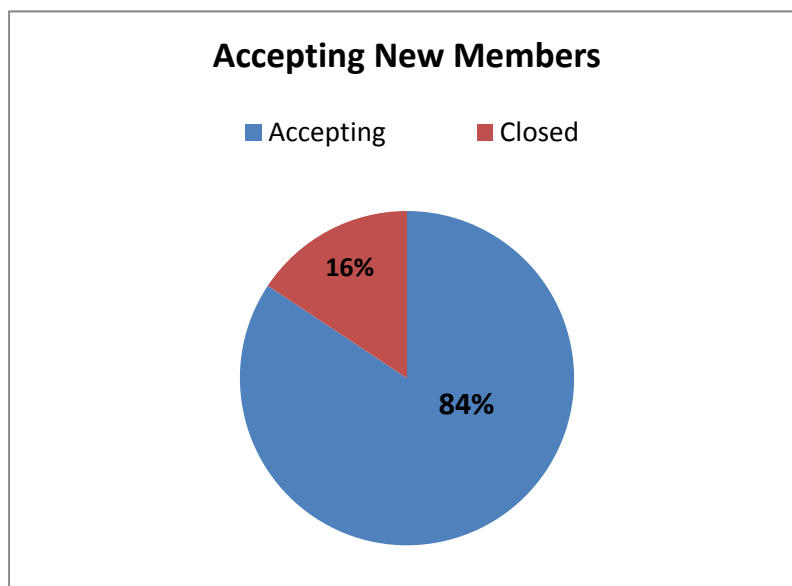


Exhibit B-7. Service Area Map  
Kern Family Health Care, Kern County

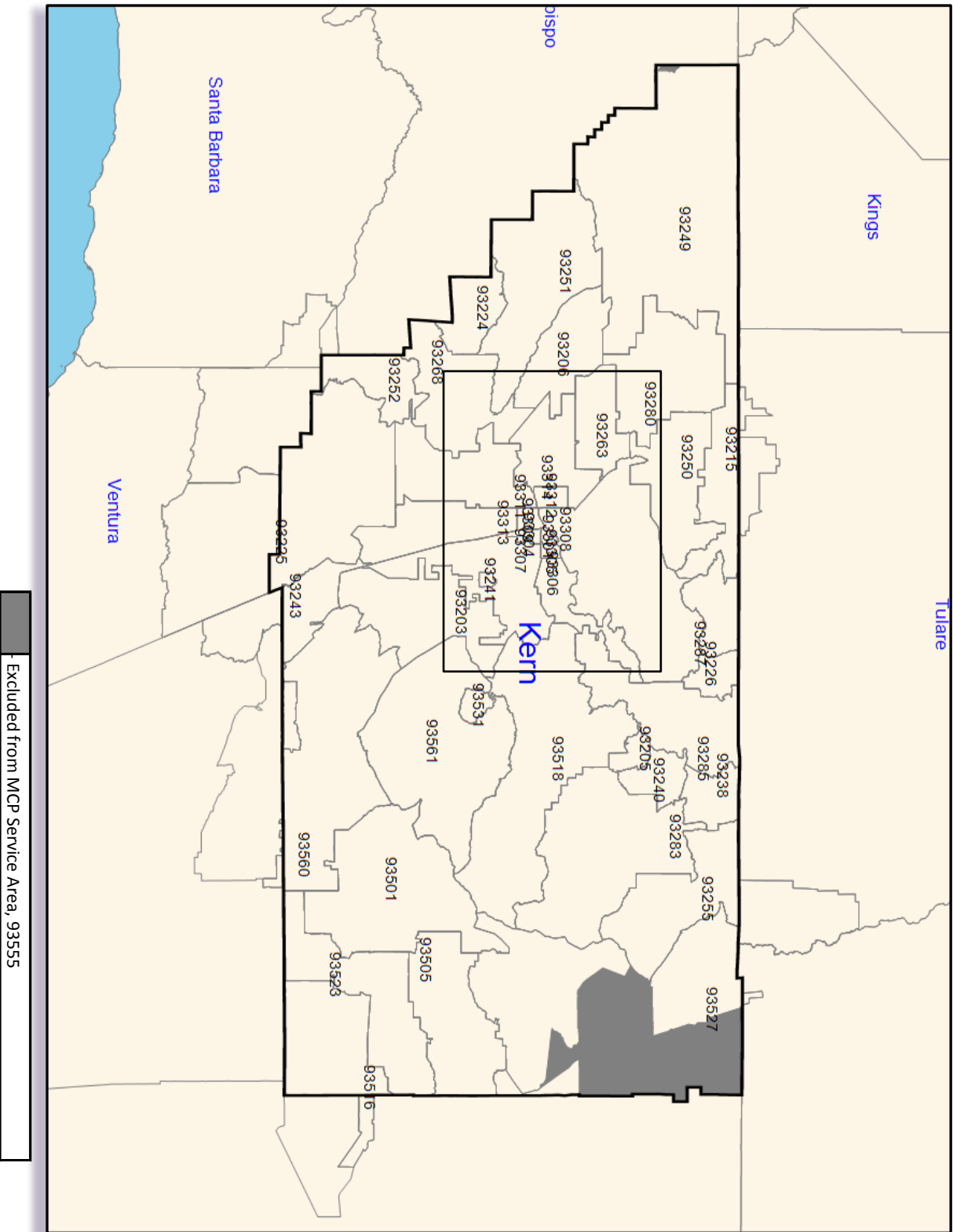
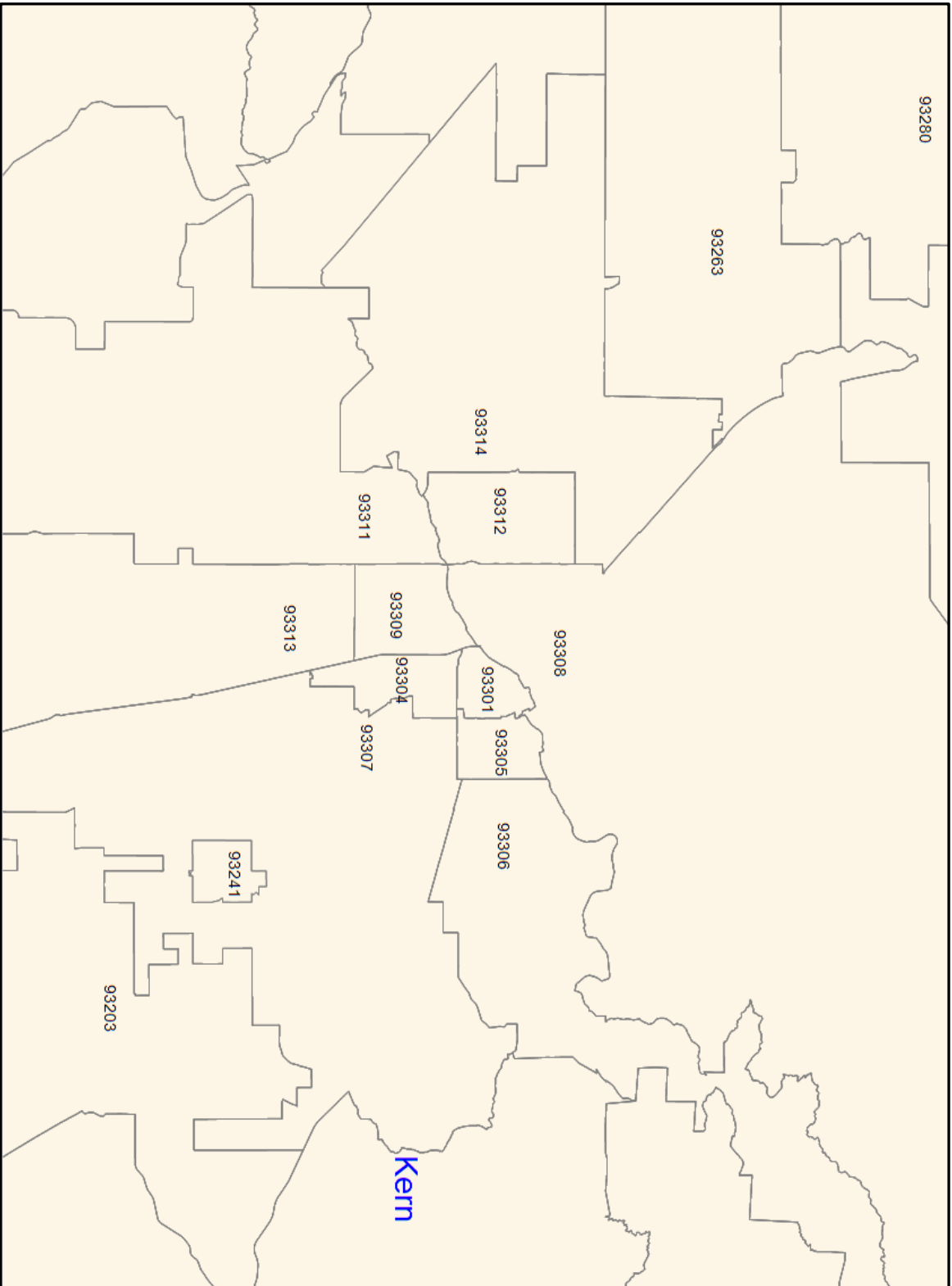


Exhibit B-7. Service Area Map  
Kern Family Health Care, Kern County





RE: July 2020 Annual Network Certification- Time and Distance  
Kern Family Health Care, Kern County

Per Attachment B of APL 20-003 *Network Certification Requirements*, all accessibility analysis charts submitted by the Plan included:

- Total Number of Members
- Number of members with access
- Number of members without access
- Percentage of members with access
- Percentage of members without access
- Max travel time (minutes)
- Max distance (miles)

All accessibility analysis charts were submitted with information presented in the following format:

A	B	C	D	E	F	G	H	I	J	K
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Kernville	93238	142	142	100	0	0	6.3	6.8	11.4	12.4
Lost Hills	93249	910	904	99.3	6	0.7	19.7	21.4	28.1	30.6
Onyx	93255	100	0	0	100	100	21.8	23.7	26.9	29.3

To meet requirements, the Plan conducted two separate analysis for each accessibility chart/provider type.

For the first set of analysis, the Plan used actual, current membership address data; results of analysis based on this data was used to populate columns D-I.

For the second set of analysis, the Plan mapped the total enrollment count of a zip code at random address points within that zip code; results of analysis based on this data was used to populate columns J and K. These measurements were also used to determine if the Plan was meeting access standards and in turn, if the Plan would need to request an alternative access standard.

The difference in these methodologies is evident in the access analysis presented above, taken from the Plan's B-1. *PCP, Adult* accessibility analysis chart. The above zip codes are all in rural portions of the Plan's service area; columns H and I capture travel distance and time to the furthest actual member, while columns J and K capture a greater travel distance and time, to cover the entire zip code – even though no members currently reside beyond the member identified for measurements in columns H and I.



RE: Annual Network Certification, Exhibit B: MCP Time and Distance  
Kern Family Health Care, Kern County

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 analyses, the Plan utilized specialist providers who have "Only" or "Both" for the Sees Children Indicator in the 274 file submission. This is in line with how the Plan has completed network certification in prior years.



Exhibit B-1. PCP, Adult										
Kern Family Health Care, Kern County										
Standard: 1 in 10 miles and 30 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Arvin, CA	93203	10029	9949	99.2	80	0.8	15.7	17.1	15.7	17.1
Bakersfield, CA	93301	5209	5209	100	0	0	1.2	1.7	1.2	1.7
Bakersfield, CA	93304	20781	20781	100	0	0	2.3	3.2	2.3	3.2
Bakersfield, CA	93305	17059	17059	100	0	0	1.6	2.6	1.6	2.6
Bakersfield, CA	93306	22446	22445	99.9	1	0.1	14.5	15.8	14.7	16
Bakersfield, CA	93307	45708	45676	99.9	32	0.1	17	19.2	17	19.2
Bakersfield, CA	93308	14947	14920	99.8	27	0.2	21	22.9	22.3	24.3
Bakersfield, CA	93309	16261	16261	100	0	0	2.1	3.4	2.1	3.5
Bakersfield, CA	93311	6941	6921	99.7	20	0.3	17.6	19.2	18.3	19.9
Bakersfield, CA	93312	6674	6674	100	0	0	4.3	8.6	4.3	8.6
Bakersfield, CA	93313	14316	14282	99.8	34	0.2	16	17.7	17.8	19.4
Bakersfield, CA	93314	2908	2896	99.6	12	0.4	11.1	12.1	11.1	12.1
Bodfish, CA	93205	495	495	100	0	0	5.5	6	5.5	6
Boron, CA	93516	495	0	0	495	100	25.1	27.3	25.1	27.3
Buttonwillow, CA	93206	730	704	96.4	26	3.6	13.3	14.5	13.4	14.6
Caliente, CA	93518	155	14	9	141	91	20	21.8	21.3	23.2
California City, CA	93505	3123	3123	100	0	0	4.3	4.6	4.3	4.6
Delano, CA	93215	17961	17961	100	0	0	7.7	8.4	8.6	9.3
Edwards, CA	93523	217	0	0	217	100	16.2	17.6	16.3	17.7
Fellows, CA	93224	122	14	11.5	108	88.5	16.9	18.4	17.1	18.6
Frazier Park, CA	93225	565	527	93.3	38	6.7	16.4	17.8	17	18.5
Glennville, CA	93226	37	0	0	37	100	19.8	21.6	19.8	21.6
Inyokern, CA	93527	187	99	52.9	88	47.1	18.7	20.4	23.2	25.3
Keene, CA	93531	53	0	0	53	100	14.5	15.8	15	16.3
Kernville, CA	93238	142	142	100	0	0	6.3	6.8	11.4	12.4
Lake Isabella, CA	93240	1273	1273	100	0	0	3.4	3.7	3.4	3.7
Lamont, CA	93241	7567	7567	100	0	0	1.9	3.8	1.9	3.8

Exhibit B-1. PCP, Adult										
Kern Family Health Care, Kern County										
Standard: 1 in 10 miles and 30 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	162	98.2	3	1.8	14.2	15.4	14.4	15.7
Lost Hills, CA	93249	910	904	99.3	6	0.7	19.7	21.4	28.1	30.6
Maricopa, CA	93252	426	410	96.2	16	3.8	14.1	15.3	14.1	15.3
Mc Farland, CA	93250	6202	6200	99.9	2	0.1	10.4	11.3	17	18.5
Mc Kittrick, CA	93251	53	24	45.3	29	54.7	19.1	20.8	19.1	20.8
Mojave, CA	93501	1538	1493	97.1	45	2.9	13.7	14.9	16.3	17.7
Onyx, CA	93255	100	0	0	100	100	21.8	23.7	26.9	29.3
Rosamond, CA	93560	1123	0	0	1123	100	24.1	26.2	24.1	26.2
Shafter, CA	93263	7805	7805	100	0	0	8.5	9.2	8.9	9.7
Taft, CA	93268	5486	5466	99.6	20	0.4	13.4	14.6	13.4	14.6
Tehachapi, CA	93561	3952	3473	87.9	479	12.1	14.7	16	14.7	16
Wasco, CA	93280	8813	8732	99.1	81	0.9	15.1	16.4	15.4	16.8
Weldon, CA	93283	446	431	96.6	15	3.4	21.8	23.7	21.8	23.7
Wofford Heights, CA	93285	423	423	100	0	0	6.9	7.5	8.5	9.2
Woody, CA	93287	14	0	0	14	100	21.8	23.7	23.2	25.3

Exhibit B-1. PCP, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 10 miles and 30 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Arvin, CA	93203	10029	9949	99.2	80	0.8	15.7	17.1	15.7	17.1
Bakersfield, CA	93301	5209	5209	100	0	0	1.3	1.7	1.3	1.7
Bakersfield, CA	93304	20781	20781	100	0	0	2.3	3.2	2.3	3.2
Bakersfield, CA	93305	17059	17059	100	0	0	1.6	2.6	1.6	2.6
Bakersfield, CA	93306	22446	22445	99.9	1	0.1	14.5	15.8	14.7	16
Bakersfield, CA	93307	45708	45676	99.9	32	0.1	17	19.2	17	19.2
Bakersfield, CA	93308	14947	14920	99.8	27	0.2	21	22.9	22.3	24.3
Bakersfield, CA	93309	16261	16261	100	0	0	2	3.2	2	3.2
Bakersfield, CA	93311	6941	6921	99.7	20	0.3	17.6	19.2	18.3	19.9
Bakersfield, CA	93312	6674	6674	100	0	0	4.3	8.6	4.3	8.6
Bakersfield, CA	93313	14316	14282	99.8	34	0.2	16	17.7	17.8	19.4
Bakersfield, CA	93314	2908	2896	99.6	12	0.4	11.1	12.1	11.1	12.1
Bodfish, CA	93205	495	495	100	0	0	5.5	6	5.5	6
Boron, CA	93516	495	0	0	495	100	25.1	27.3	25.1	27.3
Buttonwillow, CA	93206	730	704	96.4	26	3.6	13.3	14.5	13.4	14.6
Caliente, CA	93518	155	14	9	141	91	20	21.8	21.3	23.2
California City, CA	93505	3123	3123	100	0	0	4.3	4.6	4.3	4.6
Delano, CA	93215	17961	17961	100	0	0	7.7	8.4	8.6	9.3
Edwards, CA	93523	217	0	0	217	100	16.2	17.6	16.3	17.7
Fellows, CA	93224	122	14	11.5	108	88.5	16.9	18.4	17.1	18.6
Frazier Park, CA	93225	565	527	93.3	38	6.7	16.4	17.8	17	18.5
Glennville, CA	93226	37	0	0	37	100	19.8	21.6	19.8	21.6
Inyokern, CA	93527	187	99	52.9	88	47.1	18.7	20.4	23.2	25.3
Keene, CA	93531	53	0	0	53	100	14.5	15.8	15	16.3
Kernville, CA	93238	142	142	100	0	0	6.3	6.8	11.4	12.4
Lake Isabella, CA	93240	1273	1273	100	0	0	3.4	3.7	3.4	3.7
Lamont, CA	93241	7567	7567	100	0	0	1.9	3.8	1.9	3.8

Exhibit B-1. PCP, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 10 miles and 30 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	162	98.2	3	1.8	14.2	15.4	14.4	15.7
Lost Hills, CA	93249	910	904	99.3	6	0.7	19.7	21.4	28.1	30.6
Maricopa, CA	93252	426	410	96.2	16	3.8	14.1	15.3	14.1	15.3
Mc Farland, CA	93250	6202	6202	100	0	0	10	10.9	17	18.5
Mc Kittrick, CA	93251	53	24	45.3	29	54.7	19.1	20.8	19.1	20.8
Mojave, CA	93501	1538	1493	97.1	45	2.9	13.7	14.9	16.3	17.7
Onyx, CA	93255	100	0	0	100	100	21.8	23.7	26.9	29.3
Rosamond, CA	93560	1123	0	0	1123	100	24.1	26.2	24.1	26.2
Shafter, CA	93263	7805	7805	100	0	0	8.5	9.2	8.9	9.7
Taft, CA	93268	5486	5466	99.6	20	0.4	13.4	14.6	13.4	14.6
Tehachapi, CA	93561	3952	3473	87.9	479	12.1	14.7	16	14.7	16
Wasco, CA	93280	8813	8732	99.1	81	0.9	15.1	16.4	15.4	16.8
Weldon, CA	93283	446	431	96.6	15	3.4	21.8	23.7	21.8	23.7
Wofford Heights, CA	93285	423	423	100	0	0	6.9	7.5	8.5	9.2
Woody, CA	93287	14	0	0	14	100	21.8	23.7	23.2	25.3

<b>Exhibit B-2. Cardiology, Adult</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	27.5	30	28.3	30.8
Bakersfield, CA	93301	5209	5209	100	0	0	1.6	2.1	1.6	2.1
Bakersfield, CA	93304	20781	20781	100	0	0	5.5	8.8	5.5	8.8
Bakersfield, CA	93305	17059	17059	100	0	0	2.2	3.3	2.2	3.3
Bakersfield, CA	93306	22446	22446	100	0	0	16.9	18.9	17.2	19.2
Bakersfield, CA	93307	45708	45708	100	0	0	24.8	27	26.6	29
Bakersfield, CA	93308	14947	14947	100	0	0	23.6	25.8	25.1	27.4
Bakersfield, CA	93309	16261	16261	100	0	0	4.3	7.3	4.3	7.3
Bakersfield, CA	93311	6941	6941	100	0	0	27.3	29.7	27.9	30.4
Bakersfield, CA	93312	6674	6674	100	0	0	6.7	9.7	6.7	9.8
Bakersfield, CA	93313	14316	14316	100	0	0	22.4	24.6	24.4	26.6
Bakersfield, CA	93314	2908	2908	100	0	0	12.9	14	12.9	14
Bodfish, CA	93205	495	495	100	0	0	9.4	10.2	9.4	10.2
Boron, CA	93516	495	363	73.3	132	26.7	45.4	49.5	45.4	49.5
Buttonwillow, CA	93206	730	730	100	0	0	21.3	23.2	21.5	23.4
Caliente, CA	93518	155	155	100	0	0	24.9	27.1	24.9	27.1
California City, CA	93505	3123	3123	100	0	0	32.3	35.2	32.3	35.2
Delano, CA	93215	17961	17961	100	0	0	8.9	9.7	9.8	10.6
Edwards, CA	93523	217	217	100	0	0	40.9	44.6	40.9	44.6
Fellows, CA	93224	122	122	100	0	0	32.8	35.7	37.7	41.1
Frazier Park, CA	93225	565	565	100	0	0	39.9	43.5	39.9	43.5
Glennville, CA	93226	37	37	100	0	0	26.6	29	26.6	29
Inyokern, CA	93527	187	187	100	0	0	18.7	20.4	23.2	25.3
Keene, CA	93531	53	53	100	0	0	13.5	14.7	13.8	15
Kernville, CA	93238	142	142	100	0	0	12.2	13.3	13.5	14.7
Lake Isabella, CA	93240	1273	1273	100	0	0	7	7.6	7	7.6
Lamont, CA	93241	7567	7567	100	0	0	12.5	17.6	12.5	17.6

<b>Exhibit B-2. Cardiology, Adult</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Lebec, CA	93243	165	165	100	0	0	37.5	40.9	38	41.4
Lost Hills, CA	93249	910	910	100	0	0	39.2	42.7	54.4	59.3
Maricopa, CA	93252	426	426	100	0	0	43.2	47.1	43.3	47.2
Mc Farland, CA	93250	6202	6202	100	0	0	15	16.3	17.6	19.9
Mc Kittrick, CA	93251	53	53	100	0	0	34.1	37.2	34.1	37.2
Mojave, CA	93501	1538	1538	100	0	0	29.7	32.4	36.2	39.4
Onyx, CA	93255	100	100	100	0	0	22	24	27.6	30.1
Rosamond, CA	93560	1123	1123	100	0	0	36.9	40.2	36.9	40.2
Shafter, CA	93263	7805	7805	100	0	0	9.4	10.2	9.9	10.8
Taft, CA	93268	5486	5486	100	0	0	33.1	36.1	33.1	36.1
Tehachapi, CA	93561	3952	3952	100	0	0	15.2	16.5	15.2	16.5
Wasco, CA	93280	8813	8813	100	0	0	21.2	23.1	25.4	27.7
Weldon, CA	93283	446	446	100	0	0	21.8	23.7	21.8	23.7
Wofford Heights, CA	93285	423	423	100	0	0	14.3	15.6	15.9	17.3
Woody, CA	93287	14	14	100	0	0	24.6	26.8	25.2	27.4

Exhibit B-2. Cardiology, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Arvin, CA	93203	10029	10029	100	0	0	28.4	30.9	28.4	30.9
Bakersfield, CA	93301	5209	5209	100	0	0	1.9	2.5	1.9	2.5
Bakersfield, CA	93304	20781	20781	100	0	0	5.6	8.9	5.7	9.1
Bakersfield, CA	93305	17059	17059	100	0	0	2.4	3.3	2.4	3.3
Bakersfield, CA	93306	22446	22446	100	0	0	16.9	18.9	17.2	19.2
Bakersfield, CA	93307	45708	45708	100	0	0	24.8	27	26.6	29
Bakersfield, CA	93308	14947	14947	100	0	0	23.6	25.8	25.1	27.4
Bakersfield, CA	93309	16261	16261	100	0	0	4.3	7.3	4.3	7.3
Bakersfield, CA	93311	6941	6941	100	0	0	25.4	27.7	26.1	28.4
Bakersfield, CA	93312	6674	6674	100	0	0	5.7	8	5.7	8
Bakersfield, CA	93313	14316	14316	100	0	0	22.4	24.6	24.4	26.6
Bakersfield, CA	93314	2908	2908	100	0	0	14.5	15.8	14.5	15.8
Bodfish, CA	93205	495	495	100	0	0	9.4	10.2	9.4	10.2
Boron, CA	93516	495	363	73.3	132	26.7	45.4	49.5	45.4	49.5
Buttonwillow, CA	93206	730	730	100	0	0	33.4	36.4	33.6	36.6
Caliente, CA	93518	155	155	100	0	0	24.9	27.1	24.9	27.1
California City, CA	93505	3123	3123	100	0	0	32.3	35.2	32.3	35.2
Delano, CA	93215	17961	17961	100	0	0	8.9	9.7	9.8	10.6
Edwards, CA	93523	217	217	100	0	0	40.9	44.6	40.9	44.6
Fellows, CA	93224	122	122	100	0	0	31.4	34.2	36.2	39.4
Frazier Park, CA	93225	565	565	100	0	0	39.9	43.5	39.9	43.5
Glennville, CA	93226	37	37	100	0	0	26.8	29.2	26.8	29.2
Inyokern, CA	93527	187	187	100	0	0	18.7	20.4	23.2	25.3
Keene, CA	93531	53	53	100	0	0	16.1	17.5	16.4	17.8
Kernville, CA	93238	142	142	100	0	0	12.4	13.5	13.6	14.8
Lake Isabella, CA	93240	1273	1273	100	0	0	7	7.6	7	7.6
Lamont, CA	93241	7567	7567	100	0	0	12.5	17.6	12.5	17.6

Exhibit B-2. Cardiology, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	39.8	43.4	39.8	43.4
Lost Hills, CA	93249	910	910	100	0	0	39.4	42.9	54.8	59.7
Maricopa, CA	93252	426	426	100	0	0	41.5	45.2	41.6	45.3
Mc Farland, CA	93250	6202	6202	100	0	0	15.8	17.2	17.6	19.9
Mc Kittrick, CA	93251	53	53	100	0	0	35.9	39.1	41.7	45.4
Mojave, CA	93501	1538	1538	100	0	0	29.7	32.4	36.2	39.4
Onyx, CA	93255	100	100	100	0	0	22.2	24.2	27.6	30.1
Rosamond, CA	93560	1123	1123	100	0	0	36.9	40.2	36.9	40.2
Shafter, CA	93263	7805	7805	100	0	0	24.9	27.1	24.9	27.1
Taft, CA	93268	5486	5486	100	0	0	31.9	34.8	31.9	34.8
Tehachapi, CA	93561	3952	3952	100	0	0	16.2	17.6	16.2	17.6
Wasco, CA	93280	8813	8813	100	0	0	27.2	29.6	28.2	30.7
Weldon, CA	93283	446	446	100	0	0	21.8	23.7	21.8	23.7
Wofford Heights, CA	93285	423	423	100	0	0	14.5	15.8	16.1	17.5
Woody, CA	93287	14	14	100	0	0	24.6	26.8	25.2	27.4



<b>Exhibit B-2. Dermatology, Adult</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	29.8	32.5	29.8	32.5
Bakersfield, CA	93301	5209	5209	100	0	0	3.1	4.1	3.1	4.1
Bakersfield, CA	93304	20781	20781	100	0	0	5.5	8.8	5.6	8.9
Bakersfield, CA	93305	17059	17059	100	0	0	5.8	9.2	5.8	9.2
Bakersfield, CA	93306	22446	22446	100	0	0	20.7	24.8	20.9	25
Bakersfield, CA	93307	45708	45708	100	0	0	25.9	31	27.4	32.8
Bakersfield, CA	93308	14947	14947	100	0	0	31.9	38.2	33.8	40.5
Bakersfield, CA	93309	16261	16261	100	0	0	3.9	7.8	3.9	7.8
Bakersfield, CA	93311	6941	6941	100	0	0	19.3	21	21.8	24.5
Bakersfield, CA	93312	6674	6674	100	0	0	8.3	16	8.3	16
Bakersfield, CA	93313	14316	14316	100	0	0	22.8	27.3	24.5	29.4
Bakersfield, CA	93314	2908	2908	100	0	0	17.2	22.4	17.2	22.4
Bodfish, CA	93205	495	495	100	0	0	33.5	36.5	33.5	36.5
Boron, CA	93516	495	363	73.3	132	26.7	45.4	49.5	45.4	49.5
Buttonwillow, CA	93206	730	730	100	0	0	31.4	34.2	31.5	34.3
Caliente, CA	93518	155	155	100	0	0	29.9	32.6	29.9	32.6
California City, CA	93505	3123	3123	100	0	0	32.3	35.2	32.3	35.2
Delano, CA	93215	17961	17961	100	0	0	9.9	10.8	10.7	11.6
Edwards, CA	93523	217	217	100	0	0	40.9	44.6	41	44.7
Fellows, CA	93224	122	122	100	0	0	19.3	21	19.9	21.7
Frazier Park, CA	93225	565	565	100	0	0	39.7	47	39.7	47
Glennville, CA	93226	37	37	100	0	0	36.1	39.3	36.6	39.9
Inyokern, CA	93527	187	187	100	0	0	18.6	20.2	23.1	25.2
Keene, CA	93531	53	53	100	0	0	16	17.4	16.3	17.7
Kernville, CA	93238	142	90	63.4	52	36.6	46.2	50.4	46.4	50.6
Lake Isabella, CA	93240	1273	1273	100	0	0	38.4	41.8	38.4	41.8
Lamont, CA	93241	7567	7567	100	0	0	15.4	24.6	15.4	24.6

Exhibit B-2. Dermatology, Adult										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	39.8	43.4	40	43.6
Lost Hills, CA	93249	910	910	100	0	0	39.3	42.8	54.5	59.4
Maricopa, CA	93252	426	426	100	0	0	14.4	15.7	14.5	15.8
Mc Farland, CA	93250	6202	6202	100	0	0	16.8	18.3	21	25.2
Mc Kittrick, CA	93251	53	53	100	0	0	34.1	37.2	40.1	43.7
Mojave, CA	93501	1538	1538	100	0	0	29.8	32.5	36.2	39.4
Onyx, CA	93255	100	100	100	0	0	32.5	35.4	36.4	39.7
Rosamond, CA	93560	1123	1123	100	0	0	36.9	40.2	36.9	40.2
Shafter, CA	93263	7805	7805	100	0	0	25.5	27.8	25.5	27.8
Taft, CA	93268	5486	5486	100	0	0	13.9	15.1	13.9	15.1
Tehachapi, CA	93561	3952	3952	100	0	0	16.2	17.6	16.2	17.6
Wasco, CA	93280	8813	8813	100	0	0	27.2	29.6	28.2	30.7
Weldon, CA	93283	446	446	100	0	0	39.1	42.6	39.1	42.6
Wofford Heights, CA	93285	423	423	100	0	0	42.2	46	42.2	46
Woody, CA	93287	14	14	100	0	0	30.9	33.7	30.9	33.7

<b>Exhibit B-2. Dermatology, Pediatric</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	29.8	32.5	29.8	32.5
Bakersfield, CA	93301	5209	5209	100	0	0	3.1	4.1	3.1	4.1
Bakersfield, CA	93304	20781	20781	100	0	0	5.5	8.8	5.6	8.9
Bakersfield, CA	93305	17059	17059	100	0	0	5.8	9.2	5.8	9.2
Bakersfield, CA	93306	22446	22446	100	0	0	20.7	24.8	20.9	25
Bakersfield, CA	93307	45708	45708	100	0	0	25.9	31	27.4	32.8
Bakersfield, CA	93308	14947	14947	100	0	0	31.9	38.2	33.8	40.5
Bakersfield, CA	93309	16261	16261	100	0	0	4.2	8.4	4.3	8.6
Bakersfield, CA	93311	6941	6941	100	0	0	19.3	21	21.8	24.5
Bakersfield, CA	93312	6674	6674	100	0	0	8.7	16	8.8	16
Bakersfield, CA	93313	14316	14316	100	0	0	22.8	27.3	24.5	29.4
Bakersfield, CA	93314	2908	2908	100	0	0	17.6	22.4	17.6	22.4
Bodfish, CA	93205	495	495	100	0	0	33.5	36.5	33.5	36.5
Boron, CA	93516	495	363	73.3	132	26.7	45.4	49.5	45.4	49.5
Buttonwillow, CA	93206	730	730	100	0	0	31.4	34.2	31.5	34.3
Caliente, CA	93518	155	155	100	0	0	29.9	32.6	29.9	32.6
California City, CA	93505	3123	3123	100	0	0	32.3	35.2	32.3	35.2
Delano, CA	93215	17961	17961	100	0	0	9.9	10.8	10.7	11.6
Edwards, CA	93523	217	217	100	0	0	40.9	44.6	41	44.7
Fellows, CA	93224	122	122	100	0	0	19.3	21	19.9	21.7
Frazier Park, CA	93225	565	565	100	0	0	39.7	47	39.7	47
Glennville, CA	93226	37	37	100	0	0	36.1	39.3	36.6	39.9
Inyokern, CA	93527	187	187	100	0	0	18.6	20.2	23.1	25.2
Keene, CA	93531	53	53	100	0	0	16	17.4	16.3	17.7
Kernville, CA	93238	142	90	63.4	52	36.6	46.2	50.4	46.4	50.6
Lake Isabella, CA	93240	1273	1273	100	0	0	38.4	41.8	38.4	41.8
Lamont, CA	93241	7567	7567	100	0	0	15.4	24.6	15.4	24.6

Exhibit B-2. Dermatology, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	39.8	43.4	40	43.6
Lost Hills, CA	93249	910	910	100	0	0	39.3	42.8	54.5	59.4
Maricopa, CA	93252	426	426	100	0	0	14.4	15.7	14.5	15.8
Mc Farland, CA	93250	6202	6202	100	0	0	16.8	18.3	21	25.2
Mc Kittrick, CA	93251	53	53	100	0	0	34.1	37.2	40.1	43.7
Mojave, CA	93501	1538	1538	100	0	0	29.8	32.5	36.2	39.4
Onyx, CA	93255	100	100	100	0	0	32.5	35.4	36.4	39.7
Rosamond, CA	93560	1123	1123	100	0	0	36.9	40.2	36.9	40.2
Shafter, CA	93263	7805	7805	100	0	0	25.5	27.8	25.5	27.8
Taft, CA	93268	5486	5486	100	0	0	13.9	15.1	13.9	15.1
Tehachapi, CA	93561	3952	3952	100	0	0	16.2	17.6	16.2	17.6
Wasco, CA	93280	8813	8813	100	0	0	27.2	29.6	28.2	30.7
Weldon, CA	93283	446	446	100	0	0	39.1	42.6	39.1	42.6
Wofford Heights, CA	93285	423	423	100	0	0	42.2	46	42.2	46
Woody, CA	93287	14	14	100	0	0	30.9	33.7	30.9	33.7

<b>Exhibit B-2. Endocrinology, Adult</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	18.3	19.9	20	21.8
Bakersfield, CA	93301	5209	5209	100	0	0	1.5	2	1.5	2
Bakersfield, CA	93304	20781	20781	100	0	0	5.4	8.6	5.4	8.6
Bakersfield, CA	93305	17059	17059	100	0	0	2	3.2	2.1	3
Bakersfield, CA	93306	22446	22446	100	0	0	16.9	18.9	17.2	19.2
Bakersfield, CA	93307	45708	45708	100	0	0	18.1	19.7	19.4	21.1
Bakersfield, CA	93308	14947	14947	100	0	0	23.6	25.8	25.1	27.6
Bakersfield, CA	93309	16261	16261	100	0	0	4.8	6.9	4.8	6.9
Bakersfield, CA	93311	6941	6941	100	0	0	16.9	18.4	18.1	19.7
Bakersfield, CA	93312	6674	6674	100	0	0	6.8	9.6	6.9	9.7
Bakersfield, CA	93313	14316	14316	100	0	0	20.9	22.8	20.9	22.8
Bakersfield, CA	93314	2908	2908	100	0	0	16.1	17.5	16.1	17.5
Bodfish, CA	93205	495	495	100	0	0	9.4	10.2	9.4	10.2
Boron, CA	93516	495	495	100	0	0	25.1	27.3	25.1	27.3
Buttonwillow, CA	93206	730	730	100	0	0	31.4	34.2	31.5	34.3
Caliente, CA	93518	155	155	100	0	0	20.7	22.5	21.5	23.4
California City, CA	93505	3123	3123	100	0	0	4.3	4.6	4.3	4.6
Delano, CA	93215	17961	17961	100	0	0	9.9	10.8	10.7	11.6
Edwards, CA	93523	217	217	100	0	0	16.2	17.6	16.3	17.7
Fellows, CA	93224	122	122	100	0	0	19.3	21	19.9	21.7
Frazier Park, CA	93225	565	565	100	0	0	34.5	37.6	35.4	38.6
Glennville, CA	93226	37	37	100	0	0	26.8	29.2	26.8	29.2
Inyokern, CA	93527	187	187	100	0	0	35.4	38.6	35.8	39
Keene, CA	93531	53	53	100	0	0	14.5	15.8	15.5	16.9
Kernville, CA	93238	142	142	100	0	0	12.4	13.5	13.6	14.8
Lake Isabella, CA	93240	1273	1273	100	0	0	7	7.6	7	7.6
Lamont, CA	93241	7567	7567	100	0	0	9	12.7	9	12.7

<b>Exhibit B-2. Endocrinology, Adult</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Lebec, CA	93243	165	165	100	0	0	28.1	30.6	28.2	30.7
Lost Hills, CA	93249	910	910	100	0	0	39.3	42.8	54.5	59.4
Maricopa, CA	93252	426	426	100	0	0	14.4	15.7	14.5	15.8
Mc Farland, CA	93250	6202	6202	100	0	0	16.8	18.3	17.6	19.9
Mc Kittrick, CA	93251	53	53	100	0	0	34.1	37.2	40.1	43.7
Mojave, CA	93501	1538	1538	100	0	0	13.7	14.9	16.3	17.7
Onyx, CA	93255	100	100	100	0	0	22.2	24.2	28.4	30.9
Rosamond, CA	93560	1123	1123	100	0	0	24.1	26.2	24.1	26.2
Shafter, CA	93263	7805	7805	100	0	0	25.4	27.7	25.4	27.7
Taft, CA	93268	5486	5486	100	0	0	13.9	15.1	13.9	15.1
Tehachapi, CA	93561	3952	3952	100	0	0	15	16.3	15	16.3
Wasco, CA	93280	8813	8813	100	0	0	27.2	29.6	28.2	30.7
Weldon, CA	93283	446	446	100	0	0	21.8	23.7	21.8	23.7
Wofford Heights, CA	93285	423	423	100	0	0	14.5	15.8	16.1	17.5
Woody, CA	93287	14	14	100	0	0	25.4	27.7	26	28.3

<b>Exhibit B-2. Endocrinology, Pediatric</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	18.3	19.9	18.3	19.9
Bakersfield, CA	93301	5209	5209	100	0	0	2.1	3	2.1	3.1
Bakersfield, CA	93304	20781	20781	100	0	0	5.4	8.6	5.4	8.6
Bakersfield, CA	93305	17059	17059	100	0	0	2	3.3	2.1	3.3
Bakersfield, CA	93306	22446	22446	100	0	0	16.9	18.9	17.2	19.2
Bakersfield, CA	93307	45708	45708	100	0	0	18.1	19.7	19.4	21.1
Bakersfield, CA	93308	14947	14947	100	0	0	23.6	25.8	25.1	27.6
Bakersfield, CA	93309	16261	16261	100	0	0	4.6	6.9	4.6	6.9
Bakersfield, CA	93311	6941	6941	100	0	0	16.9	18.4	18.1	19.7
Bakersfield, CA	93312	6674	6674	100	0	0	5.8	8.1	5.8	8.1
Bakersfield, CA	93313	14316	14316	100	0	0	20.9	22.8	20.9	22.8
Bakersfield, CA	93314	2908	2908	100	0	0	14.5	15.8	14.5	15.8
Bodfish, CA	93205	495	495	100	0	0	9.4	10.2	9.4	10.2
Boron, CA	93516	495	495	100	0	0	25.1	27.3	25.1	27.3
Buttonwillow, CA	93206	730	730	100	0	0	31.4	34.2	31.5	34.3
Caliente, CA	93518	155	155	100	0	0	20.7	22.5	21.5	23.4
California City, CA	93505	3123	3123	100	0	0	4.3	4.6	4.3	4.6
Delano, CA	93215	17961	17961	100	0	0	9.9	10.8	10.7	11.6
Edwards, CA	93523	217	217	100	0	0	16.2	17.6	16.3	17.7
Fellows, CA	93224	122	122	100	0	0	19.3	21	19.9	21.7
Frazier Park, CA	93225	565	565	100	0	0	34.5	37.6	35.4	38.6
Glennville, CA	93226	37	37	100	0	0	26.8	29.2	26.8	29.2
Inyokern, CA	93527	187	187	100	0	0	35.4	38.6	35.8	39
Keene, CA	93531	53	53	100	0	0	14.5	15.8	15.5	16.9
Kernville, CA	93238	142	142	100	0	0	12.4	13.5	13.6	14.8
Lake Isabella, CA	93240	1273	1273	100	0	0	7	7.6	7	7.6
Lamont, CA	93241	7567	7567	100	0	0	9	12.7	9	12.7

Exhibit B-2. Endocrinology, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	28.1	30.6	28.2	30.7
Lost Hills, CA	93249	910	910	100	0	0	39.3	42.8	54.5	59.4
Maricopa, CA	93252	426	426	100	0	0	14.4	15.7	14.5	15.8
Mc Farland, CA	93250	6202	6202	100	0	0	16.8	18.3	17.6	19.9
Mc Kittrick, CA	93251	53	53	100	0	0	34.1	37.2	40.1	43.7
Mojave, CA	93501	1538	1538	100	0	0	13.7	14.9	16.3	17.7
Onyx, CA	93255	100	100	100	0	0	22.2	24.2	28.4	30.9
Rosamond, CA	93560	1123	1123	100	0	0	24.1	26.2	24.1	26.2
Shafter, CA	93263	7805	7805	100	0	0	24.9	27.1	24.9	27.1
Taft, CA	93268	5486	5486	100	0	0	13.9	15.1	13.9	15.1
Tehachapi, CA	93561	3952	3952	100	0	0	15	16.3	15	16.3
Wasco, CA	93280	8813	8813	100	0	0	27.2	29.6	28.2	30.7
Weldon, CA	93283	446	446	100	0	0	21.8	23.7	21.8	23.7
Wofford Heights, CA	93285	423	423	100	0	0	14.5	15.8	16.1	17.5
Woody, CA	93287	14	14	100	0	0	25.4	27.7	26	28.3



Exhibit B-2. ENT/Otolaryngology, Adult										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Arvin, CA	93203	10029	10029	100	0	0	32.3	35.2	32.3	35.2
Bakersfield, CA	93301	5209	5209	100	0	0	1.6	2.1	1.6	2.1
Bakersfield, CA	93304	20781	20781	100	0	0	5.4	8.6	5.5	8.8
Bakersfield, CA	93305	17059	17059	100	0	0	2.2	3.2	2.2	3.2
Bakersfield, CA	93306	22446	22446	100	0	0	16.9	18.9	17.2	19.2
Bakersfield, CA	93307	45708	45708	100	0	0	24.8	27	26.6	29
Bakersfield, CA	93308	14947	14947	100	0	0	28.1	30.7	30.3	33.6
Bakersfield, CA	93309	16261	16261	100	0	0	4.5	7.7	4.5	7.7
Bakersfield, CA	93311	6941	6941	100	0	0	27.3	29.7	27.9	30.4
Bakersfield, CA	93312	6674	6674	100	0	0	6.9	9.7	7	9.8
Bakersfield, CA	93313	14316	14316	100	0	0	22.4	24.6	24.4	26.6
Bakersfield, CA	93314	2908	2908	100	0	0	16.2	17.6	16.2	17.6
Bodfish, CA	93205	495	495	100	0	0	37.2	41	37.3	41
Boron, CA	93516	495	0	0	495	100	82.8	90.3	82.8	90.3
Buttonwillow, CA	93206	730	730	100	0	0	35	38.1	35.1	38.2
Caliente, CA	93518	155	155	100	0	0	42.6	46.4	42.6	46.4
California City, CA	93505	3123	0	0	3123	100	64.2	70	64.6	70.4
Delano, CA	93215	17961	17961	100	0	0	8.8	9.6	9.7	10.5
Edwards, CA	93523	217	0	0	217	100	73.8	80.5	73.9	80.6
Fellows, CA	93224	122	122	100	0	0	32.8	35.7	37.7	41.1
Frazier Park, CA	93225	565	565	100	0	0	39.9	43.5	39.9	43.5
Glennville, CA	93226	37	37	100	0	0	35.4	38.6	35.9	39.1
Inyokern, CA	93527	187	0	0	187	100	72.3	78.8	72.5	79
Keene, CA	93531	53	53	100	0	0	30.7	33.4	30.7	33.4
Kernville, CA	93238	142	0	0	142	100	47.4	51.7	52.9	58.1
Lake Isabella, CA	93240	1273	1273	100	0	0	44.5	48.8	44.5	48.8
Lamont, CA	93241	7567	7567	100	0	0	12.5	17.6	12.5	17.6

Exhibit B-2. ENT/Otolaryngology, Adult										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	40.2	43.8	40.2	43.8
Lost Hills, CA	93249	910	910	100	0	0	39.5	43	55	60
Maricopa, CA	93252	426	426	100	0	0	43.4	47.3	43.5	47.4
Mc Farland, CA	93250	6202	6202	100	0	0	15.7	17.1	17.6	19.9
Mc Kittrick, CA	93251	53	53	100	0	0	37.5	40.9	43.5	47.4
Mojave, CA	93501	1538	0	0	1538	100	63.5	69.2	69.2	75.4
Onyx, CA	93255	100	0	0	100	100	60	65.4	63.3	69
Rosamond, CA	93560	1123	0	0	1123	100	70.4	76.8	70.4	76.8
Shafter, CA	93263	7805	7805	100	0	0	25.7	28	25.7	28
Taft, CA	93268	5486	5486	100	0	0	33.3	36.3	33.3	36.3
Tehachapi, CA	93561	3952	3923	99.3	29	0.7	47.6	51.9	47.8	52.1
Wasco, CA	93280	8813	8813	100	0	0	27.2	29.6	28.2	30.7
Weldon, CA	93283	446	64	14.3	382	85.7	50.8	55.8	50.8	55.8
Wofford Heights, CA	93285	423	335	79.2	88	20.8	45.6	50	45.6	50
Woody, CA	93287	14	14	100	0	0	30.1	32.8	30.1	32.8

Exhibit B-2. ENT/Otolaryngology, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Arvin, CA	93203	10029	10029	100	0	0	32.3	35.2	32.3	35.2
Bakersfield, CA	93301	5209	5209	100	0	0	1.6	2.1	1.6	2.1
Bakersfield, CA	93304	20781	20781	100	0	0	5.4	8.6	5.5	8.8
Bakersfield, CA	93305	17059	17059	100	0	0	2.2	3.2	2.2	3.2
Bakersfield, CA	93306	22446	22446	100	0	0	16.9	18.9	17.2	19.2
Bakersfield, CA	93307	45708	45708	100	0	0	24.8	27	26.6	29
Bakersfield, CA	93308	14947	14947	100	0	0	28.1	30.7	30.3	33.6
Bakersfield, CA	93309	16261	16261	100	0	0	5.1	7.7	5.2	7.7
Bakersfield, CA	93311	6941	6941	100	0	0	27.3	29.7	27.9	30.4
Bakersfield, CA	93312	6674	6674	100	0	0	6.9	9.7	7	9.8
Bakersfield, CA	93313	14316	14316	100	0	0	22.4	24.6	24.4	26.6
Bakersfield, CA	93314	2908	2908	100	0	0	16.2	17.6	16.2	17.6
Bodfish, CA	93205	495	495	100	0	0	37.2	41	37.3	41
Boron, CA	93516	495	0	0	495	100	82.8	90.3	82.8	90.3
Buttonwillow, CA	93206	730	730	100	0	0	35	38.1	35.1	38.2
Caliente, CA	93518	155	155	100	0	0	42.6	46.4	42.6	46.4
California City, CA	93505	3123	0	0	3123	100	64.2	70	64.6	70.4
Delano, CA	93215	17961	17961	100	0	0	8.8	9.6	9.7	10.5
Edwards, CA	93523	217	0	0	217	100	73.8	80.5	73.9	80.6
Fellows, CA	93224	122	122	100	0	0	32.8	35.7	37.7	41.1
Frazier Park, CA	93225	565	565	100	0	0	39.9	43.5	39.9	43.5
Glennville, CA	93226	37	37	100	0	0	35.4	38.6	35.9	39.1
Inyokern, CA	93527	187	0	0	187	100	72.3	78.8	72.5	79
Keene, CA	93531	53	53	100	0	0	30.7	33.4	30.7	33.4
Kernville, CA	93238	142	0	0	142	100	47.4	51.7	52.9	58.1
Lake Isabella, CA	93240	1273	1273	100	0	0	44.5	48.8	44.5	48.8
Lamont, CA	93241	7567	7567	100	0	0	12.5	17.6	12.5	17.6

Exhibit B-2. ENT/Otolaryngology, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	40.2	43.8	40.2	43.8
Lost Hills, CA	93249	910	910	100	0	0	39.5	43	55	60
Maricopa, CA	93252	426	426	100	0	0	43.4	47.3	43.5	47.4
Mc Farland, CA	93250	6202	6202	100	0	0	15.7	17.1	17.6	19.9
Mc Kittrick, CA	93251	53	53	100	0	0	37.5	40.9	43.5	47.4
Mojave, CA	93501	1538	0	0	1538	100	63.5	69.2	69.2	75.4
Onyx, CA	93255	100	0	0	100	100	60	65.4	63.3	69
Rosamond, CA	93560	1123	0	0	1123	100	70.4	76.8	70.4	76.8
Shafter, CA	93263	7805	7805	100	0	0	25.7	28	25.7	28
Taft, CA	93268	5486	5486	100	0	0	33.3	36.3	33.3	36.3
Tehachapi, CA	93561	3952	3923	99.3	29	0.7	47.6	51.9	47.8	52.1
Wasco, CA	93280	8813	8813	100	0	0	27.2	29.6	28.2	30.7
Weldon, CA	93283	446	64	14.3	382	85.7	50.8	55.8	50.8	55.8
Wofford Heights, CA	93285	423	335	79.2	88	20.8	45.6	50	45.6	50
Woody, CA	93287	14	14	100	0	0	30.1	32.8	30.1	32.8

<b>Exhibit B-2. Gastroenterology, Adult</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	28.4	30.9	28.4	30.9
Bakersfield, CA	93301	5209	5209	100	0	0	3.1	4.4	3.1	4.4
Bakersfield, CA	93304	20781	20781	100	0	0	6.8	12	6.9	12
Bakersfield, CA	93305	17059	17059	100	0	0	2.6	3.8	2.6	3.9
Bakersfield, CA	93306	22446	22446	100	0	0	17.4	18.9	17.6	19.2
Bakersfield, CA	93307	45708	45708	100	0	0	24.8	27	26.6	29
Bakersfield, CA	93308	14947	14947	100	0	0	23.7	25.8	25.1	27.3
Bakersfield, CA	93309	16261	16261	100	0	0	4.4	8.8	4.4	8.8
Bakersfield, CA	93311	6941	6941	100	0	0	26.9	29.3	27.6	30.1
Bakersfield, CA	93312	6674	6674	100	0	0	5.6	9.3	5.7	9.3
Bakersfield, CA	93313	14316	14316	100	0	0	22.4	24.8	24.4	26.6
Bakersfield, CA	93314	2908	2908	100	0	0	14.9	17.3	14.9	17.3
Bodfish, CA	93205	495	495	100	0	0	9.4	10.2	9.4	10.2
Boron, CA	93516	495	495	100	0	0	25.1	27.3	25.1	27.3
Buttonwillow, CA	93206	730	730	100	0	0	34	37.8	34.1	38
Caliente, CA	93518	155	155	100	0	0	19.7	21.4	21.3	23.2
California City, CA	93505	3123	3123	100	0	0	4.3	4.6	4.3	4.6
Delano, CA	93215	17961	17961	100	0	0	8.8	9.6	9.7	10.5
Edwards, CA	93523	217	217	100	0	0	16.2	17.6	16.3	17.7
Fellows, CA	93224	122	122	100	0	0	32.5	35.4	37.4	40.8
Frazier Park, CA	93225	565	565	100	0	0	39.9	43.5	39.9	43.5
Glennville, CA	93226	37	37	100	0	0	26.7	29.1	26.7	29.1
Inyokern, CA	93527	187	187	100	0	0	35.4	38.6	35.8	39
Keene, CA	93531	53	53	100	0	0	16.1	17.5	16.4	17.8
Kernville, CA	93238	142	142	100	0	0	12.4	13.5	13.6	14.8
Lake Isabella, CA	93240	1273	1273	100	0	0	7	7.6	7	7.6
Lamont, CA	93241	7567	7567	100	0	0	12.5	17.6	12.5	17.6

<b>Exhibit B-2. Gastroenterology, Adult</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Lebec, CA	93243	165	165	100	0	0	39.8	43.4	39.8	43.4
Lost Hills, CA	93249	910	910	100	0	0	39.5	43	55	60
Maricopa, CA	93252	426	426	100	0	0	43	46.9	43.1	47
Mc Farland, CA	93250	6202	6202	100	0	0	15.7	17.1	18.3	19.9
Mc Kittrick, CA	93251	53	53	100	0	0	36.5	40.5	42.8	47.1
Mojave, CA	93501	1538	1538	100	0	0	13.7	14.9	16.3	17.7
Onyx, CA	93255	100	100	100	0	0	22.2	24.2	28.4	30.9
Rosamond, CA	93560	1123	1123	100	0	0	24.1	26.2	24.1	26.2
Shafter, CA	93263	7805	7805	100	0	0	25.1	27.9	25.1	27.9
Taft, CA	93268	5486	5486	100	0	0	33	36	33	36
Tehachapi, CA	93561	3952	3952	100	0	0	16.2	17.6	16.2	17.6
Wasco, CA	93280	8813	8813	100	0	0	27.2	29.6	28.2	30.7
Weldon, CA	93283	446	446	100	0	0	21.8	23.7	21.8	23.7
Wofford Heights, CA	93285	423	423	100	0	0	14.5	15.8	16.1	17.5
Woody, CA	93287	14	14	100	0	0	24.5	26.7	25.1	27.3

<b>Exhibit B-2. Gastroenterology, Pediatric</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	28.4	30.9	28.4	30.9
Bakersfield, CA	93301	5209	5209	100	0	0	3.1	4.4	3.1	4.4
Bakersfield, CA	93304	20781	20781	100	0	0	6.8	12	6.9	12
Bakersfield, CA	93305	17059	17059	100	0	0	2.4	3.6	2.4	3.6
Bakersfield, CA	93306	22446	22446	100	0	0	16.9	18.9	17.2	19.2
Bakersfield, CA	93307	45708	45708	100	0	0	24.8	27	26.6	29
Bakersfield, CA	93308	14947	14947	100	0	0	23.6	25.8	25.1	27.3
Bakersfield, CA	93309	16261	16261	100	0	0	4.4	8.8	4.4	8.8
Bakersfield, CA	93311	6941	6941	100	0	0	25.4	27.7	26.1	28.4
Bakersfield, CA	93312	6674	6674	100	0	0	5.2	7.9	5.2	7.9
Bakersfield, CA	93313	14316	14316	100	0	0	22.4	24.8	24.4	26.6
Bakersfield, CA	93314	2908	2908	100	0	0	14.5	15.8	14.5	15.8
Bodfish, CA	93205	495	495	100	0	0	9.4	10.2	9.4	10.2
Boron, CA	93516	495	495	100	0	0	25.1	27.3	25.1	27.3
Buttonwillow, CA	93206	730	730	100	0	0	33.4	36.4	33.6	36.6
Caliente, CA	93518	155	155	100	0	0	19.7	21.4	21.3	23.2
California City, CA	93505	3123	3123	100	0	0	4.3	4.6	4.3	4.6
Delano, CA	93215	17961	17961	100	0	0	8.8	9.6	9.7	10.5
Edwards, CA	93523	217	217	100	0	0	16.2	17.6	16.3	17.7
Fellows, CA	93224	122	122	100	0	0	31.4	34.2	36.2	39.4
Frazier Park, CA	93225	565	565	100	0	0	39.9	43.5	39.9	43.5
Glennville, CA	93226	37	37	100	0	0	26.7	29.1	26.7	29.1
Inyokern, CA	93527	187	187	100	0	0	35.4	38.6	35.8	39
Keene, CA	93531	53	53	100	0	0	16.1	17.5	16.4	17.8
Kernville, CA	93238	142	142	100	0	0	12.4	13.5	13.6	14.8
Lake Isabella, CA	93240	1273	1273	100	0	0	7	7.6	7	7.6
Lamont, CA	93241	7567	7567	100	0	0	12.5	17.6	12.5	17.6

Exhibit B-2. Gastroenterology, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	39.8	43.4	39.8	43.4
Lost Hills, CA	93249	910	910	100	0	0	39.5	43	55	60
Maricopa, CA	93252	426	426	100	0	0	41.5	45.2	41.6	45.3
Mc Farland, CA	93250	6202	6202	100	0	0	15.7	17.1	17.6	19.9
Mc Kittrick, CA	93251	53	53	100	0	0	35.9	39.1	41.7	45.4
Mojave, CA	93501	1538	1538	100	0	0	13.7	14.9	16.3	17.7
Onyx, CA	93255	100	100	100	0	0	22.2	24.2	28.4	30.9
Rosamond, CA	93560	1123	1123	100	0	0	24.1	26.2	24.1	26.2
Shafter, CA	93263	7805	7805	100	0	0	24.9	27.1	24.9	27.1
Taft, CA	93268	5486	5486	100	0	0	31.9	34.8	31.9	34.8
Tehachapi, CA	93561	3952	3952	100	0	0	16.2	17.6	16.2	17.6
Wasco, CA	93280	8813	8813	100	0	0	27.2	29.6	28.2	30.7
Weldon, CA	93283	446	446	100	0	0	21.8	23.7	21.8	23.7
Wofford Heights, CA	93285	423	423	100	0	0	14.5	15.8	16.1	17.5
Woody, CA	93287	14	14	100	0	0	24.5	26.7	25.1	27.3



<b>Exhibit B-2. General Surgery, Adult</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	27.4	29.8	28.3	30.8
Bakersfield, CA	93301	5209	5209	100	0	0	1.6	2.1	1.6	2.1
Bakersfield, CA	93304	20781	20781	100	0	0	3.9	7.4	3.9	7.6
Bakersfield, CA	93305	17059	17059	100	0	0	2.2	3.3	2.2	3.2
Bakersfield, CA	93306	22446	22446	100	0	0	15.1	16.4	15.4	16.8
Bakersfield, CA	93307	45708	45708	100	0	0	24.2	26.7	25.5	28.8
Bakersfield, CA	93308	14947	14947	100	0	0	23.5	25.6	23.5	25.6
Bakersfield, CA	93309	16261	16261	100	0	0	2.8	4.9	2.8	4.9
Bakersfield, CA	93311	6941	6941	100	0	0	27.1	29.5	27.8	30.3
Bakersfield, CA	93312	6674	6674	100	0	0	4.4	8.8	4.4	8.8
Bakersfield, CA	93313	14316	14316	100	0	0	21	24.6	22.3	26.6
Bakersfield, CA	93314	2908	2908	100	0	0	13.6	17.3	13.6	17.3
Bodfish, CA	93205	495	495	100	0	0	9.4	10.2	9.4	10.2
Boron, CA	93516	495	495	100	0	0	25.1	27.3	25.1	27.3
Buttonwillow, CA	93206	730	730	100	0	0	33.2	38	33.3	38.1
Caliente, CA	93518	155	155	100	0	0	20.7	22.5	21.3	23.2
California City, CA	93505	3123	3123	100	0	0	4.3	4.6	4.3	4.6
Delano, CA	93215	17961	17961	100	0	0	8.7	9.4	9.5	10.3
Edwards, CA	93523	217	217	100	0	0	16.2	17.6	16.3	17.7
Fellows, CA	93224	122	122	100	0	0	32.6	35.6	37.6	41
Frazier Park, CA	93225	565	565	100	0	0	37.3	43.2	37.3	43.2
Glennville, CA	93226	37	37	100	0	0	26.8	29.2	26.8	29.2
Inyokern, CA	93527	187	187	100	0	0	18.7	20.4	23.2	25.3
Keene, CA	93531	53	53	100	0	0	17.8	19.4	18.1	19.7
Kernville, CA	93238	142	142	100	0	0	12.4	13.5	13.6	14.8
Lake Isabella, CA	93240	1273	1273	100	0	0	7	7.6	7	7.6
Lamont, CA	93241	7567	7567	100	0	0	9.9	13.9	9.9	13.9

Exhibit B-										
Kern Family Health Care, Kern County										
Standard:										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	38.9	42.8	39	42.8
Lost Hills, CA	93249	910	910	100	0	0	39.5	43	55	60
Maricopa, CA	93252	426	426	100	0	0	43.2	47.1	43.3	47.2
Mc Farland, CA	93250	6202	6202	100	0	0	15.5	17	17.2	18.7
Mc Kittrick, CA	93251	53	53	100	0	0	35.8	40.6	42.6	47.3
Mojave, CA	93501	1538	1538	100	0	0	13.7	14.9	16.3	17.7
Onyx, CA	93255	100	100	100	0	0	22.2	24.2	26.9	29.3
Rosamond, CA	93560	1123	1123	100	0	0	24.1	26.2	24.1	26.2
Shafter, CA	93263	7805	7805	100	0	0	23.7	27.4	24.2	27
Taft, CA	93268	5486	5486	100	0	0	32.6	36.2	32.7	36.2
Tehachapi, CA	93561	3952	3952	100	0	0	17.7	19.3	17.7	19.3
Wasco, CA	93280	8813	8813	100	0	0	27.2	29.6	28.2	30.7
Weldon, CA	93283	446	446	100	0	0	21.8	23.7	21.8	23.7
Wofford Heights, CA	93285	423	423	100	0	0	14.5	15.8	16.1	17.5
Woody, CA	93287	14	14	100	0	0	24.3	26.5	24.9	27.1

<b>Exhibit B-2. General Surgery, Pediatric</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	27.4	29.8	28.3	30.8
Bakersfield, CA	93301	5209	5209	100	0	0	1.6	2.1	1.6	2.1
Bakersfield, CA	93304	20781	20781	100	0	0	3.9	7.4	3.9	7.6
Bakersfield, CA	93305	17059	17059	100	0	0	2.2	3.3	2.2	3.2
Bakersfield, CA	93306	22446	22446	100	0	0	15.1	16.4	15.4	16.8
Bakersfield, CA	93307	45708	45708	100	0	0	24.2	26.7	25.5	28.8
Bakersfield, CA	93308	14947	14947	100	0	0	23.5	25.6	23.5	25.6
Bakersfield, CA	93309	16261	16261	100	0	0	2.8	4.9	2.8	4.9
Bakersfield, CA	93311	6941	6941	100	0	0	27.1	29.5	27.8	30.3
Bakersfield, CA	93312	6674	6674	100	0	0	4.4	8.8	4.4	8.8
Bakersfield, CA	93313	14316	14316	100	0	0	21	24.6	22.3	26.6
Bakersfield, CA	93314	2908	2908	100	0	0	13.6	17.3	13.6	17.3
Bodfish, CA	93205	495	495	100	0	0	9.4	10.2	9.4	10.2
Boron, CA	93516	495	495	100	0	0	25.1	27.3	25.1	27.3
Buttonwillow, CA	93206	730	730	100	0	0	33.2	38	33.3	38.1
Caliente, CA	93518	155	155	100	0	0	20.7	22.5	21.3	23.2
California City, CA	93505	3123	3123	100	0	0	4.3	4.6	4.3	4.6
Delano, CA	93215	17961	17961	100	0	0	8.7	9.4	9.5	10.3
Edwards, CA	93523	217	217	100	0	0	16.2	17.6	16.3	17.7
Fellows, CA	93224	122	122	100	0	0	32.6	35.6	37.6	41
Frazier Park, CA	93225	565	565	100	0	0	37.3	43.2	37.3	43.2
Glennville, CA	93226	37	37	100	0	0	26.8	29.2	26.8	29.2
Inyokern, CA	93527	187	187	100	0	0	18.7	20.4	23.2	25.3
Keene, CA	93531	53	53	100	0	0	17.8	19.4	18.1	19.7
Kernville, CA	93238	142	142	100	0	0	12.4	13.5	13.6	14.8
Lake Isabella, CA	93240	1273	1273	100	0	0	7	7.6	7	7.6
Lamont, CA	93241	7567	7567	100	0	0	9.9	13.9	9.9	13.9

Exhibit B-2. General Surgery, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	38.9	42.8	39	42.8
Lost Hills, CA	93249	910	910	100	0	0	39.5	43	55	60
Maricopa, CA	93252	426	426	100	0	0	43.2	47.1	43.3	47.2
Mc Farland, CA	93250	6202	6202	100	0	0	15.5	17	17.2	18.7
Mc Kittrick, CA	93251	53	53	100	0	0	35.8	40.6	42.6	47.3
Mojave, CA	93501	1538	1538	100	0	0	13.7	14.9	16.3	17.7
Onyx, CA	93255	100	100	100	0	0	22.2	24.2	26.9	29.3
Rosamond, CA	93560	1123	1123	100	0	0	24.1	26.2	24.1	26.2
Shafter, CA	93263	7805	7805	100	0	0	23.7	27.4	24.2	27
Taft, CA	93268	5486	5486	100	0	0	32.6	36.2	32.7	36.2
Tehachapi, CA	93561	3952	3952	100	0	0	17.7	19.3	17.7	19.3
Wasco, CA	93280	8813	8813	100	0	0	27.2	29.6	28.2	30.7
Weldon, CA	93283	446	446	100	0	0	21.8	23.7	21.8	23.7
Wofford Heights, CA	93285	423	423	100	0	0	14.5	15.8	16.1	17.5
Woody, CA	93287	14	14	100	0	0	24.3	26.5	24.9	27.1

<b>Exhibit B-2. Hematology, Adult</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	32.3	35.2	32.3	35.2
Bakersfield, CA	93301	5209	5209	100	0	0	1.9	2.5	2	2.6
Bakersfield, CA	93304	20781	20781	100	0	0	6.3	10	6.3	10
Bakersfield, CA	93305	17059	17059	100	0	0	2.4	3.3	2.4	3.3
Bakersfield, CA	93306	22446	22446	100	0	0	16.9	18.9	17.2	19.2
Bakersfield, CA	93307	45708	45708	100	0	0	24.8	27	26.6	29
Bakersfield, CA	93308	14947	14947	100	0	0	28.1	30.7	30.3	33.6
Bakersfield, CA	93309	16261	16261	100	0	0	4.9	8.7	4.9	8.7
Bakersfield, CA	93311	6941	6941	100	0	0	27.3	29.7	28	30.5
Bakersfield, CA	93312	6674	6674	100	0	0	5.7	8.4	5.7	8.6
Bakersfield, CA	93313	14316	14316	100	0	0	22.4	24.6	24.4	26.6
Bakersfield, CA	93314	2908	2908	100	0	0	15	16.4	15	16.4
Bodfish, CA	93205	495	495	100	0	0	37.2	41	37.3	41
Boron, CA	93516	495	0	0	495	100	82.8	90.3	82.8	90.3
Buttonwillow, CA	93206	730	730	100	0	0	34	37.5	34.2	37.7
Caliente, CA	93518	155	155	100	0	0	42.6	46.4	42.6	46.4
California City, CA	93505	3123	0	0	3123	100	64.2	70	64.6	70.4
Delano, CA	93215	17961	17961	100	0	0	36	39.7	36.9	40.6
Edwards, CA	93523	217	0	0	217	100	73.8	80.5	73.9	80.6
Fellows, CA	93224	122	122	100	0	0	32.8	35.7	37.7	41.1
Frazier Park, CA	93225	565	565	100	0	0	39.9	43.5	39.9	43.5
Glennville, CA	93226	37	37	100	0	0	40.4	44	40.8	44.5
Inyokern, CA	93527	187	0	0	187	100	72.3	78.8	72.5	79
Keene, CA	93531	53	53	100	0	0	30.7	33.4	30.7	33.4
Kernville, CA	93238	142	0	0	142	100	50.5	55.6	52.9	58.1
Lake Isabella, CA	93240	1273	1273	100	0	0	44.5	48.8	44.5	48.8
Lamont, CA	93241	7567	7567	100	0	0	12.5	17.6	12.5	17.6

<b>Exhibit B-2. Hematology, Adult</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Lebec, CA	93243	165	165	100	0	0	40.2	43.8	40.2	43.8
Lost Hills, CA	93249	910	845	92.9	65	7.1	58.7	64	66.2	72.8
Maricopa, CA	93252	426	426	100	0	0	43.4	47.3	43.5	47.4
Mc Farland, CA	93250	6202	6202	100	0	0	31.6	34.9	31.7	35
Mc Kittrick, CA	93251	53	53	100	0	0	36.6	40.4	42.9	47.4
Mojave, CA	93501	1538	0	0	1538	100	63.5	69.2	69.2	75.4
Onyx, CA	93255	100	0	0	100	100	60	65.4	63.3	69
Rosamond, CA	93560	1123	0	0	1123	100	70.4	76.8	70.4	76.8
Shafter, CA	93263	7805	7805	100	0	0	25.2	27.4	25.7	28
Taft, CA	93268	5486	5486	100	0	0	33.3	36.3	33.3	36.3
Tehachapi, CA	93561	3952	3923	99.3	29	0.7	47.6	51.9	47.8	52.1
Wasco, CA	93280	8813	8812	99.9	1	0.1	46	50.1	46.3	50.5
Weldon, CA	93283	446	64	14.3	382	85.7	50.8	55.8	50.8	55.8
Wofford Heights, CA	93285	423	333	78.7	90	21.3	45.7	50.4	45.7	50.4
Woody, CA	93287	14	14	100	0	0	33.2	36.2	33.2	36.2

Exhibit B-2. Hematology, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Arvin, CA	93203	10029	10029	100	0	0	32.3	35.2	32.3	35.2
Bakersfield, CA	93301	5209	5209	100	0	0	1.9	2.5	2	2.6
Bakersfield, CA	93304	20781	20781	100	0	0	6.3	10	6.3	10
Bakersfield, CA	93305	17059	17059	100	0	0	2.4	3.3	2.4	3.3
Bakersfield, CA	93306	22446	22446	100	0	0	16.9	18.9	17.2	19.2
Bakersfield, CA	93307	45708	45708	100	0	0	24.8	27	26.6	29
Bakersfield, CA	93308	14947	14947	100	0	0	28.1	30.7	30.3	33.6
Bakersfield, CA	93309	16261	16261	100	0	0	5.9	8.7	5.9	8.7
Bakersfield, CA	93311	6941	6941	100	0	0	27.3	29.7	28	30.5
Bakersfield, CA	93312	6674	6674	100	0	0	6.9	9.7	7	9.8
Bakersfield, CA	93313	14316	14316	100	0	0	22.6	24.6	24.4	26.6
Bakersfield, CA	93314	2908	2908	100	0	0	16.2	17.6	16.2	17.6
Bodfish, CA	93205	495	495	100	0	0	37.2	41	37.3	41
Boron, CA	93516	495	0	0	495	100	82.8	90.3	82.8	90.3
Buttonwillow, CA	93206	730	730	100	0	0	35	38.1	35.1	38.2
Caliente, CA	93518	155	155	100	0	0	42.6	46.4	42.6	46.4
California City, CA	93505	3123	0	0	3123	100	64.2	70	64.6	70.4
Delano, CA	93215	17961	17961	100	0	0	8.8	9.6	9.6	10.4
Edwards, CA	93523	217	0	0	217	100	73.8	80.5	73.9	80.6
Fellows, CA	93224	122	122	100	0	0	32.8	35.7	37.7	41.1
Frazier Park, CA	93225	565	565	100	0	0	39.9	43.5	39.9	43.5
Glennville, CA	93226	37	37	100	0	0	35.3	38.5	35.8	39
Inyokern, CA	93527	187	0	0	187	100	72.3	78.8	72.5	79
Keene, CA	93531	53	53	100	0	0	30.7	33.4	30.7	33.4
Kernville, CA	93238	142	0	0	142	100	47.3	51.6	52.9	58.1
Lake Isabella, CA	93240	1273	1273	100	0	0	44.5	48.8	44.5	48.8
Lamont, CA	93241	7567	7567	100	0	0	12.5	17.6	12.5	17.6

<b>Exhibit B-2. Hematology, Pediatrics</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Lebec, CA	93243	165	165	100	0	0	40.2	43.8	40.2	43.8
Lost Hills, CA	93249	910	910	100	0	0	39.5	43	54.9	59.8
Maricopa, CA	93252	426	426	100	0	0	43.4	47.3	43.5	47.4
Mc Farland, CA	93250	6202	6202	100	0	0	15.7	17.1	17.6	19.9
Mc Kittrick, CA	93251	53	53	100	0	0	37.5	40.9	43.5	47.4
Mojave, CA	93501	1538	0	0	1538	100	63.5	69.2	69.2	75.4
Onyx, CA	93255	100	0	0	100	100	60	65.4	63.3	69
Rosamond, CA	93560	1123	0	0	1123	100	70.4	76.8	70.4	76.8
Shafter, CA	93263	7805	7805	100	0	0	25.7	28	25.7	28
Taft, CA	93268	5486	5486	100	0	0	33.3	36.3	33.3	36.3
Tehachapi, CA	93561	3952	3923	99.3	29	0.7	47.6	51.9	47.8	52.1
Wasco, CA	93280	8813	8813	100	0	0	27.3	29.7	28.3	30.8
Weldon, CA	93283	446	64	14.3	382	85.7	50.8	55.8	50.8	55.8
Wofford Heights, CA	93285	423	345	81.6	78	18.4	45.6	50	45.6	50
Woody, CA	93287	14	14	100	0	0	30	32.7	30	32.7



<b>Exhibit B-2. HIV/AIDS Specialists/Infectious Diseases, Adult</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	28.4	30.9	28.4	30.9
Bakersfield, CA	93301	5209	5209	100	0	0	1.7	2.2	1.7	2.2
Bakersfield, CA	93304	20781	20781	100	0	0	5.5	8.8	5.6	8.9
Bakersfield, CA	93305	17059	17059	100	0	0	2.2	3.3	2.3	3.3
Bakersfield, CA	93306	22446	22446	100	0	0	16.9	18.9	17.2	19.2
Bakersfield, CA	93307	45708	45708	100	0	0	24.8	27	26.6	29
Bakersfield, CA	93308	14947	14947	100	0	0	28.1	30.7	30.3	33.6
Bakersfield, CA	93309	16261	16261	100	0	0	4.7	7.4	4.7	7.6
Bakersfield, CA	93311	6941	6941	100	0	0	18.8	20.5	20.8	22.6
Bakersfield, CA	93312	6674	6674	100	0	0	6.9	9.7	7	9.8
Bakersfield, CA	93313	14316	14316	100	0	0	22.4	24.6	24.4	26.6
Bakersfield, CA	93314	2908	2908	100	0	0	16.2	17.6	16.2	17.6
Bodfish, CA	93205	495	495	100	0	0	33.4	36.4	33.4	36.4
Boron, CA	93516	495	495	100	0	0	25.1	27.3	25.1	27.3
Buttonwillow, CA	93206	730	730	100	0	0	31.4	34.2	31.5	34.3
Caliente, CA	93518	155	155	100	0	0	30.1	32.8	30.1	32.8
California City, CA	93505	3123	3123	100	0	0	4.3	4.6	4.3	4.6
Delano, CA	93215	17961	17961	100	0	0	9.9	10.8	10.7	11.6
Edwards, CA	93523	217	217	100	0	0	16.2	17.6	16.3	17.7
Fellows, CA	93224	122	122	100	0	0	19.3	21	19.9	21.7
Frazier Park, CA	93225	565	565	100	0	0	39.9	43.5	39.9	43.5
Glennville, CA	93226	37	37	100	0	0	36.1	39.3	36.6	39.9
Inyokern, CA	93527	187	181	96.8	6	3.2	45.3	49.4	46.4	50.6
Keene, CA	93531	53	53	100	0	0	17.8	19.4	18.1	19.7
Kernville, CA	93238	142	117	82.4	25	17.6	46.2	50.4	46.2	50.4
Lake Isabella, CA	93240	1273	1273	100	0	0	37.1	40.4	37.1	40.4
Lamont, CA	93241	7567	7567	100	0	0	12.5	17.6	12.5	17.6

<b>Exhibit B-2. HIV/AIDS Specialists/Infectious Diseases, Adult</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Lebec, CA	93243	165	165	100	0	0	40.2	43.8	40.2	43.8
Lost Hills, CA	93249	910	910	100	0	0	39.3	42.8	54.5	59.4
Maricopa, CA	93252	426	426	100	0	0	14.4	15.7	14.5	15.8
Mc Farland, CA	93250	6202	6202	100	0	0	16.8	18.3	17.6	19.9
Mc Kittrick, CA	93251	53	53	100	0	0	34.1	37.2	40.1	43.7
Mojave, CA	93501	1538	1538	100	0	0	13.7	14.9	16.3	17.7
Onyx, CA	93255	100	95	95	5	5	46.4	50.6	46.4	50.6
Rosamond, CA	93560	1123	1123	100	0	0	24.1	26.2	24.1	26.2
Shafter, CA	93263	7805	7805	100	0	0	25.4	27.7	25.4	27.7
Taft, CA	93268	5486	5486	100	0	0	13.9	15.1	13.9	15.1
Tehachapi, CA	93561	3952	3952	100	0	0	17.7	19.3	17.7	19.3
Wasco, CA	93280	8813	8813	100	0	0	27.2	29.6	28.2	30.7
Weldon, CA	93283	446	446	100	0	0	43.1	47	43.1	47
Wofford Heights, CA	93285	423	423	100	0	0	41.9	45.7	41.9	45.7
Woody, CA	93287	14	14	100	0	0	30.9	33.7	30.9	33.7

Exhibit B-2. HIV/AIDS Specialists/Infectious Diseases, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Arvin, CA	93203	10029	10029	100	0	0	28.4	30.9	28.4	30.9
Bakersfield, CA	93301	5209	5209	100	0	0	1.7	2.2	1.7	2.2
Bakersfield, CA	93304	20781	20781	100	0	0	5.5	8.8	5.6	8.9
Bakersfield, CA	93305	17059	17059	100	0	0	2.2	3.3	2.3	3.3
Bakersfield, CA	93306	22446	22446	100	0	0	16.9	18.9	17.2	19.2
Bakersfield, CA	93307	45708	45708	100	0	0	24.8	27	26.6	29
Bakersfield, CA	93308	14947	14947	100	0	0	28.1	30.7	30.3	33.6
Bakersfield, CA	93309	16261	16261	100	0	0	5.2	7.4	5.4	7.6
Bakersfield, CA	93311	6941	6941	100	0	0	18.8	20.5	20.8	22.6
Bakersfield, CA	93312	6674	6674	100	0	0	6.9	9.7	7	9.8
Bakersfield, CA	93313	14316	14316	100	0	0	22.4	24.6	24.4	26.6
Bakersfield, CA	93314	2908	2908	100	0	0	16.2	17.6	16.2	17.6
Bodfish, CA	93205	495	495	100	0	0	33.4	36.4	33.4	36.4
Boron, CA	93516	495	495	100	0	0	25.1	27.3	25.1	27.3
Buttonwillow, CA	93206	730	730	100	0	0	31.4	34.2	31.5	34.3
Caliente, CA	93518	155	155	100	0	0	30.1	32.8	30.1	32.8
California City, CA	93505	3123	3123	100	0	0	4.3	4.6	4.3	4.6
Delano, CA	93215	17961	17961	100	0	0	9.9	10.8	10.7	11.6
Edwards, CA	93523	217	217	100	0	0	16.2	17.6	16.3	17.7
Fellows, CA	93224	122	122	100	0	0	19.3	21	19.9	21.7
Frazier Park, CA	93225	565	565	100	0	0	39.9	43.5	39.9	43.5
Glennville, CA	93226	37	37	100	0	0	36.1	39.3	36.6	39.9
Inyokern, CA	93527	187	181	96.8	6	3.2	45.3	49.4	46.4	50.6
Keene, CA	93531	53	53	100	0	0	17.8	19.4	18.1	19.7
Kernville, CA	93238	142	117	82.4	25	17.6	46.2	50.4	46.2	50.4
Lake Isabella, CA	93240	1273	1273	100	0	0	37.1	40.4	37.1	40.4
Lamont, CA	93241	7567	7567	100	0	0	12.5	17.6	12.5	17.6

Exhibit B-2. HIV/AIDS Specialists/Infectious Diseases, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	40.2	43.8	40.2	43.8
Lost Hills, CA	93249	910	910	100	0	0	39.3	42.8	54.5	59.4
Maricopa, CA	93252	426	426	100	0	0	14.4	15.7	14.5	15.8
Mc Farland, CA	93250	6202	6202	100	0	0	16.8	18.3	17.6	19.9
Mc Kittrick, CA	93251	53	53	100	0	0	34.1	37.2	40.1	43.7
Mojave, CA	93501	1538	1538	100	0	0	13.7	14.9	16.3	17.7
Onyx, CA	93255	100	95	95	5	5	46.4	50.6	46.4	50.6
Rosamond, CA	93560	1123	1123	100	0	0	24.1	26.2	24.1	26.2
Shafter, CA	93263	7805	7805	100	0	0	25.4	27.7	25.4	27.7
Taft, CA	93268	5486	5486	100	0	0	13.9	15.1	13.9	15.1
Tehachapi, CA	93561	3952	3952	100	0	0	17.7	19.3	17.7	19.3
Wasco, CA	93280	8813	8813	100	0	0	27.2	29.6	28.2	30.7
Weldon, CA	93283	446	446	100	0	0	43.1	47	43.1	47
Wofford Heights, CA	93285	423	423	100	0	0	41.9	45.7	41.9	45.7
Woody, CA	93287	14	14	100	0	0	30.9	33.7	30.9	33.7

<b>Exhibit B-2. Nephrology, Adult</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	18.3	19.9	20	21.8
Bakersfield, CA	93301	5209	5209	100	0	0	1.9	2.5	1.9	2.5
Bakersfield, CA	93304	20781	20781	100	0	0	3.9	5.6	3.9	5.6
Bakersfield, CA	93305	17059	17059	100	0	0	2.5	3.5	2.6	3.6
Bakersfield, CA	93306	22446	22446	100	0	0	17.4	18.9	17.6	19.2
Bakersfield, CA	93307	45708	45708	100	0	0	18.1	19.7	19.4	21.1
Bakersfield, CA	93308	14947	14947	100	0	0	28.2	30.7	30.8	33.6
Bakersfield, CA	93309	16261	16261	100	0	0	2.7	4.2	2.7	4.2
Bakersfield, CA	93311	6941	6941	100	0	0	26.7	29.1	27.4	29.8
Bakersfield, CA	93312	6674	6674	100	0	0	5	7	5	7
Bakersfield, CA	93313	14316	14316	100	0	0	18.6	20.2	19.3	21
Bakersfield, CA	93314	2908	2908	100	0	0	12.9	14	12.9	14
Bodfish, CA	93205	495	495	100	0	0	37.6	41	37.6	41
Boron, CA	93516	495	456	92.1	39	7.9	45.5	54.6	45.5	54.6
Buttonwillow, CA	93206	730	730	100	0	0	21.3	23.2	21.5	23.4
Caliente, CA	93518	155	155	100	0	0	35.7	38.9	35.7	38.9
California City, CA	93505	3123	3123	100	0	0	38.2	45.8	38.2	45.8
Delano, CA	93215	17961	17961	100	0	0	9.1	9.9	10	10.9
Edwards, CA	93523	217	217	100	0	0	43.3	51.9	43.4	52
Fellows, CA	93224	122	122	100	0	0	31.7	34.5	37	40.3
Frazier Park, CA	93225	565	565	100	0	0	34.5	37.6	35.4	38.6
Glennville, CA	93226	37	37	100	0	0	34.8	37.9	35.3	38.5
Inyokern, CA	93527	187	0	0	187	100	72.3	78.8	72.5	79
Keene, CA	93531	53	53	100	0	0	15.9	17.3	15.9	17.3
Kernville, CA	93238	142	16	11.3	126	88.7	46.9	51.1	53.3	58.1
Lake Isabella, CA	93240	1273	1273	100	0	0	44.8	48.8	44.8	48.8
Lamont, CA	93241	7567	7567	100	0	0	9	12.7	9	12.7

Exhibit B-2. Nephrology, Adult										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	28.1	30.6	28.2	30.7
Lost Hills, CA	93249	910	910	100	0	0	40.3	43.9	54.4	59.3
Maricopa, CA	93252	426	426	100	0	0	43	46.9	43.1	47
Mc Farland, CA	93250	6202	6202	100	0	0	15.4	16.8	18.3	19.9
Mc Kittrick, CA	93251	53	53	100	0	0	34.1	37.2	34.1	37.2
Mojave, CA	93501	1538	1538	100	0	0	39.2	47	45.2	53.1
Onyx, CA	93255	100	0	0	100	100	60	65.4	63.3	69
Rosamond, CA	93560	1123	1123	100	0	0	28.2	33.8	28.7	34.4
Shafter, CA	93263	7805	7805	100	0	0	9.4	10.2	9.9	10.8
Taft, CA	93268	5486	5486	100	0	0	31.8	34.6	31.9	34.8
Tehachapi, CA	93561	3952	3952	100	0	0	32.2	35.1	32.2	35.1
Wasco, CA	93280	8813	8813	100	0	0	21.6	23.5	25.4	27.7
Weldon, CA	93283	446	21	4.7	425	95.3	51.2	55.8	51.2	55.8
Wofford Heights, CA	93285	423	333	78.7	90	21.3	45.7	49.8	45.7	49.8
Woody, CA	93287	14	14	100	0	0	29.8	32.5	29.8	32.5

Exhibit B-2. Nephrology, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Arvin, CA	93203	10029	10029	100	0	0	18.3	19.9	20	21.8
Bakersfield, CA	93301	5209	5209	100	0	0	1.9	2.5	1.9	2.5
Bakersfield, CA	93304	20781	20781	100	0	0	3.9	5.6	3.9	5.6
Bakersfield, CA	93305	17059	17059	100	0	0	2.3	3.3	2.3	3.3
Bakersfield, CA	93306	22446	22446	100	0	0	16.9	18.9	17.2	19.2
Bakersfield, CA	93307	45708	45708	100	0	0	18.1	19.7	19.4	21.1
Bakersfield, CA	93308	14947	14947	100	0	0	28.1	30.7	30.3	33.6
Bakersfield, CA	93309	16261	16261	100	0	0	2.8	4.2	2.8	4.2
Bakersfield, CA	93311	6941	6941	100	0	0	26.7	29.1	27.4	29.8
Bakersfield, CA	93312	6674	6674	100	0	0	5	7	5	7
Bakersfield, CA	93313	14316	14316	100	0	0	18.6	20.2	19.3	21
Bakersfield, CA	93314	2908	2908	100	0	0	12.9	14	12.9	14
Bodfish, CA	93205	495	495	100	0	0	37.2	41	37.3	41
Boron, CA	93516	495	456	92.1	39	7.9	45.5	54.6	45.5	54.6
Buttonwillow, CA	93206	730	730	100	0	0	21.3	23.2	21.5	23.4
Caliente, CA	93518	155	155	100	0	0	35.7	38.9	35.7	38.9
California City, CA	93505	3123	3123	100	0	0	38.2	45.8	38.2	45.8
Delano, CA	93215	17961	17961	100	0	0	9.1	9.9	10	10.9
Edwards, CA	93523	217	217	100	0	0	43.3	51.9	43.4	52
Fellows, CA	93224	122	122	100	0	0	31.7	34.5	37	40.3
Frazier Park, CA	93225	565	565	100	0	0	34.5	37.6	35.4	38.6
Glennville, CA	93226	37	37	100	0	0	34.8	37.9	35.3	38.5
Inyokern, CA	93527	187	0	0	187	100	72.3	78.8	72.5	79
Keene, CA	93531	53	53	100	0	0	15.9	17.3	15.9	17.3
Kernville, CA	93238	142	16	11.3	126	88.7	46.8	51.1	52.9	58.1
Lake Isabella, CA	93240	1273	1273	100	0	0	44.5	48.8	44.5	48.8
Lamont, CA	93241	7567	7567	100	0	0	9	12.7	9	12.7

<b>Exhibit B-1. Nephrology, Pediatric</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Lebec, CA	93243	165	165	100	0	0	28.1	30.6	28.2	30.7
Lost Hills, CA	93249	910	910	100	0	0	40.3	43.9	54.4	59.3
Maricopa, CA	93252	426	426	100	0	0	43	46.9	43.1	47
Mc Farland, CA	93250	6202	6202	100	0	0	15.4	16.8	17.6	19.9
Mc Kittrick, CA	93251	53	53	100	0	0	34.1	37.2	34.1	37.2
Mojave, CA	93501	1538	1538	100	0	0	39.2	47	45.2	53.1
Onyx, CA	93255	100	0	0	100	100	60	65.4	63.3	69
Rosamond, CA	93560	1123	1123	100	0	0	28.2	33.8	28.7	34.4
Shafter, CA	93263	7805	7805	100	0	0	9.4	10.2	9.9	10.8
Taft, CA	93268	5486	5486	100	0	0	31.8	34.6	31.9	34.8
Tehachapi, CA	93561	3952	3952	100	0	0	32.2	35.1	32.2	35.1
Wasco, CA	93280	8813	8813	100	0	0	21.6	23.5	25.4	27.7
Weldon, CA	93283	446	64	14.3	382	85.7	50.8	55.8	50.8	55.8
Wofford Heights, CA	93285	423	370	87.5	53	12.5	45.4	49.8	45.4	49.7
Woody, CA	93287	14	14	100	0	0	29.8	32.5	29.8	32.5



<b>Exhibit B-2. Neurology, Adult</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	32	34.9	32	34.9
Bakersfield, CA	93301	5209	5209	100	0	0	2.2	2.9	2.2	2.9
Bakersfield, CA	93304	20781	20781	100	0	0	6.3	9.8	6.3	9.8
Bakersfield, CA	93305	17059	17059	100	0	0	2.4	3.6	2.4	3.6
Bakersfield, CA	93306	22446	22446	100	0	0	15.7	17.1	15.9	17.3
Bakersfield, CA	93307	45708	45708	100	0	0	24.8	27	26.6	29
Bakersfield, CA	93308	14947	14947	100	0	0	23.5	25.6	23.8	25.9
Bakersfield, CA	93309	16261	16261	100	0	0	4.4	7.4	4.4	7.4
Bakersfield, CA	93311	6941	6941	100	0	0	27.3	29.7	27.9	30.4
Bakersfield, CA	93312	6674	6674	100	0	0	6.7	9.7	6.7	9.8
Bakersfield, CA	93313	14316	14316	100	0	0	22.4	24.6	24.4	26.6
Bakersfield, CA	93314	2908	2908	100	0	0	15.8	17.6	15.8	17.6
Bodfish, CA	93205	495	495	100	0	0	9.4	10.2	9.4	10.2
Boron, CA	93516	495	0	0	495	100	73.3	79.9	73.3	79.9
Buttonwillow, CA	93206	730	730	100	0	0	34.8	38.1	35	38.2
Caliente, CA	93518	155	155	100	0	0	28.5	31	28.5	31
California City, CA	93505	3123	0	0	3123	100	53.3	58.1	54	58.9
Delano, CA	93215	17961	17961	100	0	0	36.9	40.3	37.7	41.3
Edwards, CA	93523	217	0	0	217	100	63.9	69.7	63.9	69.7
Fellows, CA	93224	122	122	100	0	0	32.8	35.7	37.7	41.1
Frazier Park, CA	93225	565	565	100	0	0	39.9	43.5	39.9	43.5
Glennville, CA	93226	37	37	100	0	0	26.8	29.2	26.8	29.2
Inyokern, CA	93527	187	187	100	0	0	35.4	38.6	35.8	39
Keene, CA	93531	53	53	100	0	0	30.6	33.3	30.6	33.3
Kernville, CA	93238	142	142	100	0	0	12.4	13.5	13.6	14.8
Lake Isabella, CA	93240	1273	1273	100	0	0	7	7.6	7	7.6
Lamont, CA	93241	7567	7567	100	0	0	12.3	17.3	12.3	17.3

Exhibit B-2. Neurology, Adult										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	40.2	43.8	40.2	43.8
Lost Hills, CA	93249	910	843	92.6	67	7.4	59.3	65.1	66.9	72.9
Maricopa, CA	93252	426	426	100	0	0	43.4	47.3	43.5	47.4
Mc Farland, CA	93250	6202	6202	100	0	0	32.4	35.5	32.5	35.6
Mc Kittrick, CA	93251	53	53	100	0	0	37.4	40.9	43.5	47.4
Mojave, CA	93501	1538	205	13.3	1333	86.7	53.1	57.9	59	64.3
Onyx, CA	93255	100	100	100	0	0	22.2	24.2	28.4	30.9
Rosamond, CA	93560	1123	0	0	1123	100	60.5	66	60.5	66
Shafter, CA	93263	7805	7805	100	0	0	25.9	28.6	26.4	29.2
Taft, CA	93268	5486	5486	100	0	0	33.3	36.3	33.3	36.3
Tehachapi, CA	93561	3952	3952	100	0	0	42.1	45.9	42.1	45.9
Wasco, CA	93280	8813	8812	99.9	1	0.1	46.8	51.7	47.1	51.9
Weldon, CA	93283	446	446	100	0	0	21.8	23.7	21.8	23.7
Wofford Heights, CA	93285	423	423	100	0	0	14.5	15.8	16.1	17.5
Woody, CA	93287	14	14	100	0	0	26.4	28.8	29.5	32.1

Exhibit B-2. Neurology, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Arvin, CA	93203	10029	10029	100	0	0	32	34.9	32	34.9
Bakersfield, CA	93301	5209	5209	100	0	0	2.2	2.9	2.2	2.9
Bakersfield, CA	93304	20781	20781	100	0	0	6.3	9.8	6.3	9.8
Bakersfield, CA	93305	17059	17059	100	0	0	2.4	3.6	2.4	3.6
Bakersfield, CA	93306	22446	22446	100	0	0	15.7	17.1	15.9	17.3
Bakersfield, CA	93307	45708	45708	100	0	0	24.8	27	26.6	29
Bakersfield, CA	93308	14947	14947	100	0	0	23.5	25.6	23.8	25.9
Bakersfield, CA	93309	16261	16261	100	0	0	4.4	7.4	4.4	7.4
Bakersfield, CA	93311	6941	6941	100	0	0	27.3	29.7	27.9	30.4
Bakersfield, CA	93312	6674	6674	100	0	0	6.7	9.7	6.7	9.8
Bakersfield, CA	93313	14316	14316	100	0	0	22.4	24.6	24.4	26.6
Bakersfield, CA	93314	2908	2908	100	0	0	15.8	17.6	15.8	17.6
Bodfish, CA	93205	495	495	100	0	0	9.4	10.2	9.4	10.2
Boron, CA	93516	495	0	0	495	100	73.3	79.9	73.3	79.9
Buttonwillow, CA	93206	730	730	100	0	0	34.8	38.1	35	38.2
Caliente, CA	93518	155	155	100	0	0	28.5	31	28.5	31
California City, CA	93505	3123	0	0	3123	100	53.3	58.1	54	58.9
Delano, CA	93215	17961	17961	100	0	0	36.9	40.3	37.7	41.3
Edwards, CA	93523	217	0	0	217	100	63.9	69.7	63.9	69.7
Fellows, CA	93224	122	122	100	0	0	32.8	35.7	37.7	41.1
Frazier Park, CA	93225	565	565	100	0	0	39.9	43.5	39.9	43.5
Glennville, CA	93226	37	37	100	0	0	26.8	29.2	26.8	29.2
Inyokern, CA	93527	187	187	100	0	0	35.4	38.6	35.8	39
Keene, CA	93531	53	53	100	0	0	30.6	33.3	30.6	33.3
Kernville, CA	93238	142	142	100	0	0	12.4	13.5	13.6	14.8
Lake Isabella, CA	93240	1273	1273	100	0	0	7	7.6	7	7.6
Lamont, CA	93241	7567	7567	100	0	0	12.3	17.3	12.3	17.3

<b>Exhibit B-2. Neurology, Pediatric</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Lebec, CA	93243	165	165	100	0	0	40.2	43.8	40.2	43.8
Lost Hills, CA	93249	910	843	92.6	67	7.4	59.3	65.1	66.9	72.9
Maricopa, CA	93252	426	426	100	0	0	43.4	47.3	43.5	47.4
Mc Farland, CA	93250	6202	6202	100	0	0	32.4	35.5	32.5	35.6
Mc Kittrick, CA	93251	53	53	100	0	0	37.4	40.9	43.5	47.4
Mojave, CA	93501	1538	205	13.3	1333	86.7	53.1	57.9	59	64.3
Onyx, CA	93255	100	100	100	0	0	22.2	24.2	28.4	30.9
Rosamond, CA	93560	1123	0	0	1123	100	60.5	66	60.5	66
Shafter, CA	93263	7805	7805	100	0	0	25.9	28.6	26.4	29.2
Taft, CA	93268	5486	5486	100	0	0	33.3	36.3	33.3	36.3
Tehachapi, CA	93561	3952	3952	100	0	0	42.1	45.9	42.1	45.9
Wasco, CA	93280	8813	8812	99.9	1	0.1	46.8	51.7	47.1	51.9
Weldon, CA	93283	446	446	100	0	0	21.8	23.7	21.8	23.7
Wofford Heights, CA	93285	423	423	100	0	0	14.5	15.8	16.1	17.5
Woody, CA	93287	14	14	100	0	0	26.4	28.8	29.5	32.1

<b>Exhibit B-2. Oncology, Adult</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	30	32.7	30	32.7
Bakersfield, CA	93301	5209	5209	100	0	0	1.9	2.5	2	2.6
Bakersfield, CA	93304	20781	20781	100	0	0	6.3	10	6.3	10
Bakersfield, CA	93305	17059	17059	100	0	0	2.4	3.3	2.4	3.3
Bakersfield, CA	93306	22446	22446	100	0	0	14.4	15.7	14.6	15.9
Bakersfield, CA	93307	45708	45708	100	0	0	24.8	27	26.6	29
Bakersfield, CA	93308	14947	14947	100	0	0	24.9	27.1	27.8	30.3
Bakersfield, CA	93309	16261	16261	100	0	0	4.9	8.7	4.9	8.7
Bakersfield, CA	93311	6941	6941	100	0	0	27.3	29.7	28	30.5
Bakersfield, CA	93312	6674	6674	100	0	0	5.7	8.4	5.7	8.6
Bakersfield, CA	93313	14316	14316	100	0	0	22.4	24.6	24.4	26.6
Bakersfield, CA	93314	2908	2908	100	0	0	15	16.4	15	16.4
Bodfish, CA	93205	495	495	100	0	0	35.1	38.2	35.2	38.4
Boron, CA	93516	495	389	78.6	106	21.4	45.4	49.5	45.4	49.5
Buttonwillow, CA	93206	730	730	100	0	0	34	37.5	34.2	37.7
Caliente, CA	93518	155	155	100	0	0	39.7	43.3	39.7	43.3
California City, CA	93505	3123	1507	48.3	1616	51.7	47.3	51.6	47.3	51.6
Delano, CA	93215	17961	17961	100	0	0	36	39.7	36.9	40.6
Edwards, CA	93523	217	15	6.9	202	93.1	55.3	60.3	55.5	60.5
Fellows, CA	93224	122	122	100	0	0	32.8	35.7	37.7	41.1
Frazier Park, CA	93225	565	565	100	0	0	39.9	43.5	39.9	43.5
Glennville, CA	93226	37	37	100	0	0	37.3	40.6	37.7	41.1
Inyokern, CA	93527	187	187	100	0	0	18.7	20.4	23.2	25.3
Keene, CA	93531	53	53	100	0	0	28.7	31.3	28.7	31.3
Kernville, CA	93238	142	64	45.1	78	54.9	47.2	51.4	47.2	51.4
Lake Isabella, CA	93240	1273	1273	100	0	0	40.5	44.1	40.6	44.2
Lamont, CA	93241	7567	7567	100	0	0	10.6	14.9	10.6	14.9

Exhibit B-2. Oncology, Adult										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	39.9	43.5	39.9	43.5
Lost Hills, CA	93249	910	845	92.9	65	7.1	58.7	64	66.2	72.8
Maricopa, CA	93252	426	426	100	0	0	43.4	47.3	43.5	47.4
Mc Farland, CA	93250	6202	6202	100	0	0	31.6	34.9	31.7	35
Mc Kittrick, CA	93251	53	53	100	0	0	36.6	40.4	42.9	47.4
Mojave, CA	93501	1538	20	1.3	1518	98.7	61.7	67.3	62.5	68.1
Onyx, CA	93255	100	100	100	0	0	32.5	35.4	36.5	39.8
Rosamond, CA	93560	1123	0	0	1123	100	68.2	74.4	68.4	74.6
Shafter, CA	93263	7805	7805	100	0	0	25.2	27.4	25.7	28
Taft, CA	93268	5486	5486	100	0	0	33.3	36.3	33.3	36.3
Tehachapi, CA	93561	3952	3951	99.9	1	0.1	46	50.1	46.2	50.4
Wasco, CA	93280	8813	8812	99.9	1	0.1	46	50.1	46.3	50.5
Weldon, CA	93283	446	446	100	0	0	39.7	43.3	39.7	43.3
Wofford Heights, CA	93285	423	423	100	0	0	44	48	44	48
Woody, CA	93287	14	14	100	0	0	30.2	32.9	30.2	32.9

<b>Exhibit B-2. Oncology, Pediatric</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	32.3	35.2	32.3	35.2
Bakersfield, CA	93301	5209	5209	100	0	0	1.9	2.5	2	2.6
Bakersfield, CA	93304	20781	20781	100	0	0	6.3	10	6.3	10
Bakersfield, CA	93305	17059	17059	100	0	0	2.4	3.3	2.4	3.3
Bakersfield, CA	93306	22446	22446	100	0	0	16.9	18.9	17.2	19.2
Bakersfield, CA	93307	45708	45708	100	0	0	24.8	27	26.6	29
Bakersfield, CA	93308	14947	14947	100	0	0	28.1	30.7	30.3	33.6
Bakersfield, CA	93309	16261	16261	100	0	0	4.9	8.7	4.9	8.7
Bakersfield, CA	93311	6941	6941	100	0	0	27.3	29.7	28	30.5
Bakersfield, CA	93312	6674	6674	100	0	0	6.9	9.7	7	9.8
Bakersfield, CA	93313	14316	14316	100	0	0	22.4	24.6	24.4	26.6
Bakersfield, CA	93314	2908	2908	100	0	0	16.2	17.6	16.2	17.6
Bodfish, CA	93205	495	495	100	0	0	37.2	41	37.3	41
Boron, CA	93516	495	389	78.6	106	21.4	45.4	49.5	45.4	49.5
Buttonwillow, CA	93206	730	730	100	0	0	35	38.1	35.1	38.2
Caliente, CA	93518	155	155	100	0	0	42.6	46.4	42.6	46.4
California City, CA	93505	3123	1507	48.3	1616	51.7	47.3	51.6	47.3	51.6
Delano, CA	93215	17961	17961	100	0	0	8.8	9.6	9.6	10.4
Edwards, CA	93523	217	15	6.9	202	93.1	55.3	60.3	55.5	60.5
Fellows, CA	93224	122	122	100	0	0	32.8	35.7	37.7	41.1
Frazier Park, CA	93225	565	565	100	0	0	39.9	43.5	39.9	43.5
Glennville, CA	93226	37	37	100	0	0	35.3	38.5	35.8	39
Inyokern, CA	93527	187	187	100	0	0	18.7	20.4	23.2	25.3
Keene, CA	93531	53	53	100	0	0	30.7	33.4	30.7	33.4
Kernville, CA	93238	142	64	45.1	78	54.9	45.8	49.9	45.9	50
Lake Isabella, CA	93240	1273	1273	100	0	0	42.4	46.5	42.4	46.5
Lamont, CA	93241	7567	7567	100	0	0	12.5	17.6	12.5	17.6

Exhibit B-2. Oncology, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	40.2	43.8	40.2	43.8
Lost Hills, CA	93249	910	910	100	0	0	39.5	43	54.9	59.8
Maricopa, CA	93252	426	426	100	0	0	43.4	47.3	43.5	47.4
Mc Farland, CA	93250	6202	6202	100	0	0	15.7	17.1	17.6	19.9
Mc Kittrick, CA	93251	53	53	100	0	0	37.5	40.9	43.5	47.4
Mojave, CA	93501	1538	20	1.3	1518	98.7	62.6	68.2	63.2	68.9
Onyx, CA	93255	100	100	100	0	0	32.5	35.4	36.5	39.8
Rosamond, CA	93560	1123	0	0	1123	100	68.7	74.9	68.7	74.9
Shafter, CA	93263	7805	7805	100	0	0	25.7	28	25.7	28
Taft, CA	93268	5486	5486	100	0	0	33.3	36.3	33.3	36.3
Tehachapi, CA	93561	3952	3923	99.3	29	0.7	47.6	51.9	47.8	52.1
Wasco, CA	93280	8813	8813	100	0	0	27.3	29.7	28.3	30.8
Weldon, CA	93283	446	446	100	0	0	39.7	43.3	39.7	43.3
Wofford Heights, CA	93285	423	358	84.6	65	15.4	45.5	49.6	45.5	49.6
Woody, CA	93287	14	14	100	0	0	30	32.7	30	32.7



<b>Exhibit B-2. Ophthalmology, Adult</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	35.2	40.5	35.2	40.5
Bakersfield, CA	93301	5209	5209	100	0	0	2.4	3.4	2.4	3.4
Bakersfield, CA	93304	20781	20781	100	0	0	6.2	9.9	6.3	10
Bakersfield, CA	93305	17059	17059	100	0	0	4.2	6.7	4.2	6.7
Bakersfield, CA	93306	22446	22446	100	0	0	16.7	18.2	16.9	18.4
Bakersfield, CA	93307	45708	45708	100	0	0	26.3	31	27.6	32.4
Bakersfield, CA	93308	14947	14947	100	0	0	27.9	30.4	29.8	32.5
Bakersfield, CA	93309	16261	16261	100	0	0	3.9	6.7	3.9	6.7
Bakersfield, CA	93311	6941	6941	100	0	0	27.2	29.6	27.9	30.4
Bakersfield, CA	93312	6674	6674	100	0	0	5.4	7.6	5.5	7.7
Bakersfield, CA	93313	14316	14316	100	0	0	23.1	27.6	24.5	28.9
Bakersfield, CA	93314	2908	2908	100	0	0	14.6	15.9	14.6	15.9
Bodfish, CA	93205	495	495	100	0	0	37.2	40.5	37.2	40.5
Boron, CA	93516	495	0	0	495	100	73	94.5	73.1	94.5
Buttonwillow, CA	93206	730	730	100	0	0	34.1	37.2	34.3	37.4
Caliente, CA	93518	155	154	99.4	1	0.6	45.2	50.7	45.2	50.7
California City, CA	93505	3123	0	0	3123	100	66.7	74.4	67.1	74.9
Delano, CA	93215	17961	17961	100	0	0	10.2	11.1	11	12
Edwards, CA	93523	217	0	0	217	100	72.7	84.8	72.7	84.9
Fellows, CA	93224	122	122	100	0	0	32.8	35.7	37.7	41.1
Frazier Park, CA	93225	565	565	100	0	0	39.7	44.6	39.7	44.6
Glennville, CA	93226	37	37	100	0	0	35.9	39.1	36.4	39.7
Inyokern, CA	93527	187	0	0	187	100	73.1	79.7	73.3	79.9
Keene, CA	93531	53	53	100	0	0	33.4	38.7	33.4	38.7
Kernville, CA	93238	142	0	0	142	100	47.7	52	52.6	57.3
Lake Isabella, CA	93240	1273	1273	100	0	0	44.5	48.5	44.5	48.5
Lamont, CA	93241	7567	7567	100	0	0	15.7	25.1	15.7	25.1

Exhibit B-2. Ophthalmology, Adult										
Kern Family Health Care, Kern County										
Standard:										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	41.5	47.2	42	48.1
Lost Hills, CA	93249	910	910	100	0	0	39.7	43.3	54.8	59.7
Maricopa, CA	93252	426	426	100	0	0	43.3	47.2	43.4	47.3
Mc Farland, CA	93250	6202	6202	100	0	0	16.5	18	17.4	18.9
Mc Kittrick, CA	93251	53	53	100	0	0	36.6	40.1	42.9	47.4
Mojave, CA	93501	1538	0	0	1538	100	63	73.9	63.4	76.1
Onyx, CA	93255	100	0	0	100	100	60.6	66.1	64.9	70.8
Rosamond, CA	93560	1123	0	0	1123	100	57.2	73.5	57.8	73.6
Shafter, CA	93263	7805	7805	100	0	0	24.6	26.8	25.1	27.3
Taft, CA	93268	5486	5486	100	0	0	33.2	36.2	33.3	36.3
Tehachapi, CA	93561	3952	3819	96.6	133	3.4	49.5	55.9	49.9	56.4
Wasco, CA	93280	8813	8813	100	0	0	27.8	30.3	28.7	31.3
Weldon, CA	93283	446	60	13.5	386	86.5	50.7	55.3	50.7	55.3
Wofford Heights, CA	93285	423	421	99.5	2	0.5	45.1	49.2	45.1	49.2
Woody, CA	93287	14	14	100	0	0	30.8	33.6	30.8	33.6

Exhibit B-2. Ophthalmology, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Arvin, CA	93203	10029	10029	100	0	0	35.2	40.5	35.2	40.5
Bakersfield, CA	93301	5209	5209	100	0	0	2.5	3.6	2.5	3.6
Bakersfield, CA	93304	20781	20781	100	0	0	6.2	10.2	6.3	10.4
Bakersfield, CA	93305	17059	17059	100	0	0	4.2	6.7	4.2	6.7
Bakersfield, CA	93306	22446	22446	100	0	0	16.7	18.2	16.9	18.4
Bakersfield, CA	93307	45708	45708	100	0	0	26.3	31	27.6	32.4
Bakersfield, CA	93308	14947	14947	100	0	0	27.9	30.4	29.8	32.5
Bakersfield, CA	93309	16261	16261	100	0	0	3.9	6.7	3.9	6.7
Bakersfield, CA	93311	6941	6941	100	0	0	27.2	29.6	27.9	30.4
Bakersfield, CA	93312	6674	6674	100	0	0	5.4	7.6	5.5	7.7
Bakersfield, CA	93313	14316	14316	100	0	0	23.1	27.6	24.5	28.9
Bakersfield, CA	93314	2908	2908	100	0	0	14.6	15.9	14.6	15.9
Bodfish, CA	93205	495	495	100	0	0	37.2	40.5	37.2	40.5
Boron, CA	93516	495	0	0	495	100	73	94.5	73.1	94.5
Buttonwillow, CA	93206	730	730	100	0	0	34.1	37.2	34.3	37.4
Caliente, CA	93518	155	154	99.4	1	0.6	45.2	50.7	45.2	50.7
California City, CA	93505	3123	0	0	3123	100	66.7	74.4	67.1	74.9
Delano, CA	93215	17961	17961	100	0	0	36.1	39.3	36.9	40.2
Edwards, CA	93523	217	0	0	217	100	72.7	84.8	72.7	84.9
Fellows, CA	93224	122	122	100	0	0	32.8	35.7	37.7	41.1
Frazier Park, CA	93225	565	565	100	0	0	39.7	44.6	39.7	44.6
Glennville, CA	93226	37	37	100	0	0	41.1	44.8	41.5	45.2
Inyokern, CA	93527	187	0	0	187	100	73.1	79.7	73.3	79.9
Keene, CA	93531	53	53	100	0	0	33.4	38.7	33.4	38.7
Kernville, CA	93238	142	0	0	142	100	49.8	54.3	52.6	57.3
Lake Isabella, CA	93240	1273	1273	100	0	0	44.5	48.5	44.5	48.5
Lamont, CA	93241	7567	7567	100	0	0	15.7	25.1	15.7	25.1

<b>Exhibit B-2. Ophthalmology, Pediatric</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Lebec, CA	93243	165	165	100	0	0	41.5	47.2	42	48.1
Lost Hills, CA	93249	910	845	92.9	65	7.1	58.2	63.4	66.2	72.7
Maricopa, CA	93252	426	426	100	0	0	43.3	47.2	43.4	47.3
Mc Farland, CA	93250	6202	6202	100	0	0	31.6	34.4	31.7	34.5
Mc Kittrick, CA	93251	53	53	100	0	0	36.6	40.1	42.9	47.4
Mojave, CA	93501	1538	0	0	1538	100	63	73.9	63.4	76.1
Onyx, CA	93255	100	0	0	100	100	60.6	66.1	64.9	70.8
Rosamond, CA	93560	1123	0	0	1123	100	57.2	73.5	57.8	73.6
Shafter, CA	93263	7805	7805	100	0	0	24.6	26.8	25.1	27.3
Taft, CA	93268	5486	5486	100	0	0	33.2	36.2	33.3	36.3
Tehachapi, CA	93561	3952	3819	96.6	133	3.4	49.5	55.9	49.9	56.4
Wasco, CA	93280	8813	8812	99.9	1	0.1	45.4	49.5	45.7	49.8
Weldon, CA	93283	446	60	13.5	386	86.5	50.7	55.3	50.7	55.3
Wofford Heights, CA	93285	423	421	99.5	2	0.5	45.1	49.2	45.1	49.2
Woody, CA	93287	14	14	100	0	0	33.8	36.8	33.8	36.8

<b>Exhibit B-2. Orthopedic Surgery, Adult</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	28.8	31.4	28.8	31.4
Bakersfield, CA	93301	5209	5209	100	0	0	2.1	2.8	2.1	2.8
Bakersfield, CA	93304	20781	20781	100	0	0	6.2	9.9	6.2	9.9
Bakersfield, CA	93305	17059	17059	100	0	0	3.2	4.9	3.2	4.8
Bakersfield, CA	93306	22446	22446	100	0	0	15.7	17.1	15.9	17.3
Bakersfield, CA	93307	45708	45708	100	0	0	25.4	27.7	27.3	29.7
Bakersfield, CA	93308	14947	14947	100	0	0	26.6	29	29.3	31.9
Bakersfield, CA	93309	16261	16261	100	0	0	5.9	8.7	5.9	8.7
Bakersfield, CA	93311	6941	6941	100	0	0	26.7	29.1	27.4	29.8
Bakersfield, CA	93312	6674	6674	100	0	0	6.6	9.3	6.7	9.4
Bakersfield, CA	93313	14316	14316	100	0	0	23.3	25.4	25.1	27.6
Bakersfield, CA	93314	2908	2908	100	0	0	16	17.4	16	17.4
Bodfish, CA	93205	495	495	100	0	0	33.4	36.4	33.4	36.4
Boron, CA	93516	495	383	77.4	112	22.6	45.4	49.5	45.4	49.5
Buttonwillow, CA	93206	730	730	100	0	0	34.8	37.9	34.9	38
Caliente, CA	93518	155	155	100	0	0	30.1	32.8	30.1	32.8
California City, CA	93505	3123	3123	100	0	0	30	32.7	30	32.7
Delano, CA	93215	17961	17961	100	0	0	8.9	9.7	9.8	10.6
Edwards, CA	93523	217	217	100	0	0	39	42.5	39.1	42.6
Fellows, CA	93224	122	122	100	0	0	32.4	35.3	37.2	40.5
Frazier Park, CA	93225	565	565	100	0	0	40.7	44.4	40.7	44.4
Glennville, CA	93226	37	37	100	0	0	35.4	38.6	35.9	39.1
Inyokern, CA	93527	187	187	100	0	0	18.7	20.4	23.3	25.4
Keene, CA	93531	53	53	100	0	0	17.8	19.4	18.1	19.7
Kernville, CA	93238	142	117	82.4	25	17.6	45.6	49.7	45.8	49.9
Lake Isabella, CA	93240	1273	1273	100	0	0	37.1	40.4	37.1	40.4
Lamont, CA	93241	7567	7567	100	0	0	12.3	17.3	12.3	17.3

Exhibit B-2. Orthopedic Surgery, Adult										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	40.7	44.4	40.7	44.4
Lost Hills, CA	93249	910	910	100	0	0	39.5	43	55	60
Maricopa, CA	93252	426	426	100	0	0	42.8	46.6	42.9	46.8
Mc Farland, CA	93250	6202	6202	100	0	0	15.8	17.2	17.2	18.7
Mc Kittrick, CA	93251	53	53	100	0	0	37.2	40.5	43.2	47.1
Mojave, CA	93501	1538	1538	100	0	0	28.1	30.6	35	38.1
Onyx, CA	93255	100	100	100	0	0	32.6	35.5	36.5	39.8
Rosamond, CA	93560	1123	1123	100	0	0	35	38.1	35	38.1
Shafter, CA	93263	7805	7805	100	0	0	25.7	28	25.7	28
Taft, CA	93268	5486	5486	100	0	0	32.8	35.7	32.8	35.7
Tehachapi, CA	93561	3952	3952	100	0	0	17.7	19.3	17.7	19.3
Wasco, CA	93280	8813	8813	100	0	0	27.3	29.7	28.3	30.8
Weldon, CA	93283	446	446	100	0	0	38.3	41.7	38.3	41.7
Wofford Heights, CA	93285	423	423	100	0	0	41.9	45.7	41.9	45.7
Woody, CA	93287	14	14	100	0	0	30.1	32.8	30.1	32.8

Exhibit B-2. Orthopedic Surgery, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Arvin, CA	93203	10029	10029	100	0	0	28.8	31.4	28.8	31.4
Bakersfield, CA	93301	5209	5209	100	0	0	2.1	2.8	2.1	2.8
Bakersfield, CA	93304	20781	20781	100	0	0	6.2	9.9	6.2	9.9
Bakersfield, CA	93305	17059	17059	100	0	0	3.2	4.9	3.2	4.8
Bakersfield, CA	93306	22446	22446	100	0	0	15.7	17.1	15.9	17.3
Bakersfield, CA	93307	45708	45708	100	0	0	25.4	27.7	27.3	29.7
Bakersfield, CA	93308	14947	14947	100	0	0	26.6	29	29.3	31.9
Bakersfield, CA	93309	16261	16261	100	0	0	5.9	8.7	5.9	8.7
Bakersfield, CA	93311	6941	6941	100	0	0	26.7	29.1	27.4	29.8
Bakersfield, CA	93312	6674	6674	100	0	0	6.6	9.3	6.7	9.4
Bakersfield, CA	93313	14316	14316	100	0	0	23.3	25.4	25.1	27.6
Bakersfield, CA	93314	2908	2908	100	0	0	16	17.4	16	17.4
Bodfish, CA	93205	495	495	100	0	0	33.4	36.4	33.4	36.4
Boron, CA	93516	495	383	77.4	112	22.6	45.4	49.5	45.4	49.5
Buttonwillow, CA	93206	730	730	100	0	0	34.8	37.9	34.9	38
Caliente, CA	93518	155	155	100	0	0	30.1	32.8	30.1	32.8
California City, CA	93505	3123	3123	100	0	0	30	32.7	30	32.7
Delano, CA	93215	17961	17961	100	0	0	8.9	9.7	9.8	10.6
Edwards, CA	93523	217	217	100	0	0	39	42.5	39.1	42.6
Fellows, CA	93224	122	122	100	0	0	32.4	35.3	37.2	40.5
Frazier Park, CA	93225	565	565	100	0	0	40.7	44.4	40.7	44.4
Glennville, CA	93226	37	37	100	0	0	35.4	38.6	35.9	39.1
Inyokern, CA	93527	187	187	100	0	0	18.7	20.4	23.3	25.4
Keene, CA	93531	53	53	100	0	0	17.8	19.4	18.1	19.7
Kernville, CA	93238	142	117	82.4	25	17.6	45.6	49.7	45.8	49.9
Lake Isabella, CA	93240	1273	1273	100	0	0	37.1	40.4	37.1	40.4
Lamont, CA	93241	7567	7567	100	0	0	12.3	17.3	12.3	17.3

Exhibit B-2. Orthopedic Surgery, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	40.7	44.4	40.7	44.4
Lost Hills, CA	93249	910	910	100	0	0	39.5	43	55	60
Maricopa, CA	93252	426	426	100	0	0	42.8	46.6	42.9	46.8
Mc Farland, CA	93250	6202	6202	100	0	0	15.8	17.2	17.2	18.7
Mc Kittrick, CA	93251	53	53	100	0	0	37.2	40.5	43.2	47.1
Mojave, CA	93501	1538	1538	100	0	0	28.1	30.6	35	38.1
Onyx, CA	93255	100	100	100	0	0	32.6	35.5	36.5	39.8
Rosamond, CA	93560	1123	1123	100	0	0	35	38.1	35	38.1
Shafter, CA	93263	7805	7805	100	0	0	25.7	28	25.7	28
Taft, CA	93268	5486	5486	100	0	0	32.8	35.7	32.8	35.7
Tehachapi, CA	93561	3952	3952	100	0	0	17.7	19.3	17.7	19.3
Wasco, CA	93280	8813	8813	100	0	0	27.3	29.7	28.3	30.8
Weldon, CA	93283	446	446	100	0	0	38.3	41.7	38.3	41.7
Wofford Heights, CA	93285	423	423	100	0	0	41.9	45.7	41.9	45.7
Woody, CA	93287	14	14	100	0	0	30.1	32.8	30.1	32.8



<b>Exhibit B-2. Physical Medicine and Rehabilitation, Adult</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	32	34.9	32	34.9
Bakersfield, CA	93301	5209	5209	100	0	0	2.6	3.7	2.6	3.7
Bakersfield, CA	93304	20781	20781	100	0	0	5.6	11.2	5.7	11.2
Bakersfield, CA	93305	17059	17059	100	0	0	2.4	3.5	2.4	3.5
Bakersfield, CA	93306	22446	22446	100	0	0	15.7	17.1	15.9	17.3
Bakersfield, CA	93307	45708	45708	100	0	0	24.8	27	26.6	29
Bakersfield, CA	93308	14947	14947	100	0	0	26.6	29	29.3	31.9
Bakersfield, CA	93309	16261	16261	100	0	0	3.9	6.4	3.9	6.4
Bakersfield, CA	93311	6941	6941	100	0	0	27	29.4	27.6	30.1
Bakersfield, CA	93312	6674	6674	100	0	0	6.6	9.3	6.7	9.4
Bakersfield, CA	93313	14316	14316	100	0	0	22.4	24.6	24.1	26.6
Bakersfield, CA	93314	2908	2908	100	0	0	15.9	17.3	15.9	17.3
Bodfish, CA	93205	495	495	100	0	0	36.1	39.3	36.2	39.4
Boron, CA	93516	495	0	0	495	100	82.2	89.6	82.2	89.6
Buttonwillow, CA	93206	730	730	100	0	0	34.7	37.8	34.9	38
Caliente, CA	93518	155	155	100	0	0	41.8	45.6	41.8	45.6
California City, CA	93505	3123	0	0	3123	100	63.6	69.3	64.2	70
Delano, CA	93215	17961	17961	100	0	0	36.8	40.1	37.7	41.1
Edwards, CA	93523	217	0	0	217	100	73.4	80	73.4	80
Fellows, CA	93224	122	122	100	0	0	32.6	35.5	37.5	40.9
Frazier Park, CA	93225	565	565	100	0	0	39.3	43.5	39.3	43.5
Glennville, CA	93226	37	37	100	0	0	38.9	42.4	39.2	42.7
Inyokern, CA	93527	187	0	0	187	100	71	77.4	71.3	77.7
Keene, CA	93531	53	53	100	0	0	30.6	33.3	30.6	33.3
Kernville, CA	93238	142	0	0	142	100	49.7	54.2	52	56.7
Lake Isabella, CA	93240	1273	1273	100	0	0	43.4	47.3	43.4	47.3
Lamont, CA	93241	7567	7567	100	0	0	12.3	17.3	12.3	17.3

Exhibit B-2. Physical Medicine and Rehabilitation, Adult										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	40.2	43.8	40.2	43.8
Lost Hills, CA	93249	910	843	92.6	67	7.4	59.5	64.9	66.6	72.6
Maricopa, CA	93252	426	426	100	0	0	43	46.9	43.2	47.1
Mc Farland, CA	93250	6202	6202	100	0	0	32.3	35.2	32.4	35.3
Mc Kittrick, CA	93251	53	53	100	0	0	37.2	40.5	43.2	47.1
Mojave, CA	93501	1538	0	0	1538	100	63.4	69.1	69.2	75.4
Onyx, CA	93255	100	0	0	100	100	58.7	64	62	67.6
Rosamond, CA	93560	1123	0	0	1123	100	70.4	76.8	70.4	76.8
Shafter, CA	93263	7805	7805	100	0	0	26.1	28.4	26.6	29
Taft, CA	93268	5486	5486	100	0	0	33	36	33.1	36.1
Tehachapi, CA	93561	3952	3924	99.3	28	0.7	47.6	51.9	47.8	52.1
Wasco, CA	93280	8813	8812	99.9	1	0.1	47.2	51.4	47.4	51.7
Weldon, CA	93283	446	106	23.8	340	76.2	49.9	54.4	49.9	54.4
Wofford Heights, CA	93285	423	423	100	0	0	44.8	48.8	44.8	48.8
Woody, CA	93287	14	14	100	0	0	31.7	34.5	31.7	34.5

Exhibit B-2. Physical Medicine and Rehabilitation, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Arvin, CA	93203	10029	10029	100	0	0	32	34.9	32	34.9
Bakersfield, CA	93301	5209	5209	100	0	0	2.9	3.8	2.9	3.8
Bakersfield, CA	93304	20781	20781	100	0	0	6.8	11.4	6.8	11.4
Bakersfield, CA	93305	17059	17059	100	0	0	2.4	3.5	2.4	3.5
Bakersfield, CA	93306	22446	22446	100	0	0	15.7	17.1	15.9	17.3
Bakersfield, CA	93307	45708	45708	100	0	0	24.8	27	26.6	29
Bakersfield, CA	93308	14947	14947	100	0	0	26.6	29	29.3	31.9
Bakersfield, CA	93309	16261	16261	100	0	0	4.3	8.6	4.3	8.6
Bakersfield, CA	93311	6941	6941	100	0	0	27.3	29.7	28	30.5
Bakersfield, CA	93312	6674	6674	100	0	0	6.9	9.7	7	9.8
Bakersfield, CA	93313	14316	14316	100	0	0	22.4	24.6	24.4	26.6
Bakersfield, CA	93314	2908	2908	100	0	0	16.2	17.6	16.2	17.6
Bodfish, CA	93205	495	495	100	0	0	36.1	39.3	36.2	39.4
Boron, CA	93516	495	0	0	495	100	82.2	89.6	82.2	89.6
Buttonwillow, CA	93206	730	730	100	0	0	35	38.1	35.1	38.2
Caliente, CA	93518	155	155	100	0	0	41.8	45.6	41.8	45.6
California City, CA	93505	3123	0	0	3123	100	63.6	69.3	64.2	70
Delano, CA	93215	17961	17961	100	0	0	37	40.3	37.9	41.3
Edwards, CA	93523	217	0	0	217	100	73.4	80	73.4	80
Fellows, CA	93224	122	122	100	0	0	32.8	35.7	37.7	41.1
Frazier Park, CA	93225	565	565	100	0	0	39.9	43.5	39.9	43.5
Glennville, CA	93226	37	37	100	0	0	38.9	42.4	39.2	42.7
Inyokern, CA	93527	187	0	0	187	100	71	77.4	71.3	77.7
Keene, CA	93531	53	53	100	0	0	30.6	33.3	30.6	33.3
Kernville, CA	93238	142	0	0	142	100	49.7	54.2	52	56.7
Lake Isabella, CA	93240	1273	1273	100	0	0	43.4	47.3	43.4	47.3
Lamont, CA	93241	7567	7567	100	0	0	12.3	17.3	12.3	17.3

<b>Exhibit B-2. Physical Medicine and Rehabilitation, Pediatric</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Lebec, CA	93243	165	165	100	0	0	40.2	43.8	40.2	43.8
Lost Hills, CA	93249	910	843	92.6	67	7.4	59.7	65.1	66.9	72.9
Maricopa, CA	93252	426	426	100	0	0	43.4	47.3	43.5	47.4
Mc Farland, CA	93250	6202	6202	100	0	0	32.6	35.5	32.7	35.6
Mc Kittrick, CA	93251	53	53	100	0	0	37.5	40.9	43.5	47.4
Mojave, CA	93501	1538	0	0	1538	100	63.4	69.1	69.2	75.4
Onyx, CA	93255	100	0	0	100	100	58.7	64	62	67.6
Rosamond, CA	93560	1123	0	0	1123	100	70.4	76.8	70.4	76.8
Shafter, CA	93263	7805	7805	100	0	0	26.4	28.8	26.8	29.2
Taft, CA	93268	5486	5486	100	0	0	33.3	36.3	33.3	36.3
Tehachapi, CA	93561	3952	3924	99.3	28	0.7	47.6	51.9	47.8	52.1
Wasco, CA	93280	8813	8812	99.9	1	0.1	47.4	51.7	47.6	51.9
Weldon, CA	93283	446	106	23.8	340	76.2	49.9	54.4	49.9	54.4
Wofford Heights, CA	93285	423	423	100	0	0	44.8	48.8	44.8	48.8
Woody, CA	93287	14	14	100	0	0	31.7	34.5	31.7	34.5

Exhibit B-2. Psychiatry, Adult										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Arvin, CA	93203	10029	10029	100	0	0	22.7	27.1	22.7	29
Bakersfield, CA	93301	5209	5209	100	0	0	1.7	2.2	1.7	2.2
Bakersfield, CA	93304	20781	20781	100	0	0	2.9	5.3	2.9	5.3
Bakersfield, CA	93305	17059	17059	100	0	0	2.2	3.3	2.3	3.3
Bakersfield, CA	93306	22446	22446	100	0	0	15.1	16.4	15.4	16.8
Bakersfield, CA	93307	45708	45708	100	0	0	17.1	23.6	18.7	25.9
Bakersfield, CA	93308	14947	14947	100	0	0	23.5	25.6	23.5	25.6
Bakersfield, CA	93309	16261	16261	100	0	0	2.6	4.2	2.6	4.2
Bakersfield, CA	93311	6941	6941	100	0	0	17.9	19.5	18.3	19.9
Bakersfield, CA	93312	6674	6674	100	0	0	4.3	8.6	4.3	8.6
Bakersfield, CA	93313	14316	14316	100	0	0	16.9	20.9	18	22.3
Bakersfield, CA	93314	2908	2908	100	0	0	12.9	14	12.9	14
Bodfish, CA	93205	495	495	100	0	0	9.4	10.2	9.4	10.2
Boron, CA	93516	495	495	100	0	0	25.1	27.3	25.1	27.3
Buttonwillow, CA	93206	730	730	100	0	0	21	22.9	21.1	23
Caliente, CA	93518	155	155	100	0	0	20.3	22.1	21.3	23.2
California City, CA	93505	3123	3123	100	0	0	4.3	4.6	4.3	4.6
Delano, CA	93215	17961	17961	100	0	0	8.6	9.3	9.5	10.3
Edwards, CA	93523	217	217	100	0	0	16.2	17.6	16.3	17.7
Fellows, CA	93224	122	122	100	0	0	18.5	20.1	19	20.7
Frazier Park, CA	93225	565	565	100	0	0	33.9	38.8	34.2	38.8
Glennville, CA	93226	37	37	100	0	0	26.8	29.2	26.8	29.2
Inyokern, CA	93527	187	187	100	0	0	18.7	20.4	23.2	25.3
Keene, CA	93531	53	53	100	0	0	16.7	18.8	16.8	19.2
Kernville, CA	93238	142	142	100	0	0	12.4	13.5	13.6	14.8
Lake Isabella, CA	93240	1273	1273	100	0	0	7	7.6	7	7.6
Lamont, CA	93241	7567	7567	100	0	0	2.1	4.2	2.1	4.2

Exhibit B-2. Psychiatry, Adult										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	31.1	41.2	31.1	41.2
Lost Hills, CA	93249	910	910	100	0	0	36.6	39.9	47.9	52.2
Maricopa, CA	93252	426	426	100	0	0	14.4	15.7	14.5	15.8
Mc Farland, CA	93250	6202	6202	100	0	0	13.5	14.7	17.6	19.9
Mc Kittrick, CA	93251	53	53	100	0	0	24.5	26.7	32.8	35.7
Mojave, CA	93501	1538	1538	100	0	0	13.7	14.9	16.3	17.7
Onyx, CA	93255	100	100	100	0	0	22.2	24.2	26.9	29.3
Rosamond, CA	93560	1123	1123	100	0	0	24.1	26.2	24.1	26.2
Shafter, CA	93263	7805	7805	100	0	0	9.4	10.2	9.4	10.2
Taft, CA	93268	5486	5486	100	0	0	13.4	14.6	13.4	14.6
Tehachapi, CA	93561	3952	3952	100	0	0	16.1	18.8	16.2	18.7
Wasco, CA	93280	8813	8813	100	0	0	19.6	21.3	19.6	21.3
Weldon, CA	93283	446	446	100	0	0	21.8	23.7	21.8	23.7
Wofford Heights, CA	93285	423	423	100	0	0	14.5	15.8	16.1	17.5
Woody, CA	93287	14	14	100	0	0	24.3	26.5	24.9	27.1

<b>Exhibit B-2. Psychiatry, Pediatric</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	22.7	27.1	22.7	29
Bakersfield, CA	93301	5209	5209	100	0	0	1.7	2.2	1.7	2.2
Bakersfield, CA	93304	20781	20781	100	0	0	2.9	5.4	2.9	5.4
Bakersfield, CA	93305	17059	17059	100	0	0	2.5	3.5	2.6	3.6
Bakersfield, CA	93306	22446	22446	100	0	0	15.1	16.4	15.4	16.8
Bakersfield, CA	93307	45708	45708	100	0	0	17.1	23.6	18.7	25.9
Bakersfield, CA	93308	14947	14947	100	0	0	23.5	25.6	23.5	25.6
Bakersfield, CA	93309	16261	16261	100	0	0	2.6	4.2	2.6	4.2
Bakersfield, CA	93311	6941	6941	100	0	0	17.9	19.5	18.3	19.9
Bakersfield, CA	93312	6674	6674	100	0	0	5.8	9.4	5.9	9.6
Bakersfield, CA	93313	14316	14316	100	0	0	16.9	20.9	18	22.3
Bakersfield, CA	93314	2908	2908	100	0	0	12.9	14	12.9	14
Bodfish, CA	93205	495	495	100	0	0	9.4	10.2	9.4	10.2
Boron, CA	93516	495	495	100	0	0	25.1	27.3	25.1	27.3
Buttonwillow, CA	93206	730	730	100	0	0	21	22.9	21.1	23
Caliente, CA	93518	155	155	100	0	0	20.7	22.5	21.3	23.2
California City, CA	93505	3123	3123	100	0	0	4.3	4.6	4.3	4.6
Delano, CA	93215	17961	17961	100	0	0	8.6	9.3	9.5	10.3
Edwards, CA	93523	217	217	100	0	0	16.2	17.6	16.3	17.7
Fellows, CA	93224	122	122	100	0	0	18.5	20.1	19	20.7
Frazier Park, CA	93225	565	565	100	0	0	33.9	38.8	34.2	38.8
Glennville, CA	93226	37	37	100	0	0	26.8	29.2	26.8	29.2
Inyokern, CA	93527	187	187	100	0	0	18.7	20.4	23.2	25.3
Keene, CA	93531	53	53	100	0	0	17	19.4	17	19.7
Kernville, CA	93238	142	142	100	0	0	12.4	13.5	13.6	14.8
Lake Isabella, CA	93240	1273	1273	100	0	0	7	7.6	7	7.6
Lamont, CA	93241	7567	7567	100	0	0	2.1	4.2	2.1	4.2

Exhibit B-2. Psychiatry, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	31.1	41.2	31.1	41.2
Lost Hills, CA	93249	910	910	100	0	0	36.6	39.9	47.9	52.2
Maricopa, CA	93252	426	426	100	0	0	14.4	15.7	14.5	15.8
Mc Farland, CA	93250	6202	6202	100	0	0	13.5	14.7	18.3	19.9
Mc Kittrick, CA	93251	53	53	100	0	0	24.5	26.7	32.8	35.7
Mojave, CA	93501	1538	1538	100	0	0	13.7	14.9	16.3	17.7
Onyx, CA	93255	100	100	100	0	0	22.2	24.2	26.9	29.3
Rosamond, CA	93560	1123	1123	100	0	0	24.1	26.2	24.1	26.2
Shafter, CA	93263	7805	7805	100	0	0	9.4	10.2	9.4	10.2
Taft, CA	93268	5486	5486	100	0	0	13.4	14.6	13.4	14.6
Tehachapi, CA	93561	3952	3952	100	0	0	16.2	19.3	16.3	19.2
Wasco, CA	93280	8813	8813	100	0	0	19.6	21.3	19.6	21.3
Weldon, CA	93283	446	446	100	0	0	21.8	23.7	21.8	23.7
Wofford Heights, CA	93285	423	423	100	0	0	14.5	15.8	16.1	17.5
Woody, CA	93287	14	14	100	0	0	24.3	26.5	24.9	27.1



Exhibit B-2. Pulmonology, Adult										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Arvin, CA	93203	10029	10029	100	0	0	32.3	35.2	32.3	35.2
Bakersfield, CA	93301	5209	5209	100	0	0	2	2.6	2	2.6
Bakersfield, CA	93304	20781	20781	100	0	0	4.8	9.6	4.8	9.6
Bakersfield, CA	93305	17059	17059	100	0	0	2.3	3.3	2.3	3.3
Bakersfield, CA	93306	22446	22446	100	0	0	16.9	18.9	17.2	19.2
Bakersfield, CA	93307	45708	45708	100	0	0	24.8	27	26.4	29
Bakersfield, CA	93308	14947	14947	100	0	0	21.7	23.6	22.6	24.6
Bakersfield, CA	93309	16261	16261	100	0	0	3.7	6.2	3.8	6.3
Bakersfield, CA	93311	6941	6941	100	0	0	18.8	20.5	20.8	22.6
Bakersfield, CA	93312	6674	6674	100	0	0	6.7	9.7	6.7	9.8
Bakersfield, CA	93313	14316	14316	100	0	0	21.9	24.6	23.3	26.6
Bakersfield, CA	93314	2908	2908	100	0	0	15.8	17.6	15.8	17.6
Bodfish, CA	93205	495	495	100	0	0	5.8	6.3	5.8	6.3
Boron, CA	93516	495	0	0	495	100	75.2	82	75.2	82
Buttonwillow, CA	93206	730	730	100	0	0	31.3	34.1	31.4	34.2
Caliente, CA	93518	155	155	100	0	0	31.8	34.6	31.8	34.6
California City, CA	93505	3123	0	0	3123	100	56.7	61.8	57.2	62.4
Delano, CA	93215	17961	17961	100	0	0	8.8	9.6	9.7	10.5
Edwards, CA	93523	217	0	0	217	100	67.1	73.2	67.2	73.3
Fellows, CA	93224	122	122	100	0	0	19.2	20.9	19.7	21.4
Frazier Park, CA	93225	565	565	100	0	0	38.6	43.5	38.6	43.5
Glennville, CA	93226	37	37	100	0	0	24.1	26.2	24.1	26.2
Inyokern, CA	93527	187	187	100	0	0	38.8	42.3	39.1	42.6
Keene, CA	93531	53	53	100	0	0	30.3	33	30.3	33
Kernville, CA	93238	142	142	100	0	0	11.8	12.8	17.1	18.6
Lake Isabella, CA	93240	1273	1273	100	0	0	6.9	7.5	6.9	7.5
Lamont, CA	93241	7567	7567	100	0	0	12.5	17.6	12.5	17.6

Exhibit B-2. Pulmonology, Adult										
Kern Family Health Care, Kern County										
Standard:										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	40.2	43.8	40.2	43.8
Lost Hills, CA	93249	910	910	100	0	0	39.5	43	55	60
Maricopa, CA	93252	426	426	100	0	0	14.5	15.8	14.5	15.8
Mc Farland, CA	93250	6202	6202	100	0	0	15.7	17.1	17.6	19.9
Mc Kittrick, CA	93251	53	53	100	0	0	33.9	36.9	39.9	43.5
Mojave, CA	93501	1538	29	1.9	1509	98.1	55.5	60.5	61.1	66.6
Onyx, CA	93255	100	100	100	0	0	25.3	27.6	32.1	35
Rosamond, CA	93560	1123	0	0	1123	100	62.1	67.7	62.1	67.7
Shafter, CA	93263	7805	7805	100	0	0	25.4	28	25.4	28
Taft, CA	93268	5486	5486	100	0	0	13.9	15.1	13.9	15.1
Tehachapi, CA	93561	3952	3952	100	0	0	41.4	45.1	41.4	45.1
Wasco, CA	93280	8813	8813	100	0	0	27.2	29.6	28.2	30.7
Weldon, CA	93283	446	446	100	0	0	24.9	27.1	24.9	27.1
Wofford Heights, CA	93285	423	423	100	0	0	11.1	12.1	12.7	13.8
Woody, CA	93287	14	14	100	0	0	23.3	25.4	24.3	26.5

<b>Exhibit B-2. Pulmonology, Pediatric</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	32.3	35.2	32.3	35.2
Bakersfield, CA	93301	5209	5209	100	0	0	2	2.6	2	2.6
Bakersfield, CA	93304	20781	20781	100	0	0	4.8	9.6	4.8	9.6
Bakersfield, CA	93305	17059	17059	100	0	0	2.3	3.3	2.3	3.3
Bakersfield, CA	93306	22446	22446	100	0	0	16.9	18.9	17.2	19.2
Bakersfield, CA	93307	45708	45708	100	0	0	24.8	27	26.4	29
Bakersfield, CA	93308	14947	14947	100	0	0	21.7	23.6	22.6	24.6
Bakersfield, CA	93309	16261	16261	100	0	0	3.7	6.2	3.8	6.3
Bakersfield, CA	93311	6941	6941	100	0	0	18.8	20.5	20.8	22.6
Bakersfield, CA	93312	6674	6674	100	0	0	6.9	9.7	7	9.8
Bakersfield, CA	93313	14316	14316	100	0	0	21.9	24.6	23.3	26.6
Bakersfield, CA	93314	2908	2908	100	0	0	16.2	17.6	16.2	17.6
Bodfish, CA	93205	495	495	100	0	0	5.8	6.3	5.8	6.3
Boron, CA	93516	495	0	0	495	100	75.2	82	75.2	82
Buttonwillow, CA	93206	730	730	100	0	0	31.3	34.1	31.4	34.2
Caliente, CA	93518	155	155	100	0	0	31.8	34.6	31.8	34.6
California City, CA	93505	3123	0	0	3123	100	56.7	61.8	57.2	62.4
Delano, CA	93215	17961	17961	100	0	0	8.8	9.6	9.7	10.5
Edwards, CA	93523	217	0	0	217	100	67.1	73.2	67.2	73.3
Fellows, CA	93224	122	122	100	0	0	19.2	20.9	19.7	21.4
Frazier Park, CA	93225	565	565	100	0	0	38.6	43.5	38.6	43.5
Glennville, CA	93226	37	37	100	0	0	24.1	26.2	24.1	26.2
Inyokern, CA	93527	187	187	100	0	0	38.8	42.3	39.1	42.6
Keene, CA	93531	53	53	100	0	0	30.3	33	30.3	33
Kernville, CA	93238	142	142	100	0	0	11.8	12.8	17.1	18.6
Lake Isabella, CA	93240	1273	1273	100	0	0	6.9	7.5	6.9	7.5
Lamont, CA	93241	7567	7567	100	0	0	12.5	17.6	12.5	17.6

<b>Exhibit B-2. Pulmonology, Pediatrics</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Lebec, CA	93243	165	165	100	0	0	40.2	43.8	40.2	43.8
Lost Hills, CA	93249	910	910	100	0	0	39.5	43	55	60
Maricopa, CA	93252	426	426	100	0	0	14.5	15.8	14.5	15.8
Mc Farland, CA	93250	6202	6202	100	0	0	15.7	17.1	17.6	19.9
Mc Kittrick, CA	93251	53	53	100	0	0	33.9	36.9	39.9	43.5
Mojave, CA	93501	1538	29	1.9	1509	98.1	55.5	60.5	61.1	66.6
Onyx, CA	93255	100	100	100	0	0	25.3	27.6	32.1	35
Rosamond, CA	93560	1123	0	0	1123	100	62.1	67.7	62.1	67.7
Shafter, CA	93263	7805	7805	100	0	0	25.7	28	25.7	28
Taft, CA	93268	5486	5486	100	0	0	13.9	15.1	13.9	15.1
Tehachapi, CA	93561	3952	3952	100	0	0	41.4	45.1	41.4	45.1
Wasco, CA	93280	8813	8813	100	0	0	27.2	29.6	28.2	30.7
Weldon, CA	93283	446	446	100	0	0	24.9	27.1	24.9	27.1
Wofford Heights, CA	93285	423	423	100	0	0	11.1	12.1	12.7	13.8
Woody, CA	93287	14	14	100	0	0	23.3	25.4	24.3	26.5

<b>Exhibit B-3. OBGYN, Specialist</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	17.8	19.4	19.5	21.2
Bakersfield, CA	93301	5209	5209	100	0	0	1.3	1.7	1.3	1.7
Bakersfield, CA	93304	20781	20781	100	0	0	3	5.6	3	5.5
Bakersfield, CA	93305	17059	17059	100	0	0	1.6	3.2	1.6	3.2
Bakersfield, CA	93306	22446	22446	100	0	0	16.9	18.9	17.2	19.2
Bakersfield, CA	93307	45708	45708	100	0	0	17.1	19.2	18.7	20.6
Bakersfield, CA	93308	14947	14947	100	0	0	28.1	30.7	30.3	33.6
Bakersfield, CA	93309	16261	16261	100	0	0	3	4.9	3	4.9
Bakersfield, CA	93311	6941	6941	100	0	0	17.9	19.5	18.4	20
Bakersfield, CA	93312	6674	6674	100	0	0	5.7	9.4	5.8	9.6
Bakersfield, CA	93313	14316	14316	100	0	0	16.9	18.4	18	20.5
Bakersfield, CA	93314	2908	2908	100	0	0	12.5	13.6	12.5	13.6
Bodfish, CA	93205	495	495	100	0	0	37.2	41	37.3	41
Boron, CA	93516	495	495	100	0	0	44.7	49.4	44.8	49.4
Buttonwillow, CA	93206	730	730	100	0	0	20.7	22.5	20.9	22.8
Caliente, CA	93518	155	155	100	0	0	35.7	38.9	35.7	38.9
California City, CA	93505	3123	3123	100	0	0	38.1	45.7	38.1	45.7
Delano, CA	93215	17961	17961	100	0	0	8.6	9.3	9.5	10.3
Edwards, CA	93523	217	217	100	0	0	40.4	46	40.4	46.8
Fellows, CA	93224	122	122	100	0	0	18.5	20.1	19	20.7
Frazier Park, CA	93225	565	565	100	0	0	33.9	36.9	34.2	37.3
Glennville, CA	93226	37	37	100	0	0	35.2	38.4	35.7	38.9
Inyokern, CA	93527	187	187	100	0	0	18.7	20.4	23.2	25.3
Keene, CA	93531	53	53	100	0	0	15.9	17.3	15.9	17.3
Kernville, CA	93238	142	64	45.1	78	54.9	45.8	49.9	45.9	50
Lake Isabella, CA	93240	1273	1273	100	0	0	42.4	46.5	42.4	46.5
Lamont, CA	93241	7567	7567	100	0	0	2.1	4.2	2.1	4.2

Exhibit B-3. OBGYN, Specialist										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	27.8	30.3	27.9	30.4
Lost Hills, CA	93249	910	910	100	0	0	36.5	39.8	47.8	52.1
Maricopa, CA	93252	426	426	100	0	0	15	16.3	15.1	16.4
Mc Farland, CA	93250	6202	6202	100	0	0	12.9	14	17.6	19.9
Mc Kittrick, CA	93251	53	53	100	0	0	24.1	26.2	32.7	35.6
Mojave, CA	93501	1538	1538	100	0	0	39.2	46.5	39.2	46.6
Onyx, CA	93255	100	100	100	0	0	32.5	35.4	36.5	39.8
Rosamond, CA	93560	1123	1123	100	0	0	28.6	34.3	29.1	34.9
Shafter, CA	93263	7805	7805	100	0	0	9	9.8	9	9.8
Taft, CA	93268	5486	5486	100	0	0	13.4	14.6	13.4	14.6
Tehachapi, CA	93561	3952	3952	100	0	0	32.2	35.1	32.2	35.1
Wasco, CA	93280	8813	8813	100	0	0	19.6	21.3	19.6	21.3
Weldon, CA	93283	446	446	100	0	0	39.7	43.3	39.7	43.3
Wofford Heights, CA	93285	423	361	85.3	62	14.7	45.4	49.5	45.4	49.5
Woody, CA	93287	14	14	100	0	0	29.9	32.6	29.2	31.8

<b>Exhibit B-4. Hospitals</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 15 miles and 30 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	9	0.1	10020	99.9	28.4	30.9	29.1	31.7
Bakersfield, CA	93301	5209	5209	100	0	0	1.7	2.2	1.7	2.2
Bakersfield, CA	93304	20781	20781	100	0	0	5.5	8.8	5.6	8.9
Bakersfield, CA	93305	17059	17059	100	0	0	2.7	4	2.7	4
Bakersfield, CA	93306	22446	22445	99.9	1	0.1	17.4	18.9	17.6	19.2
Bakersfield, CA	93307	45708	45637	99.8	71	0.2	24.8	27	26.6	29
Bakersfield, CA	93308	14947	14915	99.8	32	0.2	23.7	25.8	25.1	27.3
Bakersfield, CA	93309	16261	16261	100	0	0	4.4	7.4	4.4	7.4
Bakersfield, CA	93311	6941	6930	99.8	11	0.2	26.7	29.1	27.4	29.8
Bakersfield, CA	93312	6674	6674	100	0	0	6.6	9.3	6.7	9.4
Bakersfield, CA	93313	14316	14281	99.8	35	0.2	22.4	24.7	24.4	26.6
Bakersfield, CA	93314	2908	2893	99.5	15	0.5	15.9	17.3	15.9	17.3
Bodfish, CA	93205	495	495	100	0	0	9.5	10.3	9.5	10.3
Boron, CA	93516	495	0	0	495	100	45.4	49.5	45.4	49.5
Buttonwillow, CA	93206	730	7	1	723	99	34.8	37.9	34.9	38
Caliente, CA	93518	155	46	29.7	109	70.3	21.9	23.8	21.9	23.8
California City, CA	93505	3123	0	0	3123	100	30.1	32.8	30.1	32.8
Delano, CA	93215	17961	17961	100	0	0	8.8	9.6	9.6	10.4
Edwards, CA	93523	217	0	0	217	100	39.6	43.2	39.7	43.3
Fellows, CA	93224	122	0	0	122	100	32.3	35.2	37.2	40.5
Frazier Park, CA	93225	565	0	0	565	100	39.9	43.5	39.9	43.5
Glennville, CA	93226	37	0	0	37	100	26.7	29.1	26.7	29.1
Inyokern, CA	93527	187	168	89.8	19	10.2	18.7	20.4	23.2	25.3
Keene, CA	93531	53	20	37.7	33	62.3	16.8	18.3	17.1	18.6
Kernville, CA	93238	142	142	100	0	0	12.3	13.4	13.6	14.8
Lake Isabella, CA	93240	1273	1273	100	0	0	7	7.6	7	7.6
Lamont, CA	93241	7567	7567	100	0	0	12.5	17.6	12.5	17.6

Exhibit B-4. Hospitals										
Kern Family Health Care, Kern County										
Standard: 1 in 15 miles and 30 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	0	0	165	100	40.2	43.8	40.2	43.8
Lost Hills, CA	93249	910	0	0	910	100	39.5	43	55	60
Maricopa, CA	93252	426	0	0	426	100	42.8	46.6	42.9	46.8
Mc Farland, CA	93250	6202	6199	99.9	3	0.1	15.7	17.1	18.3	19.9
Mc Kittrick, CA	93251	53	0	0	53	100	37.3	40.6	43.2	47.1
Mojave, CA	93501	1538	28	1.8	1510	98.2	29	31.6	36	39.2
Onyx, CA	93255	100	77	77	23	23	22.1	24.1	27.6	30.1
Rosamond, CA	93560	1123	0	0	1123	100	35.7	38.9	35.7	38.9
Shafter, CA	93263	7805	132	1.7	7673	98.3	25.3	27.6	25.3	27.6
Taft, CA	93268	5486	0	0	5486	100	32.7	35.6	32.8	35.7
Tehachapi, CA	93561	3952	3929	99.4	23	0.6	16.9	18.4	16.9	18.4
Wasco, CA	93280	8813	162	1.8	8651	98.2	27.3	29.7	28.3	30.8
Weldon, CA	93283	446	438	98.2	8	1.8	21.9	23.8	21.9	23.8
Wofford Heights, CA	93285	423	423	100	0	0	14.5	15.8	16	17.4
Woody, CA	93287	14	0	0	14	100	24.4	26.6	25.1	27.3



Exhibit B-5. Mental Health, Adult										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Arvin, CA	93203	10029	10029	100	0	0	17.8	19.4	19.5	21.2
Bakersfield, CA	93301	5209	5209	100	0	0	1.2	1.4	1.2	1.4
Bakersfield, CA	93304	20781	20781	100	0	0	2.4	3.3	2.4	3.3
Bakersfield, CA	93305	17059	17059	100	0	0	2.8	4.3	2.8	4.3
Bakersfield, CA	93306	22446	22446	100	0	0	15.1	16.4	15.4	16.8
Bakersfield, CA	93307	45708	45708	100	0	0	17.6	19.2	18.9	20.6
Bakersfield, CA	93308	14947	14947	100	0	0	25.6	27.9	28.5	31
Bakersfield, CA	93309	16261	16261	100	0	0	2.6	4.2	2.6	4.2
Bakersfield, CA	93311	6941	6941	100	0	0	17.1	18.6	17.1	18.6
Bakersfield, CA	93312	6674	6674	100	0	0	4.3	8.6	4.3	8.6
Bakersfield, CA	93313	14316	14316	100	0	0	16.3	17.7	17.8	19.4
Bakersfield, CA	93314	2908	2908	100	0	0	11.1	12.1	11.1	12.1
Bodfish, CA	93205	495	495	100	0	0	33.1	36.1	33.1	36.1
Boron, CA	93516	495	495	100	0	0	25.1	27.3	25.1	27.3
Buttonwillow, CA	93206	730	730	100	0	0	15.9	17.3	16	17.4
Caliente, CA	93518	155	155	100	0	0	29.7	32.4	29.7	32.4
California City, CA	93505	3123	3123	100	0	0	4.3	4.6	4.3	4.6
Delano, CA	93215	17961	17961	100	0	0	9.7	10.5	10.5	11.4
Edwards, CA	93523	217	217	100	0	0	16.2	17.6	16.3	17.7
Fellows, CA	93224	122	122	100	0	0	16.9	18.4	17.1	18.6
Frazier Park, CA	93225	565	565	100	0	0	14.4	15.7	14.4	15.7
Glennville, CA	93226	37	37	100	0	0	35.7	38.9	36.2	39.4
Inyokern, CA	93527	187	187	100	0	0	18.7	20.4	23.2	25.3
Keene, CA	93531	53	53	100	0	0	15	16.3	15	16.3
Kernville, CA	93238	142	118	83.1	24	16.9	45.8	49.9	45.8	49.9
Lake Isabella, CA	93240	1273	1273	100	0	0	36.9	40.2	36.9	40.2
Lamont, CA	93241	7567	7567	100	0	0	7.3	10.3	7.3	10.3

Exhibit B-5. Mental Health, Adult										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	19.8	21.6	21.3	23.2
Lost Hills, CA	93249	910	910	100	0	0	36.5	39.8	47.8	52.1
Maricopa, CA	93252	426	426	100	0	0	14.4	15.7	14.5	15.8
Mc Farland, CA	93250	6202	6202	100	0	0	13.5	14.7	18.6	20.2
Mc Kittrick, CA	93251	53	53	100	0	0	19.1	20.8	22.9	24.9
Mojave, CA	93501	1538	1538	100	0	0	13.7	14.9	16.3	17.7
Onyx, CA	93255	100	100	100	0	0	32.5	35.4	36.5	39.8
Rosamond, CA	93560	1123	1123	100	0	0	24.1	26.2	24.1	26.2
Shafter, CA	93263	7805	7805	100	0	0	9.3	10.1	9.3	10.1
Taft, CA	93268	5486	5486	100	0	0	13.4	14.6	13.4	14.6
Tehachapi, CA	93561	3952	3952	100	0	0	15	16.3	15	16.3
Wasco, CA	93280	8813	8813	100	0	0	19.6	21.3	19.6	21.3
Weldon, CA	93283	446	446	100	0	0	38.2	41.6	38.2	41.6
Wofford Heights, CA	93285	423	423	100	0	0	41.6	45.3	41.6	45.3
Woody, CA	93287	14	14	100	0	0	30.6	33.3	30.6	33.3

<b>Exhibit B-5. Mental Health, Pediatric</b>										
<b>Kern Family Health Care, Kern County</b>										
<b>Standard: 1 in 45 miles and 75 mins</b>										
<b>City</b>	<b>Zip Code</b>	<b>Total Members</b>	<b>Members w/ Access</b>	<b>% w/Access</b>	<b>Members w/o Access</b>	<b>% w/o Access</b>	<b>Max Distance to Farthest Member (Miles)</b>	<b>Max Time To Farthest Member (Minutes)</b>	<b>Max Distance to Cover Entire Zip Code (Miles)</b>	<b>Max Time to Cover Entire Zip Code (Minutes)</b>
Arvin, CA	93203	10029	10029	100	0	0	17.8	19.4	19.5	21.2
Bakersfield, CA	93301	5209	5209	100	0	0	1.2	1.4	1.2	1.4
Bakersfield, CA	93304	20781	20781	100	0	0	2.4	3.3	2.4	3.3
Bakersfield, CA	93305	17059	17059	100	0	0	2.8	4.3	2.8	4.3
Bakersfield, CA	93306	22446	22446	100	0	0	15.1	16.4	15.4	16.8
Bakersfield, CA	93307	45708	45708	100	0	0	17.6	19.2	18.9	20.6
Bakersfield, CA	93308	14947	14947	100	0	0	25.6	27.9	28.5	31
Bakersfield, CA	93309	16261	16261	100	0	0	2.6	4.2	2.6	4.2
Bakersfield, CA	93311	6941	6941	100	0	0	17.1	18.6	17.1	18.6
Bakersfield, CA	93312	6674	6674	100	0	0	4.3	8.6	4.3	8.6
Bakersfield, CA	93313	14316	14316	100	0	0	16.3	17.7	17.8	19.4
Bakersfield, CA	93314	2908	2908	100	0	0	11.1	12.1	11.1	12.1
Bodfish, CA	93205	495	495	100	0	0	33.1	36.1	33.1	36.1
Boron, CA	93516	495	495	100	0	0	25.1	27.3	25.1	27.3
Buttonwillow, CA	93206	730	730	100	0	0	15.9	17.3	16	17.4
Caliente, CA	93518	155	155	100	0	0	29.7	32.4	29.7	32.4
California City, CA	93505	3123	3123	100	0	0	4.3	4.6	4.3	4.6
Delano, CA	93215	17961	17961	100	0	0	9.7	10.5	10.5	11.4
Edwards, CA	93523	217	217	100	0	0	16.2	17.6	16.3	17.7
Fellows, CA	93224	122	122	100	0	0	16.9	18.4	17.1	18.6
Frazier Park, CA	93225	565	565	100	0	0	14.4	15.7	14.4	15.7
Glennville, CA	93226	37	37	100	0	0	35.7	38.9	36.2	39.4
Inyokern, CA	93527	187	187	100	0	0	18.7	20.4	23.2	25.3
Keene, CA	93531	53	53	100	0	0	15	16.3	15	16.3
Kernville, CA	93238	142	118	83.1	24	16.9	45.8	49.9	45.8	49.9
Lake Isabella, CA	93240	1273	1273	100	0	0	36.9	40.2	36.9	40.2
Lamont, CA	93241	7567	7567	100	0	0	7.3	10.3	7.3	10.3

Exhibit B-5. Mental Health, Pediatric										
Kern Family Health Care, Kern County										
Standard: 1 in 45 miles and 75 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	165	100	0	0	19.8	21.6	21.3	23.2
Lost Hills, CA	93249	910	910	100	0	0	36.5	39.8	47.8	52.1
Maricopa, CA	93252	426	426	100	0	0	14.4	15.7	14.5	15.8
Mc Farland, CA	93250	6202	6202	100	0	0	13.5	14.7	18.6	20.2
Mc Kittrick, CA	93251	53	53	100	0	0	19.1	20.8	22.9	24.9
Mojave, CA	93501	1538	1538	100	0	0	13.7	14.9	16.3	17.7
Onyx, CA	93255	100	100	100	0	0	32.5	35.4	36.5	39.8
Rosamond, CA	93560	1123	1123	100	0	0	24.1	26.2	24.1	26.2
Shafter, CA	93263	7805	7805	100	0	0	9.3	10.1	9.3	10.1
Taft, CA	93268	5486	5486	100	0	0	13.4	14.6	13.4	14.6
Tehachapi, CA	93561	3952	3952	100	0	0	15	16.3	15	16.3
Wasco, CA	93280	8813	8813	100	0	0	19.6	21.3	19.6	21.3
Weldon, CA	93283	446	446	100	0	0	38.2	41.6	38.2	41.6
Wofford Heights, CA	93285	423	423	100	0	0	41.6	45.3	41.6	45.3
Woody, CA	93287	14	14	100	0	0	30.6	33.3	30.6	33.3

Exhibit B-6. Pharmacy										
Kern Family Health Care, Kern County										
Standard: 1 in 10 miles and 30 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Arvin, CA	93203	10029	9949	99.2	80	0.8	15.7	17.1	15.7	17.1
Bakersfield, CA	93301	5209	5209	100	0	0	1.3	1.7	1.3	1.7
Bakersfield, CA	93304	20781	20781	100	0	0	1.6	2.5	1.6	2.5
Bakersfield, CA	93305	17059	17059	100	0	0	1.8	2.9	1.8	2.9
Bakersfield, CA	93306	22446	22445	99.9	1	0.1	14.5	15.8	14.7	16
Bakersfield, CA	93307	45708	45676	99.9	32	0.1	16.2	18.3	16.2	18.3
Bakersfield, CA	93308	14947	14921	99.8	26	0.2	21	22.9	22.2	24.2
Bakersfield, CA	93309	16261	16261	100	0	0	1.7	2.8	1.7	2.8
Bakersfield, CA	93311	6941	6929	99.8	12	0.2	16.7	18.2	18	19.6
Bakersfield, CA	93312	6674	6674	100	0	0	1.8	3	1.8	3
Bakersfield, CA	93313	14316	14281	99.8	35	0.2	16.7	18.4	16.8	18.4
Bakersfield, CA	93314	2908	2905	99.9	3	0.1	11.2	12.2	11.2	12.2
Bodfish, CA	93205	495	495	100	0	0	4.5	4.9	4.5	4.9
Boron, CA	93516	495	0	0	495	100	24.5	26.7	24.5	26.7
Buttonwillow, CA	93206	730	4	0.5	726	99.5	18.6	20.2	19.3	21
Caliente, CA	93518	155	16	10.3	139	89.7	19.5	21.2	22.2	24.2
California City, CA	93505	3123	3123	100	0	0	5	5.4	5	5.4
Delano, CA	93215	17961	17961	100	0	0	7.5	8.1	8.8	9.6
Edwards, CA	93523	217	0	0	217	100	15.6	17	15.7	17.1
Fellows, CA	93224	122	14	11.5	108	88.5	18	19.6	18.6	20.2
Frazier Park, CA	93225	565	541	95.8	24	4.2	13	14.1	13.6	14.8
Glennville, CA	93226	37	0	0	37	100	18.7	20.4	18.7	20.4
Inyokern, CA	93527	187	96	51.3	91	48.7	18.9	20.6	23.5	25.6
Keene, CA	93531	53	0	0	53	100	14.5	15.8	14.5	15.8
Kernville, CA	93238	142	142	100	0	0	4.6	5	8.5	9.2
Lake Isabella, CA	93240	1273	1273	100	0	0	3.1	3.3	3.1	3.3
Lamont, CA	93241	7567	7567	100	0	0	2.3	4.6	2.3	4.6

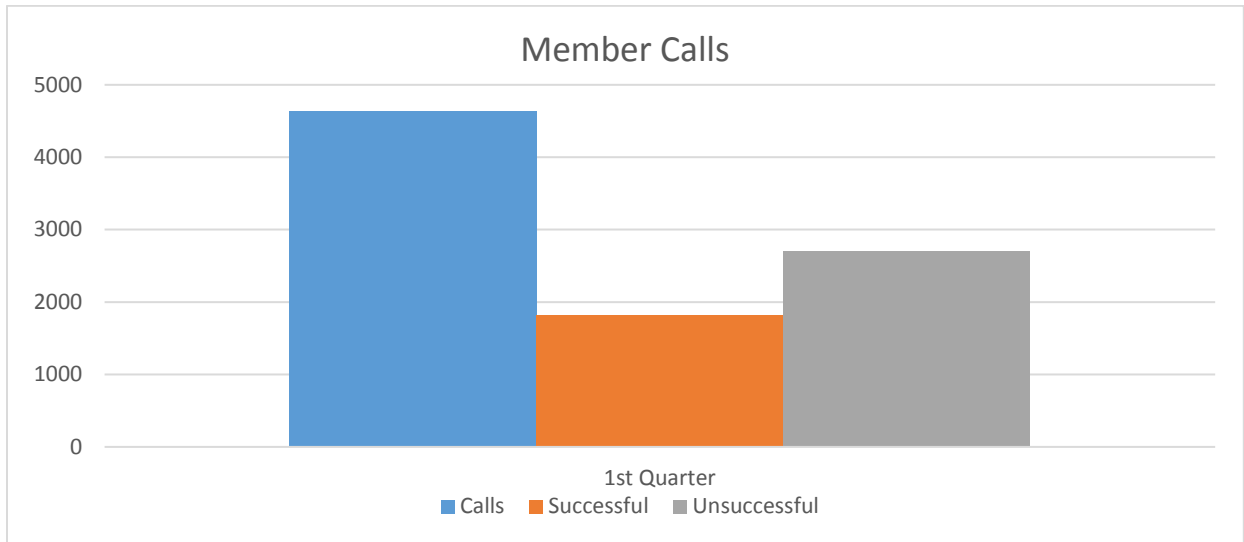
Exhibit B-6. Pharmacy										
Kern Family Health Care, Kern County										
Standard: 1 in 10 miles and 30 mins										
City	Zip Code	Total Members	Members w/ Access	% w/Access	Members w/o Access	% w/o Access	Max Distance to Farthest Member (Miles)	Max Time To Farthest Member (Minutes)	Max Distance to Cover Entire Zip Code (Miles)	Max Time to Cover Entire Zip Code (Minutes)
Lebec, CA	93243	165	164	99.4	1	0.6	11.6	12.6	11.8	12.8
Lost Hills, CA	93249	910	900	98.9	10	1.1	19.7	21.4	28.1	30.6
Maricopa, CA	93252	426	409	96	17	4	14.6	15.9	14.6	15.9
Mc Farland, CA	93250	6202	6202	100	0	0	10	10.9	17	18.5
Mc Kittrick, CA	93251	53	23	43.4	30	56.6	20.7	22.5	21.5	23.4
Mojave, CA	93501	1538	1514	98.4	24	1.6	12.2	13.3	13.6	14.8
Onyx, CA	93255	100	0	0	100	100	21.4	23.3	26	28.3
Rosamond, CA	93560	1123	1108	98.7	15	1.3	16.1	17.5	22.2	24.2
Shafter, CA	93263	7805	7805	100	0	0	8.7	9.4	8.7	9.4
Taft, CA	93268	5486	5448	99.3	38	0.7	14.2	15.4	14.2	15.4
Tehachapi, CA	93561	3952	3497	88.5	455	11.5	13.7	14.9	13.7	14.9
Wasco, CA	93280	8813	8740	99.2	73	0.8	14.6	15.9	14.6	15.9
Weldon, CA	93283	446	431	96.6	15	3.4	21.8	23.7	21.8	23.7
Wofford Heights, CA	93285	423	423	100	0	0	8.6	9.3	8.9	9.7
Woody, CA	93287	14	0	0	14	100	22.9	24.9	23.1	25.2

## Disease Management Quarterly Report

### 1st Quarter, 2020

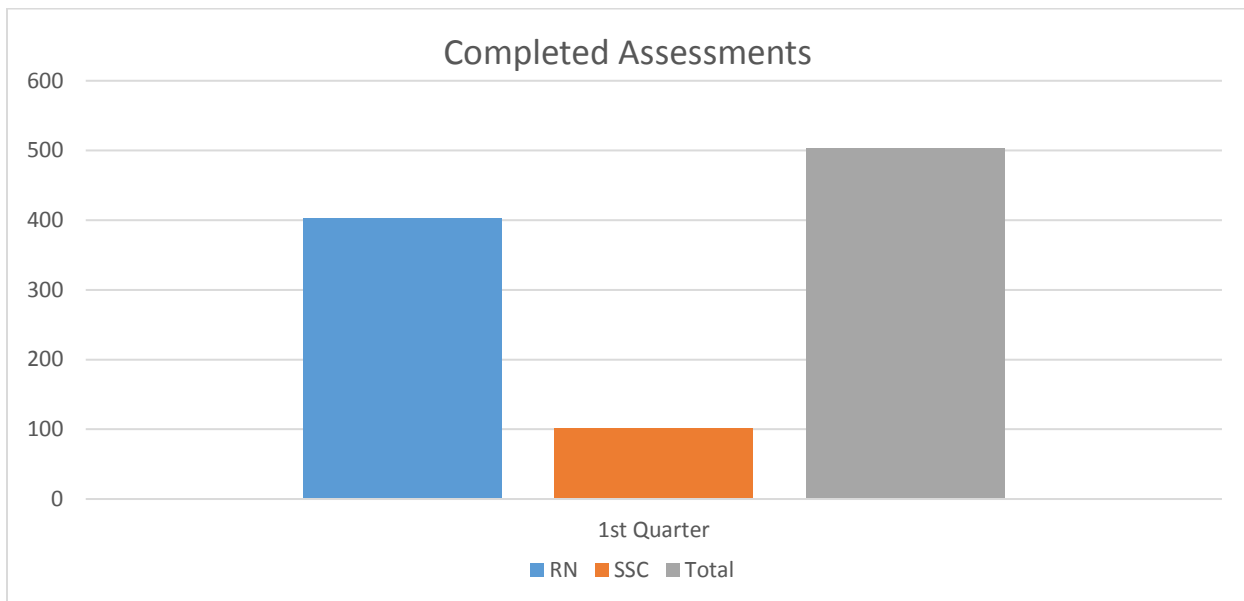
**Telephone Calls:** A total of 4,629 calls were made by the DM staff during the 1<sup>st</sup> Quarter, 2020.

Member Calls Attempted	Successful Calls	Unsuccessful Calls	Total Member Calls	% Contacted
RN	1,267	1,894	3,161	40%
SSC	654	814	1,468	45%
<b>Total</b>	<b>1,911</b>	<b>2,708</b>	<b>4,629</b>	<b>41%</b>



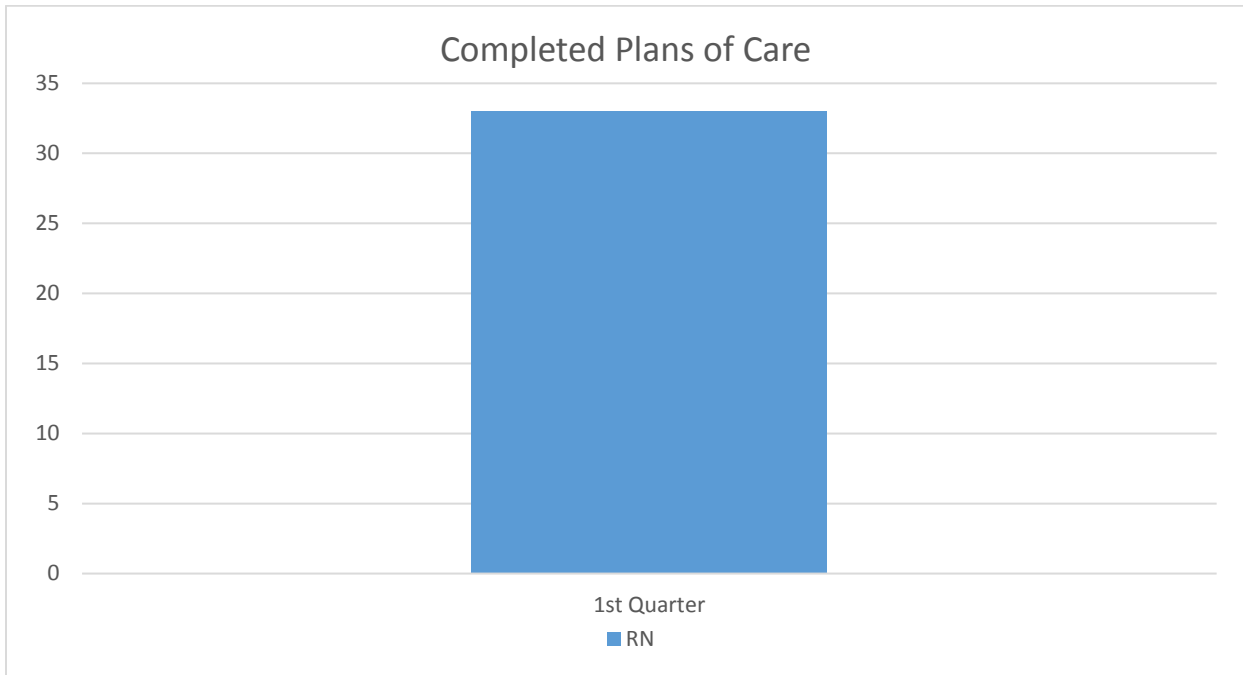
### New Assessments Completed.

RN	SSC	Total
402	101	503



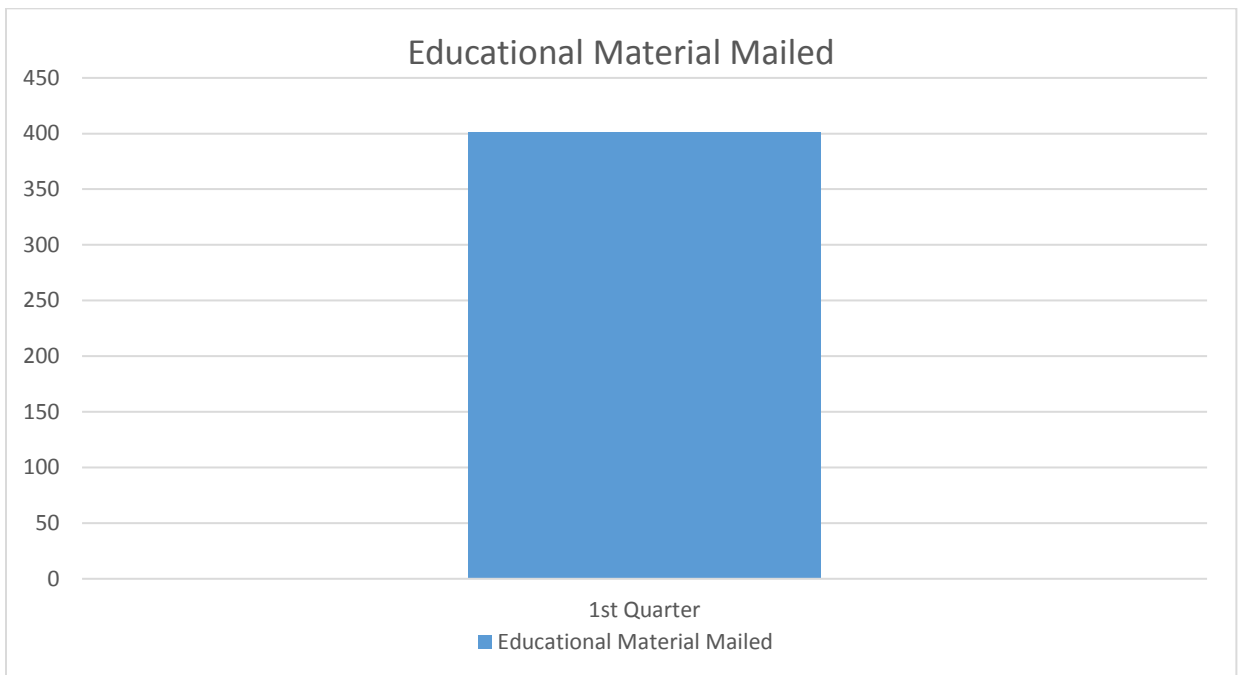
**Plans of Care Completed & Closed.**

<b>RN</b>
<b>33</b>



**Educational Material Mailed.**

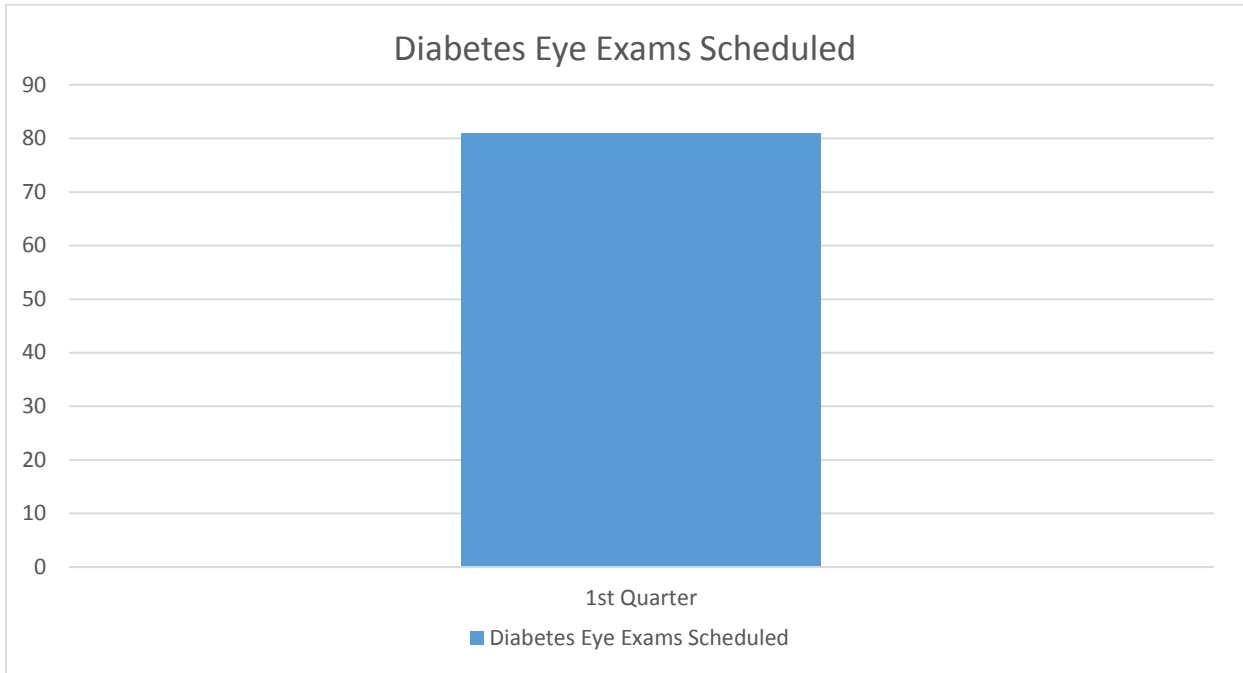
<b>401</b>
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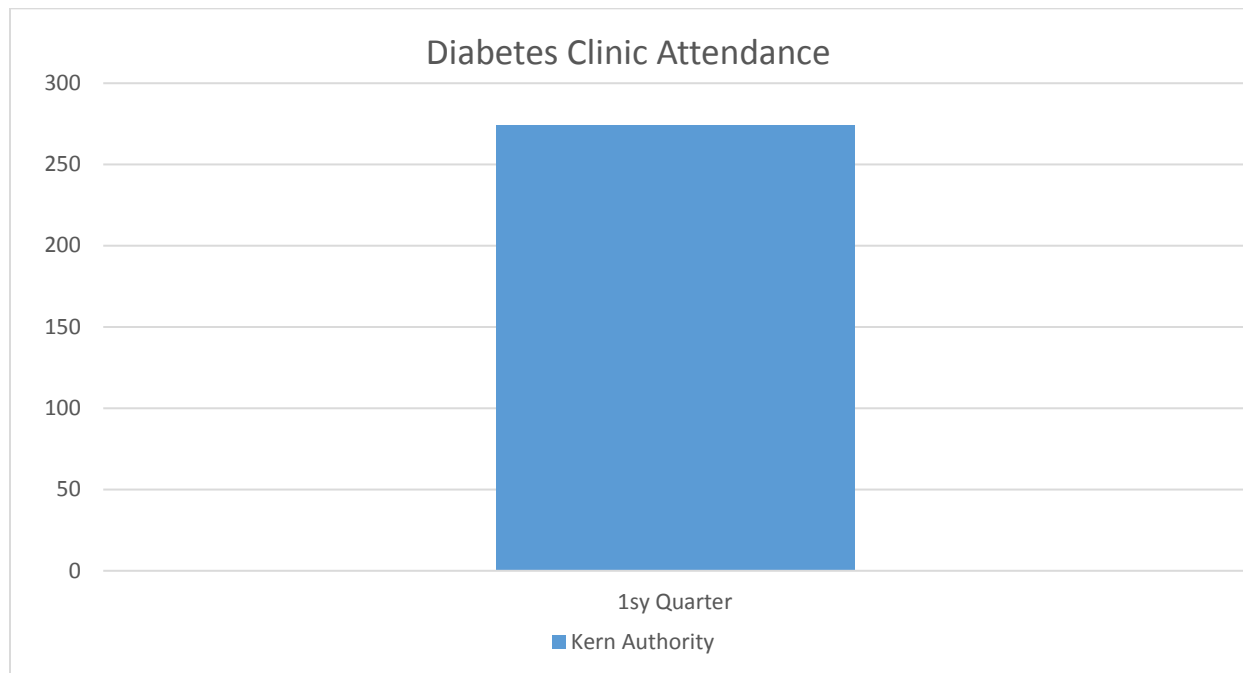
**Diabetes Eye Exams Scheduled.**

81
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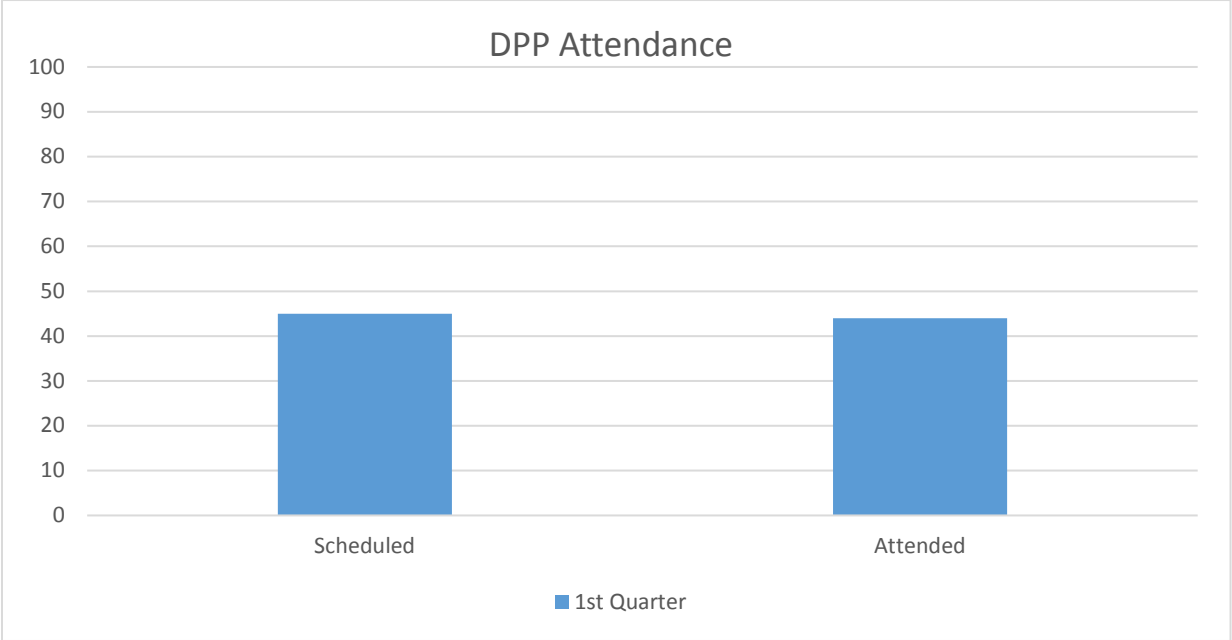
**Diabetes Clinic Attendance.**

<b>Kern Authority</b>
274



**Diabetes Prevention Program:** The first DPP program was completed at the end of February, 2020. Of the 48 members who attended the first session on March, 4<sup>th</sup>, 2019, 22 members completed the 26 sessions.

Sessions Scheduled to Attend (Jan & Feb)	Actual Sessions Attended (Jan & Feb)
46	45



**Kern Health Systems**  
**Quality Improvement Program Evaluation**  
**Reporting Period: January 1, 2019 – December 31, 2019**

**1. QI ACTIVITIES**

According to the California Department of Health Care Services (DHCS) All Plan Letter (APL) 17-014 and APL 19-017 (effective 12/26/2019), Quality and Performance Improvement Requirements, all Medi-Cal managed care health plans are contractually required to report an annual performance measurements results, participate in a consumer satisfaction survey when indicated by DHCS and conduct ongoing quality performance improvement projects (PIPs).

**HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS):**

HEDIS 2019 is the edition of the Healthcare Effectiveness Data and Information Set, a tool used by more than 90 percent of America's health plans, to measure performance on important dimensions of health care and services. HEDIS was developed and is maintained by the National Committee for Quality Assurance (NCQA), a private, not-for-profit organization dedicated to improving health care quality, since 1990.

All Medi-Cal managed care health plans must submit annual measurement scores for the required External Accountability Set (EAS) performance measures. DHCS currently requires all contracted health plans to report selected HEDIS measures to comply with the EAS reporting requirement.

The previous calendar year is the standard measurement year for HEDIS data. Therefore, the HEDIS 2019 results shown in this report are based on 2018 data. HEDIS 2019 results can be found in Appendix A. APL 17-014 states that for each measure below the established Minimum Performance Level (MPL) or with an audit result of "Not Reportable" (NR), the health plan must submit a rapid-cycle improvement and implementation of PDSA cycles to increase the potential for improved outcomes within 60 days of being notified by DHCS of the measures for which IPs are required.

KHS did not meet the MPL for two EAS measures. One was the Asthma Medication Ratio (AMR) and the other was for Well-Child Visits (W34 - ages 3-6 years old). Two new Performance Improvement Projects (PIPs) were initiated in 2019 and DHCS allowed KHS to

## QI Program Evaluation 2019

incorporate the required rapid-cycle improvement PDSA cycles into those two projects One PIP is for the Asthma Medication Ratio (AMR) in children ages 5-18 years who were identified as having persistent asthma and had a ratio of controller medication to total asthma medications of 0.5 or greater during the measurement year. KHS has partnered with providers in Bakersfield that have a large number of pediatric patients with a diagnosis of persistent asthma.

### **CONSUMER SATISFACTION SURVEYS (CAHPS):**

Per MMCD APL 17-014, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys for both adults and children was administered by the EQRO in 2017. DHCS provided the “sample frame” member information for contracted health plans to the EQRO. The CAHPS survey was conducted in 2019 and results will be reported in next year’s QI Program Evaluation.

### **PROCESS IMPROVEMENT PROJECTS (PIPs):**

Each PIP runs approximately 18 months. KHS’s PIPs that started in 2018 were Increasing Appropriate Use of Imaging Studies for Uncomplicated Low Back Pain and Improving Immunization Compliance Among African American Children. These PIPs were completed after successful submission following the PDSA format. KHS has submitted all Modules on time and they were accepted. Results for both PIPs were did not demonstrate improvement primarily due to challenges related to engagement in the projects by the participating providers.

Two new PIPs were selected for initiation in 2019. Both were submitted to DHCS as proposals and were accepted to implement.

One was to improve the health of our members 5-18 years of age who were identified as having persistent. Based on the minimum performance level (MPL) benchmark from NCQA, the PIP team identified that the AMR measure has been below the MPL for 2 consecutive years. Since KHS did not meet the MPL for this measure, DHCS requires rapid-cycle improvement PDSA cycles and accepted KHS utilizing this PIP for that purpose. KHS partnered with providers in Bakersfield that have a large number of pediatric patients with a diagnosis of persistent asthma.

The second PIP that was selected was to improve the health and well-being of low income children, ages 3 to 6 years old, by having them complete their annual Well Child Visit (WCV). KHS partnered with a Provider located in Central Bakersfield where the population they serve is among the lowest median household income within the Bakersfield city limits. By having children complete

## QI Program Evaluation 2019

their annual WCV, early detection, intervention and treatment of health and functional issues can improve the child's overall health and may prevent more complex health issues from occurring. These outcomes also have a positive impact on overall health care utilization.

### **2. FACILITY SITE REVIEWS AND COLLABORATION**

Kern Health Systems (KHS) personnel perform a facility site review on all contracted primary care providers (PCP). This includes Internal Medicine, General and Family Practice, OB/GYN and Pediatricians serving in PCP capacity in free-standing offices, IPAs or Clinics.

Personnel performing the site review are trained by a DHCS certified Master Trainer nurse on the required criteria for site compliance. All contracting plans within a county have equal responsibility for the coordination and consolidation of provider site reviews. Site review responsibilities are shared equally by all plans within the county. KHS has a Memorandum of Understanding (MOU) with Health Net, and both plans share site review information.

The purpose of conducting site reviews is to ensure that all contracted PCP sites used by managed care plans for delivery of services to plan members have sufficient capacity to: 1) provide appropriate primary health care services; 2) carry out processes that support continuity and coordination of care; 3) maintain patient safety standards and practices; and 4) operate in compliance with all applicable federal, state, and local laws and regulations.

### **3. MONITORING AND FOCUS REVIEWS**

All PCP sites are monitored between each regularly scheduled full scope site review survey. Methods for conducting this review may include site visits, but may also include methodologies other than site visits. Monitoring sites between audits includes the use of both internal systems and external sources of information. Evaluation of the nine critical elements is monitored on all sites between full scope site surveys. The nine critical elements are as follows:

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.

## QI Program Evaluation 2019

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 collection, processing, storage, transport or shipping; and
9. Spore testing of autoclave/steam sterilizer is completed (at least monthly), unless otherwise stated in the manufacturers guidelines, with documented results.

The focused review is a “targeted” audit of one or more specific site or medical record review survey areas, and is not substituted for the full scope survey. Focused reviews are used to monitor providers between full scope site review surveys, to investigate problems identified through monitoring activities, or to follow up on corrective actions. The nine critical elements are always reviewed. Additional areas of monitoring may include but are not limited to:

• Diabetes Care Monitoring	• KRC Monitoring
• Asthma Care Monitoring	• Referral Process Monitoring
• Prenatal Care Monitoring	• SBIRT
• Initial Health Assessment (IHA)	• Tobacco use
• IHEBA aka Staying Healthy Assessment	• Other preventive care services
• California Children’s Service (CCS)	

Beginning in the 4<sup>th</sup> quarter of 2019, the QI Department initiated implementation of a Site and Medical Record Review System, EzTracker, to manage and document all FSR and MRR activity. This system is being used by many other Managed Care Plans, including Health Net. The system is targeted for implementation completion within the 1<sup>st</sup> quarter of 2020.

### QI PROGRAM OVERVIEW

Goal	Metrics	Target Completion	Action Steps and Monitoring	Results
Oversight of all delegated QI functions for the following services:	Met	8/31/2020	QI and UM evaluations, programs and work plans for Kaiser and VSP will be presented to the Physician Advisory Committee and QI-UM Committee by the end of August 2020.	Complete for 2019

QI Program Evaluation  
2019

Goal	Metrics	Target Completion	Action Steps and Monitoring	Results
<ul style="list-style-type: none"> <li>• Kaiser</li> <li>• VSP</li> </ul>				
QI Policies and Procedures	Not Met	Ongoing	<ol style="list-style-type: none"> <li>1. QI Policies and Procedures are updated every 3 years as well as reviewed periodically in order to comply with any new regulatory requirements.</li> <li>2. Each policy and procedure is reviewed against the DHCS contract and regulatory requirements and revised as needed to ensure compliance.</li> <li>3. 2.26-I Hospital Re-admissions - Quality of Care Issues 2015-05, was updated.</li> <li>4. Preparation for updates to the Facility Site Review policy and procedure initiated in anticipation of significant changes to the process in 2020.</li> <li>5. Revisions to current QI policies and procedures have been taken to the QI/UM committee.</li> </ol>	Partial Completion for 2019
<i>Audits</i>				
Site review timeliness audit	Met	12/31/2019	Site Review Timeliness – A spreadsheet of reviews due and reviews completed was manually maintained. In 2019, a total of 30 initial site reviews and 35 periodic site reviews were performed and all met required timeliness.	Complete for 2019
Staying Healthy Assessment	Met	12/1/2019	123 positive Staying Healthy Assessments (SHAs) were identified through and HEDIS chart review. These were forwarded to Health Education for follow up member outreach and education.	Complete for 2019
30 day readmission	Met	Ongoing	The QI department continues to look for opportunities for improvement in members who are readmitted within 30 days of discharge. This organization-wide focus has the following changes:	Complete for 2019

QI Program Evaluation  
2019

Goal	Metrics	Target Completion	Action Steps and Monitoring	Results
			<ul style="list-style-type: none"> <li>• Transition of Care program is ongoing, identifying members at risk of readmission and linking them to appropriate services including medication reconciliation and a Discharge Clinic.</li> <li>• Health Homes continues to expand. There are currently 6 number of Community-Based Care Management Entities (CB-CMEs).</li> <li>• Changes were implemented to the QI Department’s review of 30 day readmissions. Instead of reviewing every re-admission within 30 days, 50 cases are selected per quarter and investigation is conducted per the standard process for potential quality of care referrals.</li> </ul>	
Notifications (Death, General)	Met	Ongoing	The QI department continues to look for opportunities for improvement through the Notification process. In 2019, we implemented a change to this process. Instead of reviewing every death notification from the UM Department, UM sends only those notifications in which there is a suspected or potential quality of care concern (PQOC). Each of these is investigated using the current PQOC process.	Complete for 2019
Grievances	Met	Ongoing	The QI department continues to look for opportunities for improvement through the Grievance process. All grievances classified as a potential quality of care concern are referred to the QI Department. These referrals are investigated according to our Potential Quality of Care referral process and all cases with a quality of care concern are reviewed by a KHS medical director for review, evaluation and identification of any follow up actions needed. Quality of care issues may result in tracking and trending or a corrective action plan. This	Complete for 2019



QI Program Evaluation  
2019

Goal	Metrics	Target Completion	Action Steps and Monitoring	Results
			information is shared with Chief Medical Officer during the re-credentialing process.	
<i>Resources</i>				
• Director of Quality Improvement	Not Met	12/31/2019	A Director of QI was hired in April of 2019.	Completed for 2019
• QI Manager	Met	12/31/2019	This position was approved for hire in 2020.	Complete for 2019
• QI RN II	Met	12/31/2019	One QI RN I staff was approved for promotion to QI RN II. All QI RN II positions are filled with a total of 2 nurses.	Complete for 2019
• QI RN I	Met	12/31/2019	One vacancy was filled and QI RN I positions are filled with a total of 5 nurses.	Complete for 2019
• QI Coordinator	Met	12/31/2019	Position filled with no changes in 2019. This position's primary focus is on the Managed Care Accountability Set (MCAS) annual audit and ongoing activities to support provider compliance.	Complete for 2019
• QI Assistant	Met	12/31/2019	Position filled with no changes in 2019. This position assists with MCAS Medical Record retrieval and for supporting Member Incentive initiatives sponsored by QI.	Complete for 2019
• Operational Analyst	Met	12/31/2019	This position was vacated last year and a replacement hired in the later portion of 2019. This analyst is responsible for providing an advanced role in the analysis of health care information as it relates to MCAS and other activities within the QI department such as Performance Improvement Projects (PIPs).	Complete for 2019
• Senior QI Technician and Trainer	Met	12/31/2019	This position was approved for elevation from QI Technician and Trainer to a senior level to support a higher degree of qualifications. They provide reporting support to the QI department and focus on reporting actionable data,	Complete for 2019

QI Program Evaluation  
2019

Goal	Metrics	Target Completion	Action Steps and Monitoring	Results
			streamlining current processes, developing new processes, and training staff.	
<ul style="list-style-type: none"> <li>Senior Support Clerk</li> </ul>	Met	12/31/2019	QI has one staff in this position and there were no changes in 2019. QI has one SSC who supports the clerical needs of the department.	Complete for 2019
<i>QI Projects</i>				
QI Facility Site and Medical Record Review automation	Met	3/31/2020	A determination was made that the software tool used for automation of the FSR and MRR work did not meet the needs of KHS. A new tool, EzTracker, from the vendor, Healthy Data Systems, was obtained during the 4 <sup>th</sup> quarter and was in the implementation process through the end of 2019. 15 – 20 other Medi-Cal MCPs are using this software to manage their FSR and MRR work. The tool is in the process of being updated to incorporate the requirements for a new FSR/MRR APL that will take effect July 1, 2020.	On track for completion by Target Date
Member Education Material	Met	12/31/2019	<p>The HEDIS team, acting on provider request, obtained educational material for providers on the following topics:</p> <ul style="list-style-type: none"> <li>Human papillomavirus (HPV)</li> <li>Diet and Exercise for children</li> <li>Avoidance of antibiotics for acute bronchitis</li> <li>Language Line Access flyers</li> <li>BMI Wheels</li> <li>Provided links to the CLEA Waivers</li> <li>Nutrition Booklets</li> <li>Immunization Growth Charts</li> </ul> <p>A new process was established to contact providers on a regular basis to see what educational materials were needed and deliver them.</p>	Completed for 2019

QI Program Evaluation  
2019

Goal	Metrics	Target Completion	Action Steps and Monitoring	Results																								
Member Incentive	Met	12/31/2019	<p>The following is a summary of member incentives that were made available to members and managed by the Health Education Department.</p> <table border="1" data-bbox="905 402 1696 976"> <thead> <tr> <th data-bbox="905 402 1329 475">Member Incentive Program (MIP)</th> <th data-bbox="1329 402 1696 475">Total Members who received incentive</th> </tr> </thead> <tbody> <tr> <td data-bbox="905 475 1329 516">1. Health Homes MIP</td> <td data-bbox="1329 475 1696 516">2,480</td> </tr> <tr> <td data-bbox="905 516 1329 557">2. Asthma Class MIP</td> <td data-bbox="1329 516 1696 557">118</td> </tr> <tr> <td data-bbox="905 557 1329 630">3. Healthy Eating, Active Lifestyle MIP</td> <td data-bbox="1329 557 1696 630">469</td> </tr> <tr> <td data-bbox="905 630 1329 703">4. Asthma Impact Model Pilot MIP</td> <td data-bbox="1329 630 1696 703">25</td> </tr> <tr> <td data-bbox="905 703 1329 743">5. Member Portal MIP</td> <td data-bbox="1329 703 1696 743">11,881</td> </tr> <tr> <td data-bbox="905 743 1329 784">6. IHA MIP</td> <td data-bbox="1329 743 1696 784">8,157</td> </tr> <tr> <td data-bbox="905 784 1329 824">7. 1 Year Well Baby MIP</td> <td data-bbox="1329 784 1696 824">5,775</td> </tr> <tr> <td data-bbox="905 824 1329 865">8. Prenatal Care MIP</td> <td data-bbox="1329 824 1696 865">422</td> </tr> <tr> <td data-bbox="905 865 1329 906">9. Postpartum Care MIP</td> <td data-bbox="1329 865 1696 906">2,710</td> </tr> <tr> <td data-bbox="905 906 1329 946">10. Diabetes Prevention MIP</td> <td data-bbox="1329 906 1696 946">*see note below</td> </tr> <tr> <td data-bbox="905 946 1329 976">11. Perinatal Survey MIP</td> <td data-bbox="1329 946 1696 976">400</td> </tr> </tbody> </table> <p data-bbox="898 997 1661 1105"><i>*DPP MI was made up of 10 different milestone incentives. Below is the breakdown of members who qualified for 1 or more of the incentives. Program ran from 3/4/19-2/28/20.</i></p> <p data-bbox="898 1154 1360 1224"><i>MIP = Member Incentive Program DPP = Diabetes Prevention Program</i></p>	Member Incentive Program (MIP)	Total Members who received incentive	1. Health Homes MIP	2,480	2. Asthma Class MIP	118	3. Healthy Eating, Active Lifestyle MIP	469	4. Asthma Impact Model Pilot MIP	25	5. Member Portal MIP	11,881	6. IHA MIP	8,157	7. 1 Year Well Baby MIP	5,775	8. Prenatal Care MIP	422	9. Postpartum Care MIP	2,710	10. Diabetes Prevention MIP	*see note below	11. Perinatal Survey MIP	400	Complete for 2019
Member Incentive Program (MIP)	Total Members who received incentive																											
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<i>Committees</i>																												
Quality Improvement/Utilization Management Committee (QI/UMC)	Met	Quarterly - ongoing	<ol data-bbox="898 1276 1696 1421" style="list-style-type: none"> <li>1. Reports to the Board of Directors and retains oversight of the QI Program with direction from the Medical Director.</li> <li>2. The QI_UM Committee disseminates the quality improvement process to participating groups and</li> </ol>	Complete for 2019																								

QI Program Evaluation  
2019

Goal	Metrics	Target Completion	Action Steps and Monitoring	Results																						
			<p>physicians, practitioner/providers, subcommittees, and internal KHS functional areas with oversight by the Chief Medical Officer.</p> <p>3. Committee also performs oversight of UM activities conducted by KHS to maintain high quality health care and effective and appropriate control of medical costs through monitoring of medical practice patterns and utilization of services.</p> <p>4. Nine (9) of the ten (10) positions are filled; four (4) QI/UMC meetings were held in the reporting period with attendance as follows:</p> <table border="1" data-bbox="898 737 1583 1218"> <thead> <tr> <th data-bbox="898 737 1304 808">QI/UM Committee Members</th> <th data-bbox="1304 737 1583 808">Attended</th> </tr> </thead> <tbody> <tr> <td data-bbox="898 808 1304 846">CMO</td> <td data-bbox="1304 808 1583 846">4 meetings</td> </tr> <tr> <td data-bbox="898 846 1304 883">Family Practitioner</td> <td data-bbox="1304 846 1583 883">4 meetings</td> </tr> <tr> <td data-bbox="898 883 1304 920">Family Practitioner</td> <td data-bbox="1304 883 1583 920">Open Position</td> </tr> <tr> <td data-bbox="898 920 1304 958">1<sup>st</sup> Specialist (ENT)</td> <td data-bbox="1304 920 1583 958">4 meetings</td> </tr> <tr> <td data-bbox="898 958 1304 995">2nd Specialist (OB-GYN)</td> <td data-bbox="1304 958 1583 995">3 meetings</td> </tr> <tr> <td data-bbox="898 995 1304 1032">FQHC Provider</td> <td data-bbox="1304 995 1583 1032">4 meetings</td> </tr> <tr> <td data-bbox="898 1032 1304 1070">Pharmacy Provider</td> <td data-bbox="1304 1032 1583 1070">4 meetings</td> </tr> <tr> <td data-bbox="898 1070 1304 1107">Public Health Department</td> <td data-bbox="1304 1070 1583 1107">3 meetings</td> </tr> <tr> <td data-bbox="898 1107 1304 1179">Home Health/Hospice Provider</td> <td data-bbox="1304 1107 1583 1179">1 meeting</td> </tr> <tr> <td data-bbox="898 1179 1304 1218">DME Provider</td> <td data-bbox="1304 1179 1583 1218">4 meetings</td> </tr> </tbody> </table>	QI/UM Committee Members	Attended	CMO	4 meetings	Family Practitioner	4 meetings	Family Practitioner	Open Position	1 <sup>st</sup> Specialist (ENT)	4 meetings	2nd Specialist (OB-GYN)	3 meetings	FQHC Provider	4 meetings	Pharmacy Provider	4 meetings	Public Health Department	3 meetings	Home Health/Hospice Provider	1 meeting	DME Provider	4 meetings	
QI/UM Committee Members	Attended																									
CMO	4 meetings																									
Family Practitioner	4 meetings																									
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1 <sup>st</sup> Specialist (ENT)	4 meetings																									
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Pharmacy Provider	4 meetings																									
Public Health Department	3 meetings																									
Home Health/Hospice Provider	1 meeting																									
DME Provider	4 meetings																									
	Met	12/31/2019	1. Practitioner attendance and participation in the QI/UM Committee or subcommittees is required.	Complete for 2019																						

QI Program Evaluation  
2019

Goal	Metrics	Target Completion	Action Steps and Monitoring	Results
			<ol style="list-style-type: none"> <li>2. The participating practitioners represent a broad spectrum of specialties and participate in clinical QI and UM activities, guideline development, peer review committees and clinically related task forces.</li> <li>3. The extent of participation must be relevant to the QI activities undertaken by KHS.</li> </ol>	
	Met	12/31/2019	<ol style="list-style-type: none"> <li>1. Practitioner participation and attendance for this reporting period continue to result in improved communication.</li> <li>2. Participating practitioners involved in the QI Program serve as a communication representation for the practitioner community.</li> <li>3. These practitioners provide input and support toward educating participating providers about the principles of QI, and specific quality activities.</li> </ol>	Complete for 2019
Physician Advisory Committee (PAC)	Met	12/31/2019	<ol style="list-style-type: none"> <li>1. Serves as advisor to the Board of Directors on health care issues, peer review, provider discipline, and credentialing/recredentialing decisions.</li> <li>2. This committee meets on a monthly basis and is responsible for reviewing practitioner/provider grievances and/or appeals, practitioner/provider quality issues, and other peer review matters as directed by the KHS Medical Director.</li> <li>3. The PAC has a total of ten (10) voting committee positions. There were nine (9) active voting members in 2019.</li> </ol>	Complete for 2019

QI Program Evaluation  
2019

Goal	Metrics	Target Completion	Action Steps and Monitoring	Results																		
	Met	12/31/2019	<p>Ten (10) PAC meetings were held during the reporting period with attendance as follows:</p> <table border="1" data-bbox="898 386 1688 732"> <thead> <tr> <th data-bbox="898 386 1493 427">Physician Advisory Committee Members</th> <th data-bbox="1493 386 1688 427">Attended</th> </tr> </thead> <tbody> <tr> <td data-bbox="898 427 1493 467">CMO</td> <td data-bbox="1493 427 1688 467">10 meetings</td> </tr> <tr> <td data-bbox="898 467 1493 508">Pediatrician</td> <td data-bbox="1493 467 1688 508">9 meetings</td> </tr> <tr> <td data-bbox="898 508 1493 548">Clinical Psychologist</td> <td data-bbox="1493 508 1688 548">7 meetings</td> </tr> <tr> <td data-bbox="898 548 1493 589">Eye Specialist</td> <td data-bbox="1493 548 1688 589">9 meetings</td> </tr> <tr> <td data-bbox="898 589 1493 630">OB/GYN Provider</td> <td data-bbox="1493 589 1688 630">8 meetings</td> </tr> <tr> <td data-bbox="898 630 1493 670">Pain Medicine Provider</td> <td data-bbox="1493 630 1688 670">10 meetings</td> </tr> <tr> <td data-bbox="898 670 1493 711">Family Practitioner</td> <td data-bbox="1493 670 1688 711">5 meetings</td> </tr> <tr> <td data-bbox="898 711 1493 732">Internal Medicine Provider</td> <td data-bbox="1493 711 1688 732">7 meetings</td> </tr> </tbody> </table>	Physician Advisory Committee Members	Attended	CMO	10 meetings	Pediatrician	9 meetings	Clinical Psychologist	7 meetings	Eye Specialist	9 meetings	OB/GYN Provider	8 meetings	Pain Medicine Provider	10 meetings	Family Practitioner	5 meetings	Internal Medicine Provider	7 meetings	Complete for 2019
Physician Advisory Committee Members	Attended																					
CMO	10 meetings																					
Pediatrician	9 meetings																					
Clinical Psychologist	7 meetings																					
Eye Specialist	9 meetings																					
OB/GYN Provider	8 meetings																					
Pain Medicine Provider	10 meetings																					
Family Practitioner	5 meetings																					
Internal Medicine Provider	7 meetings																					
Pharmacy and Therapeutics Committee (P&T)	Met	12/31/2019	<ol style="list-style-type: none"> <li>1. Serves to objectively appraise, evaluate, and select pharmaceutical products for formulary addition or deletion.</li> <li>2. This is an ongoing process to ensure the optimal use of therapeutic agents.</li> <li>3. P&amp;T meet quarterly to review products to evaluate efficacy, safety, ease of use and cost.</li> <li>4. Medications are evaluated on their clinical use and develop policies for managing drug use and administration.</li> </ol>	Complete for 2019																		

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	Met	12/31/2019	<p>Four (4) P&amp;T meetings were held during the reporting period with attendance as follows:</p> <table border="1"> <thead> <tr> <th><b>Pharmacy &amp; Therapeutics Committee Members</b></th> <th><b>Attended</b></th> </tr> </thead> <tbody> <tr> <td>CMO</td> <td>4 meetings</td> </tr> <tr> <td>Retail Pharmacy/Independent</td> <td>2 meetings</td> </tr> <tr> <td>Pediatrician</td> <td>2 meetings</td> </tr> <tr> <td>Retail Pharmacy/Chain</td> <td>3 meetings</td> </tr> <tr> <td>Board Member/Rx Representative</td> <td>3 meetings</td> </tr> <tr> <td>Pharmacy/Specialty Practice</td> <td>Open Position</td> </tr> <tr> <td>Pharmacy/Geriatric Specialist</td> <td>3 meetings</td> </tr> <tr> <td>Internal Medicine</td> <td>2 meetings</td> </tr> <tr> <td>General Practice/Geriatrics</td> <td>3 meetings</td> </tr> <tr> <td>KHS Pharmacy Director/Alternate Chairperson</td> <td>4 meetings</td> </tr> </tbody> </table>	<b>Pharmacy &amp; Therapeutics Committee Members</b>	<b>Attended</b>	CMO	4 meetings	Retail Pharmacy/Independent	2 meetings	Pediatrician	2 meetings	Retail Pharmacy/Chain	3 meetings	Board Member/Rx Representative	3 meetings	Pharmacy/Specialty Practice	Open Position	Pharmacy/Geriatric Specialist	3 meetings	Internal Medicine	2 meetings	General Practice/Geriatrics	3 meetings	KHS Pharmacy Director/Alternate Chairperson	4 meetings	Complete for 2019
<b>Pharmacy &amp; Therapeutics Committee Members</b>	<b>Attended</b>																									
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General Practice/Geriatrics	3 meetings																									
KHS Pharmacy Director/Alternate Chairperson	4 meetings																									
Public Policy/Community Advisory Committee (PP/CAC)	Met	12/31/2019	<ol style="list-style-type: none"> <li>1. PP/CAC provides a mechanism or structured input from KHS members and community representatives regarding how KHS operations impact the delivery of care.</li> <li>2. The PP/CAC is supported by the Board of Directors to provide input in the development of public policy activities for KHS.</li> </ol>	Complete for 2019																						

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			3. The committee meets every four months and provides recommendations and reports findings to the Board of Directors.																			
	Met	12/31/2019	<p>PP/CAC has eight (8) committee positions. All eight (8) positions were filled; Four (4) PP/CAC meetings were held in the reporting period with attendance as follows:</p> <table border="1"> <thead> <tr> <th>Public Policy Committee Members</th> <th>Attended</th> </tr> </thead> <tbody> <tr> <td>Chair</td> <td>4</td> </tr> <tr> <td>KHS Member</td> <td>4</td> </tr> <tr> <td>KHS Member</td> <td>2</td> </tr> <tr> <td>KHS Member</td> <td>0</td> </tr> <tr> <td>Community Representative</td> <td>4</td> </tr> <tr> <td>Community Representative</td> <td>1</td> </tr> <tr> <td>Kern County Department of Public Health</td> <td>4</td> </tr> <tr> <td>Kern County Department of Human Services</td> <td>3</td> </tr> </tbody> </table>	Public Policy Committee Members	Attended	Chair	4	KHS Member	4	KHS Member	2	KHS Member	0	Community Representative	4	Community Representative	1	Kern County Department of Public Health	4	Kern County Department of Human Services	3	Complete for 2019
Public Policy Committee Members	Attended																					
Chair	4																					
KHS Member	4																					
KHS Member	2																					
KHS Member	0																					
Community Representative	4																					
Community Representative	1																					
Kern County Department of Public Health	4																					
Kern County Department of Human Services	3																					
<i>Regulatory Compliance</i>																						
DHCS audit	Partially Met	8/6/2019 – 8/9/2019	<p>DHCS performed their annual managed care plan audit from August 6<sup>th</sup> – August 9<sup>th</sup>. There was one finding specific to Quality Management.</p> <ul style="list-style-type: none"> <li>The finding was that information regarding member rights was not included in newly contracted provider training. The training material for provider training were updated along with the orientation checklist and submitted to DHCS. We are awaiting a response from DHCS for this submission.</li> </ul> <p>There was another finding was in the area of the Grievance System. The finding was that grievances involving clinical issues that were inaccurately identified and classified as</p>	Complete for 2019																		



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			<p>exempt. The finding included that non-clinical member service representatives received and resolved exempt grievances that were not referred to the Plan’s medical director for final resolution.</p> <p>The QI Department collaborated with the Grievance Team in their process modification which involved referring all grievances with a clinical-related concern to the QI Department as a potential quality of care issue. The complete response to this finding was submitted to DHCS and we are awaiting their response.</p>	
DMHC Audit	Partially met	8/6/19 – 8/8/20	<p>The Department of Managed Health Care (DMHC) audits Knox-Keene licensed health plans every 3 years. DMHC audited KHS in 2019 and conducted the onsite portion of the audit from August 6<sup>th</sup> through August 8<sup>th</sup>. There were 2 findings under Quality Assurance.</p> <ul style="list-style-type: none"> <li>• The Plan does not have a Public Policy that complies with the required membership criteria. <ul style="list-style-type: none"> <li>○ KHS has protested this finding based on the regulatory guidelines for this requirement. We are awaiting response from DMHC</li> </ul> </li> <li>• The Plan’s governing body does not consistently review and approve its’ Quality Improvement (QI) Program written documents. <ul style="list-style-type: none"> <li>○ KHS submitted the 2018 QI Program Evaluation, 2019 QI Program Plan and the 2019 QI Program Work Plan to KHS’ Board of Directors for review, input and approval. Documentation of that submission and Board approval was submitted to DMHC.</li> </ul> </li> </ul>	Complete for 2019

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			<p>One other finding was identified from the audit under Grievances and Appeals. The finding was that KHS does not consistently identify potential quality issues (PQIs) in exempt grievances. This is similar to the finding from DHCS' audit.</p> <p>The QI Department collaborated with the Grievance Team in their process modification which involved referring all grievances with a clinical-related concern to the QI Department as a potential quality of care issue. The complete response to this finding was submitted to DMHC and we are awaiting their response.</p>	
External Accountability Set (EAS)/HEDIS 2019 Audit	Partially Met	7/3/2019	<p>On 7/3/2019 we received our Medi-Cal Managed Care, HEDIS® 2019 Compliance Audit™ Final Report. All elements of the HEDIS 2019 audit were complete and approved by HSAG and NCQA accepted our submission.</p> <p>Two measures submitted as part of the 2019 audit did not meet the minimum performance level (MPL). The first was the Asthma Medication Ratio (AMR) measure. The second was for Well Child Visits, Ages 3-6 years old (WC34). As a result, KHS is required to submit Improvement Project (IP). During the 2<sup>nd</sup> half of 2019, KHS was also required to initiate two Performance Improvement Projects (PIP). We requested that DHCS allow KHS to incorporate the required IPs for the non-compliant HEDIS measures into the two new PIPs and DHCS approved this approach. Both PIPs are underway with approval from DHCS and will continue into 2021.</p>	Complete for 2019
Improvement Plans (IPs)PIP				
Asthma Medication Ratio	Met	6/30/2019	When a Managed Care Plan (MCP) does not meet the minimum performance level (MPL) on a HEDIS/External Accountability Set (EAS) measure, they are required to do an	Complete for 2019

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			Improvement Plan (IP) to bring the outcome for the subsequent year up to the MPL. KHS did not meet the MPL for the AMR measure (Asthma Medication Ratio) in HEDIS Report Year 2018. As a result, a 12-month improvement project was submitted and approved. In May of 2019 the final IP was submitted to DHCS. In June DHCS accepted our submission and the IP is now complete and closed.	
<i>Performance Improvement Projects (PIPs)</i>				
Disparities - CIS	Met	9/9/2019	KHS met the MPL in the Childhood Immunizations measure for 2018, but we did not meet the state average. In order to improve our rate, this measure was chosen as our Disparities PIP. The CIS Disparity PIP was submitted to HSAG/DHCS on September 9th, 2019 with final results received on October 31 <sup>st</sup> , 2019. The submission was approved. However, it was noted that we did not achieve the SMART Aim goal to increase the percentage rate of immunization compliance of 2 year-old African American children residing in Kern County due to challenges participating providers had with resources to devote to the project. This resulted in a final rating of Low Confidence in the project by HSAG/DHCS.	Complete for 2019
Low Back Pain	Met	8/16/2019	KHS did not meet MPL in the LBP measure in HEDIS 2017. In order to improve rates, this measure was chosen as our PIP. The measurement is for members at a select clinic who did not receive an imaging study within the first 28 days of acute lower back pain diagnosis (higher is better in most instances). This results did not achieve the targeted outcome. The clinic did not follow through with some interventions due to resource constraints. The final PIP was submitted on August 16, 2019. We received a response from HSAG/DHCS on September 25, 2019 accepting the final submission and	Complete for 2019

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			indicating rating this project as Low Confidence since KHS did not achieve the SMART Aim goal.	
Disparities in Well Child Visits (W34)	New	March 2021 (approximate)	This PIP is focused on improving the health and well-being of children, ages 3 to 6 years, by aligning the Well Child Visit with industry standards of care and evidence based practices. This measure was selected based on our measurement year 2018 HEDIS/EAS results not meeting the MPL. We requested and were approved by HSAG/DHCS to incorporate the required IP into this PIP. The first module for this PIP was submitted on October 23rd, 2019, and the first module was approved by HSAG/DHCS on November 15 <sup>th</sup> , 2019.	Ongoing
Child/Adolescent Health Asthma Medication Ratio (AMR)	New	April 2021 (approximate)	This PIP focuses on improving the health of members, ages 5-18 years, identified as having persistent asthma and who had a ratio of controller medication to total asthma medications of 0.5 or greater during the measurement year. This measure was selected based on our measurement year 2018 HEDIS/EAS results not meeting the MPL. We requested and were approved by HSAG/DHCS to incorporate the required IP into this PIP. The first module for this PIP was submitted on November 22nd, 2019, and the first module was approved by HSAG/DHCS on January 28 <sup>th</sup> , 2020.	Ongoing
<i>Site Reviews</i>				
<ul style="list-style-type: none"> <li>Initial</li> </ul>	Met	12/31/2019	16 Initial Medical Record Reviews and 19 Initial Full Site Reviews were completed. All subsequent medical record reviews were complete. All CAPS and required follow-up visits were completed and closed.	Completed for 2019
<ul style="list-style-type: none"> <li>Periodic</li> </ul>	Met	12/31/2019	16 Periodic Medical Record and Full Site Reviews were completed. PARS were reviewed and completed if needed.	Completed for 2019

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			All CAPS and required follow-up visits were completed and closed.	
<ul style="list-style-type: none"> <li>Focused</li> </ul>	Met	12/31/2019	58 Focus reviews were completed. All CAPS and required follow-up visits were completed and closed.	Completed for 2019
<ul style="list-style-type: none"> <li>Pending F/U</li> </ul>	Met	12/31/2019	There are no pending follow-up visits. All CAPS and required follow-up visits were completed and closed.	Completed for 2019

**Attachment A**  
**2018 Measurement Year and 2019 Report Year**  
**EAS/HEDIS Results**

Hybrid Measures								
Measure	Current 2019 Rate	2019 MPL	2019 HPL	2018 KHS Rate	Current Vs. 2019 MPL	Current Vs. 2019 HPL	Current Vs. 2018 KHS	
CCS	Cervical Cancer Screening	60.34	54.26	70.68	58.39	6.08	-10.34	1.95
CIS-3	CIS – Combo 3	65.45	65.45	79.56	68.86	0.00	-14.11	-3.41
CDC-E	Eye Exam (Retinal) Performed	56.93	50.85	68.61	58.94	6.08	-11.68	-2.01
CDC-HT	HbA1c Testing	89.13	84.93	92.70	89.60	4.20	-3.57	-0.47
CDC-H9 *	HbA1c Poor Control (>9.0%)	33.15	47.20	29.68	30.66	14.05	-3.47	-2.49
CDC-H8	HbA1c Control (<8.0%)	55.43	44.44	59.49	58.21	10.99	-4.06	-2.78
CDC-N	Medical Attn. for Nephropathy	92.93	88.56	93.43	92.88	4.37	-0.50	0.05
CDC-BP	Blood Pressure Control <140/90	65.58	56.20	77.50	69.89	9.38	-11.92	-4.31
CBP	Controlling High Blood Pressure	54.26	49.15	71.04	58.39	5.11	-16.78	-4.13
IMA-2	Immunizations for Adolescents (Combo 2)	40.63	26.28	46.72	36.74	14.35	-6.09	3.89
PPC-Pre	Timeliness of Prenatal Care	81.27	76.89	90.75	82.48	4.38	-9.48	-1.21
PPC-Pst	Postpartum Care	67.64	59.61	73.97	66.67	8.03	-6.33	0.97
WCC-N	Counseling for Nutrition	70.56	59.85	83.45	63.02	10.71	-12.89	7.54
WCC-PA	Counseling for Phys Activity	65.21	52.31	78.35	57.91	12.90	-13.14	7.30
W-34	Well-Child Visits	63.99	67.15	83.70	66.67	-3.16	-19.71	-2.68

\* A lower rate indicates better performance therefore the number of required numerators must decrease by the number shown.

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Administrative Measures								
Measure		Current 2019 Rate	2019 MPL	2019 HPL	2018 KHS Rate	Current Vs. 2019 MPL	Current Vs. 2019 HPL	Current Vs. 2018 KHS
AAB**	Avoidance of Antibiotic Treatment	31.33	27.63	44.64	27.63	3.70	-13.31	3.70
AMR	Asthma Medication Ratio	21.49	56.85	71.93	49.80	-35.36	-50.44	N/A
BCS	Breast Cancer Screening	56.57	51.78	68.94	55.98	4.79	-12.37	N/A
CAP-1224	12-24 Months	89.62	93.64	97.71	89.69	-4.02	-8.09	-0.07
CAP-256	25 Months – 6 Years	80.28	84.39	92.88	81.44	-4.11	-12.60	-1.16
CAP-711	7-11 Years	79.9	87.73	96.18	80.88	-7.83	-16.28	-0.98
CAP-1219	12-19 Years	78.35	85.81	94.75	78.84	-7.46	-16.40	-0.49
DSF	Depression Screening and Follow-Up for Adolescents and Adults	0.00	N/A	N/A	0.00	N/A	N/A	N/A
LBP**	Use of Imaging for Low Back Pain	73.33	67.19	79.88	71.59	6.14	-6.55	1.74
MPM-ACE	ACE inhibitors or ARBs	89.71	85.97	92.87	90.19	3.74	-3.16	-0.48
MPM-Diu	Diuretics	90.50	86.06	92.90	89.79	4.44	-2.40	0.71

\*\* Rate for these measures derived by an inverse calculation. The number of required numerators must decrease by the number shown.

Note: For measures shaded in gray, DHCS is not holding MCPs accountable to meet the MPLs for HEDIS Report Year 2019 (Measurement Year 2018).

**KERN HEALTH SYSTEMS**  
**Quality Improvement Program Description**  
**2020**



**I. Mission:** In a commitment to the community of Kern County and the members of Kern Health Systems (KHS), the Quality Improvement (QI) Program is designed to objectively monitor, systematically evaluate and effectively improve the health and care of those being served. KHS' Quality Improvement Department manages the Program and oversees activities undertaken by KHS to achieve improved health of the covered population. All contracting providers of KHS will participate in the Quality Improvement (QI) program.

**II. Purpose:** Kern Health Systems (KHS), d.b.a. Kern Family Health Care (KFHC), is the Local Initiative managing the medical and mild to moderate behavioral health care for Medi-Cal enrollees in Kern County. Specialty mental health care and substance use disorder benefits are carved out from KHS' Medi-Cal plan and covered by Kern County Behavioral Health and Recovery Services pursuant to a contract between the County and the State. The Kern County Board of Supervisors established KHS in 1993. The Board of Supervisors appoints a Board of Directors, who serve as the governing body for KHS.

KHS recognizes that a strong QI Program must be the foundation for a successful Managed Care Organization (MCO). In the basic program design and structure, KHS QI systems and processes have been developed and implemented to improve, monitor and evaluate the quality and safety of care and service provided by contracting providers for all aspects of health care delivery consistent with standards and laws.

The KHS Quality Improvement Program Description is a written description of the overall scope and responsibilities of the QI Program. The QI Program actively monitors, evaluates, and takes effective action to address any needed improvements in the quality, appropriateness, safety and outcomes of covered health care services delivered by all contracting providers rendering services to members through the development and maintenance of an interactive health care system that includes the following elements:

1. Development and implementation of a structure for measurement, assessment and evaluation, and problem resolution of health and vision needs of members.
2. A process and structure for quality improvement with contracting providers.
3. Oversight and direction of processes affecting the quality of covered health care services delivered to members, either directly or indirectly.
4. Assurance that members have access to covered health care in accordance with federal and state regulations, and our contractual obligations with the California Department of Health Care Services (DHCS).
5. Monitoring and improvement of the quality and safety of clinical care for covered services for members.

**III. Goals and Objectives:** KHS has developed and implemented a plan of activities to encompass a progressive health care delivery system working in cooperation with contracting providers, members, community partners and regulatory agencies. An evaluation of program objectives and progress is performed by the QI Department on an annual basis with modifications as directed by the KHS Board of Directors. Results of the evaluation are considered in the subsequent year's program description. Specific objectives of the QI Program include:

1. Improving the health status of members by identifying potential areas for improvement in the health care delivery system.
2. Developing, distributing and promoting guidelines for care including preventive health care and disease management through education of members and contracting providers.
3. Developing and promoting health care practice guidelines through maintenance of standards of practice, credentialing, and recredentialing. This applies to services rendered by medical, behavioral health and pharmacy providers.
4. Establishing and promoting open communication between KHS and contracting providers in matters of quality improvement and maintaining communication avenues between KHS, members, and contracting providers in an effort to seek solutions to problems that will lead to improved health care delivery systems.
5. Providing monitoring and oversight of delegated activities.
6. Performing tracking and trending on a wide variety of information, including
  - Over and under utilization data,
  - Grievances,
  - Accessibility of health care services,
  - Pharmacy services,
  - Primary Care Provider facility site and medical record reviews to identify patterns that may indicate the need for quality improvement and that ensure compliance with State and Federal requirements.
7. Promoting awareness and commitment in the health care community toward quality improvement in health care, safety and service. Continuously identifying opportunities for improvement in care processes, organizations or structures that can improve safety and delivery of health care to members. Providing appropriate evaluation of professional services and medical decision making and to identify opportunities for professional performance improvement.
8. Reviewing concerns regarding quality of care issues for members that are identified from grievances, the Public Policy/Community Advisory Committee (PP/CAC), or any other internal, provider, or other community resource.
9. Identifying and meeting external federal and state regulatory requirements for licensure.
10. Continuously monitoring internal processes in an effort to improve and enhance services to members and contracting providers.
11. Performing an annual assessment and evaluation (updating as necessary) of the effectiveness of the QI Program and its activities to determine how well resources have been deployed in the previous year to improve the quality and safety of clinical care and the quality of service provided to members. These results are presented to the QI/UM Committee and Board of Directors.

**IV. Scope:** The KHS QI Program applies to all programs, services, facilities, and individuals that have direct or indirect influence over the delivery of health care to KHS members. This may range from choice of contracting provider to the provision and institutionalization of the commitment to environments that improve clinical quality of care (including behavioral health), promotion of safe clinical practices and enhancement of services to members throughout the organization. The scope of the QI Program includes the following elements:

1. The QI Program is designed to monitor, oversee and implement improvements that influence the delivery, outcome and safety of the health care of members, whether direct or indirect. KHS will not unlawfully discriminate against members based on race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status or disability. KHS will arrange covered services in a culturally and linguistically appropriate manner. The QI Program reflects the population served and applies equally to covered medical and behavioral health services. The majority of members remain children comprising approximately 50% of KHS' membership. Approximately 40% of the membership falls into the adult age group up to age 55 years and approximately 10% fall into the age of 55 years or older. There has been no significant change in these breakdowns compared to 2019. There has also been no change in gender distribution between this year and last with 55% female members and 45% male members. The main ethnicity of our members is reported as Hispanic at 63%.
2. The QI Program monitors the quality and safety of covered health care administered to members through contracting providers. This includes all contracting physicians, hospitals, vision care providers, behavioral health care practitioners, pharmacists and other applicable personnel providing health care to members in inpatient, ambulatory, and home care settings.
3. The QI Program assessment activities encompass all diagnostic and therapeutic activities, and outcomes affecting members, including primary care and specialty practitioners, vision providers, behavioral health care providers, pharmaceutical services, preventive services, prenatal care, and family planning services in all applicable care settings, including emergency, inpatient, outpatient and home health.
4. The QI Program evaluates quality of service, including the availability of practitioners, accessibility of services, coordination and continuity of care. Member input is obtained through member participation on the Public Policy/Community Advisory Committee (PP/CAC), grievances, and member satisfaction surveys.
5. The QI Program activities are integrated internally across appropriate KHS departments. This occurs through multi-departmental representation on the QI/UM Committee.
6. Mental health care is covered jointly by KHS and Kern County Department of Health. It is arranged and covered, in part, by Kern County Behavioral Health and Recovery Services (BHRS) pursuant to a contract between the County and the State.

Application of the Quality Improvement Program occurs with all procedures, care, services, facilities and individuals with direct or indirect influence over the delivery of health care to members.

Quality Improvement Integration: the QI Program includes quality improvement, utilization management, risk management, credentialing, member's rights and responsibilities, preventive health and health education.

- V. **Authority:** Lines of authority originate with the Board of Directors and extend to contracting providers..
1. **The KHS Board of Directors:** The Board of Directors serves as the governing body for KHS. The Board of Directors assigns the responsibility to lead, direct and monitor the activities of the QI a program to the QI/UM Committee. The QI/UM Committee is responsible for the ongoing development, implementation and evaluation of the QI program. All the activities described in this document are conducted under the auspices of the QI/UM Committee. The KHS Board of Directors are directly involved with the QI process in the following ways:
    - a. Approve and support the QI Program direction, evaluate effectiveness and resource allocation. Support takes the form of establishing policies needed to implement the program.
    - b. Receive and review periodic summary reports on quality of care and service, and make decisions regarding corrective action when appropriate for their level of intervention.
    - c. Receive, review, and make final decisions on issues involving provider credentialing and recredentialing recommendations from the Physician Advisory Committee (PAC).
    - d. Receive input from the PP/CAC.
    - e. Receive reports representing actions taken and improvements made by the QI/UM Committee, at a minimum on a quarterly basis.
    - f. Evaluate and approve the annual QI Program Description.
    - g. Evaluate and approve the annual QI Program Work Plan, providing feedback as appropriate.
    - h. Evaluate and approve the annual QI Program Evaluation.
    - i. Monitor the following activities delegated to the KHS Chief Medical Officer (CMO):
      - 1) Oversight of the QI Program
      - 2) Chairperson of the QI/UM Committee
      - 3) Chairperson of associated subcommittees
      - 4) Supervision of Health Services staff
      - 5) Oversight and coordination of continuity of care activities for members
      - 6) Proactive incorporation of quality outcomes into operational policies and procedures
      - 7) Oversight of all committee reporting activities so as to link information

The Board of Directors delegates responsibility for monitoring the quality of health care delivered to members to the CMO and the QI/UM Committee with

administrative processes and direction for the overall QI Program initiated through the CMO.

2. **Chief Medical Officer:** The CMO reports to the Chief Executive Officer (CEO) and the KHS Board of Directors and, as Chairperson of the QI/UM Committee and Subcommittees, provides direction for internal and external QI Program functions, and supervision of KHS staff including:
  - a. Application of the QI Program by KHS staff and contracting providers
  - b. Participation in provider quality activities, as necessary
  - c. Monitoring and oversight of provider QI programs, activities and processes
  - d. Oversight of KHS delegated credentialing and recredentialing activities
  - e. Retrospective review of KHS credentialed providers for potential or suspected deficiencies related to quality of care
  - f. Final authority and oversight of KHS non-delegated credentialing and recredentialing activities
  - g. Monitoring and oversight of any delegated UM activities
  - h. Supervision of Health Services staff involved in the QI Program, including: of the Senior Director of Health Services, Director of Quality Improvement, Director of Health Education and Cultural & Linguistics Services, Case Management Director, UM Director, Pharmacy Director, and other related staff
  - i. Supervision of all Quality Improvement Activities performed by the QI Department
  - j. Monitoring that covered medical and behavioral health care provided meets industry and community standards for acceptable medical care
  - k. Actively participating in the functioning of the plan grievance procedures
  - l. Resolving grievances related to medical quality of care

KHS may have designee performing the functions of the CMO when the CMO position is not filled.

4. **QI/UM Committee (QI/UMC):** The QI/UMC reports to the Board of Directors and retains oversight of the QI Program with direction from the CMO. The QI/UM Committee develops and enforces the quality improvement process with respect to contracting providers, subcommittees and internal KHS functional areas with oversight by the CMO. This committee also performs oversight of UM activities conducted by KHS to maintain quality health care and effective and appropriate control of medical costs through monitoring of medical practice patterns and utilization of services.
5. **Subcommittees:** The following subcommittees, chaired by the CMO, or designee, report to the QI/UMC:
  - a. **Physician Advisory Committee (PAC):** This committee is composed of contracting PCPs and Specialists and is charged with addressing provider issues.

Performs peer review, addresses quality of care issues and recommends provider discipline and Corrective Action Plans.

Performs credentialing functions for providers who either directly contract with KHS or for those submitted for approval of participation with KHS, including monitoring processes, development of pharmacologic guidelines and other related functions.

Develops clinical practice guidelines for acute, chronic, behavioral health or preventive clinical activities with recommendations for dissemination, promotion and subsequent monitoring. Performs review of new technologies and new applications of existing technologies for consideration as KHS benefits.

6. **Other Committees:** The following committees, although independent from the QI/UM Committee, submit regular reports to the QI/UMC:
    - a. **Pharmacy and Therapeutics (P&T) Committee:** performs ongoing review and modification of the KHS formulary and related processes, oversight of contracting pharmacies, including monitoring processes, development of pharmacologic guidelines and other related functions.
    - b. **Public Policy/Community Advisory Committee (PP/CAC):** The PP/CAC reviews and comments on operational issues that could impact member quality of care, including access, cultural and linguistic services and Member Services.
- VI. Committee and Subcommittee Responsibilities:** Described below are the basic responsibilities of each Committee and Subcommittee. Further details can be found in individual committee policies.
1. **QI/UM Committee (QI/UMC):**
    - a. **Role** – The QI/UM Committee directs the continuous monitoring of all aspects of covered health care (including Utilization Management) administered to members, with oversight by the CMO or their designee. Committee findings and recommendations for policy decisions are reported through the CMO to the Board of Directors on a quarterly basis or more often if indicated.
      - i. **Objectives** – The QI/UM Committee provides review, oversight and evaluation of delegated and non-delegated QI activities, including accessibility of health care services and care rendered, continuity and coordination of care, utilization management, credentialing and recredentialing, facility and medical record compliance with established standards, member satisfaction, quality and safety of services provided, safety of clinical care and adequacy of treatment. Grievance information, peer review and utilization data are used to identify and track problems, and implement corrective actions. The QI/UM Committee monitors member/provider interaction at all levels, throughout the entire range of care, from the member’s initial enrollment to final outcome.

Objectives include review, evaluation and monitoring of UM activities, including: quality and timeliness of UM decisions, referrals, pre-authorizations, concurrent and retrospective review; approvals, modifications, and denials, evaluating potential under and over utilization, and the provision of emergency services.

- ii. **Program Descriptions**– the QI/UM Committee is responsible for the annual review, update and approval of the QI and UM Program Descriptions, including policies, procedures and activities. The Committee provides direction for development of the annual Work Plans and makes recommendations for improvements to the Board of Directors, as needed.
  - iii. **Studies** – The review and approval of proposed studies is the responsibility of the QI/UM Committee, with subsequent review of audit results, corrective action and reassessment. A yearly comprehensive plan of studies to be performed is developed by the CMO, Senior Director of Health Services, Director of Quality Improvement, Director of Health Education and Cultural & Linguistics Services, Case Management Director (includes Disease Management) and the QI/UM Committee, including studies that address the health care and demographics of members.
- b. **Function** - The following elements define the functions of the QI/UM Committee in monitoring and oversight for quality of care administered to members:
- i. Identify methods to increase the quality of health care and service for members
  - ii. Design and accomplish QI Program objectives, goals and strategies
  - iii. Recommend policy direction
  - iv. Review and evaluate results of QI activities at least annually and revise as necessary
  - v. Institute needed actions and ensure follow-up
  - vi. Develop and assign responsibility for achieving goals
  - vii. Monitor quality improvement
  - viii. Monitor clinical safety
  - ix. Prioritize quality problems
  - x. Oversee the identification of trends and patterns of care
  - xi. Monitor grievances and appeals for quality issues
  - xii. Develop and monitor Corrective Action Plan (CAP) performance
  - xiii. Report progress in attaining goals to the Board of Directors
  - xiv. Assess the direction of health education resources
  - xv. Ensure incorporation of findings based on member and provider input/issues into KHS policies and procedures
  - xvi. Provide oversight for the KHS UM Program
  - xvii. Provide oversight for KHS credentialing
  - xviii. Provide oversight of the Health Education Department
  - xix. Assist in the development of clinical practice and preventive care health guidelines

The following elements define the functions of the QI/UM Committee in monitoring and oversight of utilization management related to QI:

- i. Develop special studies based on data obtained from UM reports to review areas of concern and to identify utilization and/or quality problems that affect outcomes of care.
  - ii. Review over and under utilization practices retrospectively utilizing any or all of the following data: bed-day utilization, physician referral patterns, member and provider satisfaction surveys, readmission reports, length of stay and referral and treatment authorizations. Action plans are developed including standards, timelines, interventions and evaluations.
  - iii. Evaluate results of member and provider satisfaction surveys that relate to satisfaction with the UM process and report results to the QI/UM Committee. Identified sources of dissatisfaction require CAPs and are monitored through the QI/UMC.
  - iv. Identify potential quality issues and report them to the QI Department for investigation
  - v. Annually review and approve the KHS Health Education program, new and/or revisions to existing policies, and criteria to be utilized in the provision of Health Education services for members.
  - vi. Identify potential quality issues with subsequent reporting to the QI/UMC.
- c. **Structure** – the QI/UMC provides oversight for the QI and UM Programs and is composed of:
- i. 1 KHS Chief Medical Officer or designee (Chairperson)
  - ii. 2 Participating Primary Care Physicians
  - iii. 2 Participating Specialty Physicians
  - iv. 1 Federally Qualified Health Center (FQHC) Provider
  - v. 1 Pharmacy Provider
  - vi. 1 Kern County Public Health Officer or Representative
  - vii.
  - viii. 1 Chief Health Services Officer
  - ix. 1 Home Health/Hospice Provider
  - x. 1 DME Provider
  - xi. 1 Director of Quality Improvement,
  - xii. 1 Director of Health Education and Cultural & Linguistics Services
  - xiii. Staff (Committee staff support)

The QI/UM Committee is responsible for periodic assessment and review of subcommittee activities and recommendations for changes, with subsequent reporting to the Board of Directors at least quarterly.

- d. **Meetings** - The QI/UM Committee meets at least quarterly but as frequently as necessary to demonstrate follow-up on all findings and required actions. Issues needing immediate assistance that arise prior to



the next scheduled meeting are reviewed by the CMO and reported back to the QI/UM Committee, when applicable.

**2. Physician Advisory Committee (PAC):**

- a. **Role** – The PAC serves as advisor to the Board of Directors on health care issues, peer review, provider discipline and credentialing/recredentialing decisions. This committee is responsible for reviewing provider grievances and/or appeals, provider quality issues, and other peer review matters as directed by the KHS Chief Medical Officer or designee.

The QI/UM Committee has delegated credentialing and recredentialing functions for KHS to the PAC. The PAC is responsible for reviewing individual providers for denial or approval of participation with KHS.

The PAC is charged with the assessment of standards of health care as applied to members and providers; assist with development of indicators for studies; and regularly review guidelines that are promulgated to contracting providers and members. This committee consists of a variety of practitioners in order to represent the appropriate level of knowledge to adequately assess and adopt healthcare standards. The committee obtains an external independent review and opinion when necessary to assist with a decision regarding preventive care guidelines, disease management or coverage of a new technology as a covered benefit for members.

The PAC reviews and comments upon pertinent KHS standards and guidelines with updates, as needed. The PAC evaluates improvements in practice patterns of contracting providers and the development of local care standards. Development of educational programs includes input from the PAC. The PAC reviews and comments on other issues as requested by the Board of Directors.

- b. **Function** – The functions of the PAC are as follows:
- i. Serve as the committee for clinical quality review of contracting providers.
  - ii. Evaluate, assess and make decisions regarding contracting provider issues, grievances and clinical quality of care issues referred by the KHS CMO or designee and develop and recommend actions plans as required.
  - iii. Review provider qualifications, including adverse findings and recommend to the Board of Directors approval or denial of participation with KHS on initial credentialing and every three years in conjunction with recredentialing. Report Board action regarding credentialing/recredentialing to the QI/UM Committee at least quarterly.
  - iv. Review contracting providers referred by the KHS CMO or designee due to grievance and/or complaint trend review, other

- v. quality indicators or other information related to contracting provider quality of care or qualifications.
- vi. Review, analyze and recommend any changes to the KHS Credentialing and Recredentialing program policies and procedures on an annual basis or as deemed necessary.
- vii. Monitor any delegated credentialing/recredentialing process, facility review and outcomes for all providers.
- viii. Develop, review and distribute preventive care guidelines for members, including infants, children, adults, elderly and perinatal patients.
- ix. Base preventive care and disease management guidelines on scientific evidence or appropriately established authority.
- x. Develop, review and distribute disease management and behavioral health guidelines for selected diagnosis and treatments administered to members.
- xi. Periodically review and update preventive care and clinical practice guidelines as presented by the CMO.
- xii. Review and assess new medical technologies and new applications of existing technologies for potential addition as covered benefits for members.
- xiii. Assess standards of health care as applied to members and providers, assist with development of indicators for studies and review guidelines that are promulgated to contracting providers.
- xiiii. Assess industry and technology trends with updates to KHS standards as indicated.

c. **Structure** – the PAC is structured to provide oversight of quality of care concerns, delegated credentialing activities and the overall credentialing program to monitor compliance with KHS requirements. Contracting providers with medically related grievances that cannot be resolved at the administrative level may address problems to the PAC.

Recommendations and activities of the PAC are reported to the QI/UM Committee and Board of Directors on a regular basis. The committee is composed of:

- i. KHS Chief Medical Officer (Chairperson)
- ii. 1 Family Practice Providers
- iii. 1 Pediatrician
- iv. 1 Obstetrician/Gynecologist
- v. 1 Eye Specialist
- vi. 1 Pain Medicine Provider
- vii. 1 Clinical Psychologist
- viii. 1 Internal Medicine Provider

The PAC consists of a variety of practitioners to represent a broad level of knowledge to adequately assess and adopt healthcare standards.

d. **Meetings** – The PAC meets at least quarterly or more frequently if necessary.

**3. Pharmacy and Therapeutics Committee (P&T):**

- a. **Role** – the P&T Committee monitors the KHS Formulary, oversees medication prescribing practices by contracting providers, assesses usage patterns by members and assists with study design and clinical guidelines development.
- b. **Function** – the functions of the P&T Committee are as follows:
  - i. Objectively appraise, evaluate and select pharmaceutical products for formulary addition or deletion. This is an ongoing process to ensure the optimal use of therapeutic agents. Products are evaluated based on efficacy, safety, ease of use and cost;
  - ii. Evaluate the clinical use of medications and develop policies for managing drug use and administration;
  - iii. Monitor for quality issues regarding appropriate drug use for KHS and members. This includes Drug Utilization Review (DUR) and Drug Use Evaluation (DUE) programs;
  - iv. Provide recommendations regarding protocols and procedures for the use of non-formulary medications;
  - v. Provide recommendations regarding educational materials and programs about drug products and their use to contracting providers;
  - vi. Recommend disease state management or treatment guidelines for specific diseases or medical or behavioral health conditions. These guidelines are a recommended series of actions, including drug therapies, concerning specific clinical conditions;
  - vii. Monitor and assess contracting pharmacy activities as needed through review of audits and pharmacy profiling.
- c. **Structure** – The QI/UM Committee has delegated the responsibility of oversight of pharmaceutical activities related to members to the P&T Committee. The committee reports all activities to the QI/UM Committee quarterly or more frequently depending on the severity of the issue. The committee is composed of:
  - i. 1 KHS Chief Medical Officer (Chairperson)
  - ii. 1 KHS Director of Pharmacy (Alternate Chairperson)
  - iii. 1 KHS Board Member/Rx Representative
  - iv. 1 Retail/Independent Pharmacist
  - v. 1 Retail/Chain Pharmacist
  - vi. 1 Specialty Practice Pharmacist
  - vii. 1 General Practice Provider
  - viii. 1 Pediatrician
  - ix. 1 Internal Medicine Provider
  - x. 1 Obstetrician/Gynecologist
- d. **Meetings** – The P&T Committee meets quarterly with additional meetings as necessary.

**4. Public Policy/Community Advisory Committee (PP/CAC):**

- a. **Role** – the PP/CAC provides a mechanism for structured input from members regarding how KHS operations impact the delivery of their care. The role of the PP/CAC is to implement and maintain community linkages.
- b. **Function** – the functions of the PP/CAC are as follows:
  - i. Culturally appropriate service or program design.
  - ii. Priorities for health education and outreach program
  - iii. Member satisfaction survey results
  - iv. Findings of health education and cultural and linguistic Group Needs Assessment.
  - v. Plan marketing materials and campaigns.
  - vi. Communication of needs for provider network development and assessment.
  - vii. Community resources and information.
  - viii. Periodically review the KHS grievance processes;
  - ix. Review changes in policy or procedure that affects public policy;
  - x. Advise on educational and operational issues affecting members who speak a primary language other than English;
  - xi. Advise on cultural and linguistic issues.
- c. **Structure** – The PP/CAC is delegated by the Board of Directors to provide input in the development of public policy activities for KHS. The committee makes recommendations and reports findings to the Board of Directors. Appointed members include:
  - i. 1 Ex-officio Non-Voting Member: KHS Director of Marketing and Member Services (Chairperson)
  - ii. 5 subscribers/members
  - iii. 2 Community Representatives
  - iv. 2 Participating Health Care Practitioners
  - v. 1 Kern County Public Health Officer or Representative
  - vi. 1 Director, Kern County Department of Human Services or Representative
- d. **Meetings** - The PP/CAC meets at least quarterly with additional meetings as necessary.

**5. Grievance Review Team (GRT)**

- a. **Role** – The GRT provides input towards satisfactory resolution of member grievances and determines any necessary follow-up with Provider Network Management, Quality Improvement, Pharmacy and/or Utilization Management.
- b. **Function** - functions of the GRT are as follows:
  - i. Ensure that KHS policies and procedures are applied in a fair and equitable manner.

- ii. Hear grievances in a timely manner and recommend action to resolve the grievance as appropriate within the required time-frame.
- iii. Review and evaluate KHS practices and procedures that consistently produce dissatisfaction, and recommend, when appropriate, modification to such practices and procedures.

**c. Structure** – Appointed members include:

- i. 1 KHS Chief Medical Officer (Chairperson) or designee
- ii. 1 KHS Director of Marketing and Member Services
- iii. 1 KHS Director of Provider Network Management
- iv. 1 KHS Chief Operations Officer
- v. 1 KHS Grievance Coordinator (Staff)
- vi. 1 KHS Director of Compliance and Regulatory Affairs
- vii. 1 KHS Director of Quality Improvement or designee
- viii. 1 KHS Chief of Health Services Officer or designee
- ix. 1 KHS Pharmacy Director

**d. Meetings** - The GRT meets on a weekly basis.

**VII. Personnel:** Reporting relationships, qualifications and position responsibilities are defined as follows:

1. **Chief Executive Officer (CEO)** – appointed by the Board of Directors, the CEO has the overall responsibility for KHS management and viability. Responsibilities include: KHS direction, organization and operation; developing strategies for each department including the QI Program; Human Resources direction and position appointments; fiscal efficiency; public relations; governmental and community liaison, and contract approval. The CEO directly supervises the Chief Financial Officer (CFO), Chief Medical Officer, Compliance Department, and the Director of Marketing and Member Services. The PAC reports to the CEO and contributes information regarding provider issues. The CEO interacts with the Chief Medical Officer regarding ongoing QI Program activities, progress towards goals, and identified health care problems or quality issues requiring corrective action.
2. **Chief Medical Officer (CMO)** – The KHS Chief Medical Officer must have a valid license to practice medicine in the State of California, the ability to effectively function as a member of a team, and excellent written and verbal communication skills. The CMO is responsible to the Board of Directors to provide medical direction for KHS, including professional input and oversight of all medical activities of the QI Program.

The CMO reports to the CEO and communicates directly with the Board of Directors as necessary. The CMO supervises the following Medical Services departments and related staff: Quality Improvement, Utilization Management, Pharmacy, Health Education and Disease Management. The CMO also supervises all QI activities performed by the Quality Improvement Department. The CMO devotes the majority of his time to quality improvement activities. The duties of the position include: providing direction for all medical aspects of KHS, preparation, implementation and oversight of the QI Program, medical

services management, resolution of medical disputes and grievances; and medical oversight on provider selection, provider coordination, and peer review. Principal accountabilities include: developing and implementing medical policy for utilization and QI functions, reviewing current medical practices so that that medical protocols and medical personnel of KHS follow rules of conduct, assigned members are provided healthcare services and medical attention at all locations, and medical care rendered by providers meets applicable professional standards for acceptable medical care and quality. These standards should equal or exceed the standards for medical practice developed by KHS and approved by the California Department of Health Care Services (DHCS) or the California Department of Managed Health Care (DMHC).

The CMO is responsible for providing direction to the QI/UM Committee and associated committees including PAC and P&T Committee. As Chairperson of the QI/UM Committee and associated committees, the CMO provides assistance with study development and coordination of the QI Program in all areas to provide continued delivery of quality health care for members. The CMO assists the Director of Provider Network Management with provider network development and works with the CFO to ensure that financial considerations do not influence the quality of health care administered to members.

The CMO is also responsible for oversight of the development and ongoing revision of the Provider Policy and Procedure Manual related to health care services. The CMO executes, maintains, and updates a yearly QI Program for KHS and an annual summary of the QI Program activities to be presented to the Board of Directors. Resolution of medical disputes and grievances is also the responsibility of the CMO. The CMO and staff work with the appropriate departments to develop culturally and linguistically appropriate member and provider materials that identify benefits, services, and quality expectations of KHS. The CMO provides continuous assessment of monitoring activities, direction for member, provider education, and coordination of information across all levels of the QI Program and among KHS functional areas and staff.

3. **Director of Quality Improvement-** The Director must possess a valid Registered Nurse (RN) license issued by the State of California and completion of a Master's Degree in Nursing (MSN) or healthcare field from an accredited college or university. A minimum of five years of experience in an health maintenance organization (HMO) and a minimum of 3 years staff and program management experience. The Director of Quality Improvement has knowledge of managed care systems in a Knox-Keene licensed health plan, applicable standards and laws pertaining to quality improvement programs for the DHCS, NCQA and HEDIS data collection and analysis, study design methods, and appropriate quality tools and applications. The Director of Quality Improvement dedicates 100% of his/her time to the Quality Improvement Department and reports to the Chief of Health Services Officer. The Director of Quality Improvement assists the CMO in developing, coordinating and maintaining the QI Program and its related activities to oversee the quality process and monitor for health care improvement. Activities include the ongoing assessment of contracting provider compliance with KHS requirements and standards, including: medical record assessments, accessibility and availability studies, monitoring provider trends and report submissions, and oversight of facility

inspections. The Director of Quality Improvement monitors the review and resolution of medically related grievances with the CMO, and evaluates the effectiveness of QI systems.

The Director of Quality Improvement is responsible for the oversight and direction of the KHS Quality Improvement staff.

4. **Quality Improvement Manager** – The Quality Improvement Manager possesses a Master’s Degree in health or business administration or Associates Degree or higher in Nursing **and** five (5) years of experience in the direct patient care setting or operations management, or teaching adult learners, **and** one (1) year of experience in health care Quality Improvement, Utilization Management, or Process Improvement, **and** two (2) years of management experience. The Manager has a working knowledge of HEDIS measures and the HEDIS audit process or the ability to readily learn and apply this information. They also possess working knowledge of State and Federal regulatory requirements, particularly related to QI activities.

5. **Quality Improvement Operations Supervisor** – The Quality Improvement Operations Supervisor possesses a Master’s Degree in health or business administration, an Associates Degree in Nursing or a Bachelor’s Degree in Nursing. The position requires five (5) years of experience in the direct patient care setting or operations management, or teaching adult learners, **and** one (1) year of experience in health care Quality Improvement, Utilization Management, or Process Improvement, **and** two (2) years of management experience. Working knowledge of HEDIS measures and the HEDIS audit process or ability to readily learn and apply this information is required along with a working knowledge of State and Federal regulatory requirements, particularly related to QI activities, or ability to readily learn and apply this information.

The QI Operations Supervisor conducts oversight and management of state and regulatory and contractual compliance for the QI program. They also coordinate quality improvement initiatives for Performance Improvement Projects (PIPs), Improvement Plans (IPs), Facility Site Reviews (FSRs), delegation audits, and other external quality reviews. The supervisor provides oversight for day-to-day operations of the QI team. This position also supports the QI Director and QI Manager in the QI Department’s processes related to data collection for evaluation of department’s work and for identification of staff training needs and development of training programs. He/She leads training and orientation of new staff in QI processes and procedures, and other relevant information.

a. **QI Program Staffing** – the Director oversees a QI Program staff consisting of the following:

i. QI Registered Nurses – The QI nurses possess a valid California Registered Nursing license and three years registered nurse experience in an acute health care setting preferably in emergency, critical and/or general medical-surgical care. The QI nurses assist in the implementation of the QI Program and Work Plan through the quality monitoring process. Staffing will consist of an adequate number of QI nurses with the required

qualifications to complete the full spectrum of responsibilities for the QI Program development and implementation. Additionally, the QI nurses teach contracting providers DHCS MMCD standards and KHS policies and procedures to assist them in maintaining compliance.

- ii. QI Coordinator – The QI Coordinator is a graduate from a licensed Medical Assistant training institution with 4 years’ experience in a provider office setting. The QI Coordinator manages the HEDIS process including but not limited to producing and validating the chase list, producing fax lists, collecting data and reporting essential elements of the HEDIS process.
- iii. QI Assistant - The QI Assistant is a graduate from a licensed Medical Assistant training institution with 2 years’ experience in a provider office setting. The QI Assistant assists in validating the chase list, produces fax lists, performs follow-up calls to verify receipt, collects data and reports essential elements of the HEDIS process.
- iv. QI Senior Support Clerk – The QI Senior Support Clerk has a high school diploma or equivalent; two years’ experience in the field of medical care, a typing skill of 45 net wpm, and at least one year data entry experience. Assists in the promotion of QI activities related to monitoring, assessing and improving performance in health care delivery of covered services to members.
- v. QI Operations Analyst: The QI Operations Analyst has a bachelor’s degree in Business, Business Management, Mathematics, from an accredited school or equivalent; or related field with an academic demonstration of analytical skills required; **AND** two (2) years’ working experience with a Managed Care Organization (MCO) or similar type organization OR six (6) years of experience with a Managed Care Organization (MCO) or similar type organization in a business role with a minimum of two (2) years acting primarily in a business analytical capacity; **OR**, equivalent combination of education and business analytical experience on a year for year exchange of experience for education. This position is responsible for providing information with data query and self-service reporting tools. The Operational Analyst plays a central role in addressing various needs of the assigned operational business unit, leveraging data analytics, and facilitates operational discussions internally and externally to the department.

**VIII. Program Information** – KHS utilizes information provided through the Information Technology (IT), Operations and Provider Network Management departments. Information includes but is not limited to claims and UM data, encounter and enrollment



data, and grievance and appeal information. The KHS QI Department identifies data sources, develops studies and provides statistical analysis of results.

**IX. Work Plan** – The annual QI Work Plan is designed to target specific QI activities, projects and tasks to be completed during the coming year and monitoring and investigation of previously identified issues. A focal activity for the Work Plan is the annual evaluation of the QI Program, including accomplishments and impact on members. Evaluation and planning the QI Program is done in conjunction with other departments and organizational leadership. High volume, high risk or problem prone processes are prioritized.

1. The Work Plan is developed by the Quality Improvement Manager on an annual basis and is presented to the PAC, QI/UMC and Board of Directors for review and approval. Timelines and responsible parties are designated in the Work Plan.
2. The Work Plan includes the objectives and scope of planned projects or activities that address the quality and safety of clinical care and the quality of service provided to members.
3. After review and approval of quality study results including action plans initiated by the QI/UMC, KHS disseminates the study results to applicable providers. This can occur by specific mailings or KHS' Provider bulletins to contracting providers.
4. The activities in the QI Work Plan are annually evaluated for effectiveness.
5. QI Work Plan responsibilities are assigned to appropriate individuals.

**X. QI Activities** – Covered health care provided to members is evaluated through a variety of activities designed to identify areas for corrective action and assess improvement.

1. **Quality Studies** – Studies are conducted across the spectrum of health care as described below.
  - a. **Primary Care Physician (PCP) and Specialist Access Studies** – KHS performs physician access studies per KHS Policy 4.30, Accessibility Standards. Reporting of access compliance activities is the responsibility of the Provider Network Management Manager and is reported annually.
    - i. **PCP and Specialist Appointment Availability** – KHS members must be offered appointments within the following timeframes:

Type of Appointment	Time Standard
Urgent care appointment for services that do not require prior authorization <sup>1</sup>	Within 48 hours of a request
Urgent appointment for services that require prior authorization	Within 96 hours of a request
Non-urgent primary care appointment	Within 10 business days of a request
Non-urgent appointment with a specialist	Within 15 business days of a request
Non-urgent appointments with a physician mental health care provider	Must offer the appointment within 10 business days of request
Non-urgent appointments with a non-physician mental health care provider	Must offer the appointment within 10 business days of request
Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness, or other health condition	Within 15 business days of a request
Pediatric CHDP Physicals	Within 2 weeks upon request
First pre-natal OB/GYN visit	The lesser of 10 business days or within 2 weeks upon request

ii. **PCP After-Hours Access** – KHS contracts with an after-hours triage service to facilitate after-hours member access to care. The Senior Director Health Services reviews monthly reports for timeliness, triage response and availability of contracting providers. Results of the access studies are shared with contracting providers, QI/UM Committee, Board of Directors and DHCS.

2. **Managed Care Accountability Set (MCAS)** – KHS is contractually required to submit data and measurement outcomes for specific health care measures identified by DHCS. The measures are a combination of ones selected by DHCS from the library of Healthcare Effectiveness Data and Information Set (HEDIS) and the Core Measures set from the Centers for Medicare and Medicaid Services (CMS). An audit is performed by DHCS’s EQRO to validate that the data collection, data used and calculations meet the specifications assigned by DHCS.

DHCS has established minimum performance levels (MPL) for several of the MCAS measures. This benchmark is the 50<sup>th</sup> percentile based on outcomes published in the latest edition of NCQA’s Quality Compass report and the National HMO Average. Results submitted to DHCS for the designated MCAS measures are compared to the NCQA benchmarks to determine the MCP’s compliance. When a MCP does not meet the 50<sup>th</sup> percentile or better for a measure we are held accountable to, DHCS may impose financial penalties and require a corrective action plan (CAP). The following table identifies the MCAS measures KHS is held accountable to meet the 50<sup>th</sup> percentile or better for measurement year (MY) 2020. Results for the 2020 measures will be calculated and submitted in report year (RY) 2021,

#	MEASURE Total Number of Measures = 36 (14 Hybrid and 22 Administrative)	MEASURE ACRONYM	MEASURE TYPE METHODOLOGY	HELD TO MPL?
1	Adolescent Well-Care Visits	AWC	Hybrid	Yes
2	Adult Body Mass Index (BMI) Assessment	ABA	Hybrid	Yes
3	Antidepressant Medication Management: Acute Phase Treatment	AMM-Acute	Administrative	Yes
4	Antidepressant Medication Management: Continuation Phase Treatment	AMM-Cont.	Administrative	Yes
5	Asthma Medication Ratio(ii)	AMR	Administrative	Yes(iii)
6	Breast Cancer Screening	BCS	Administrative	Yes
7	Cervical Cancer Screening	CCS	Hybrid	Yes
8	Childhood Immunization Status: Combination 10	CIS-10	Hybrid	Yes
9	Chlamydia Screening in Women(ii)	CHL	Administrative	Yes(iii)
10	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	CDC-H9	Hybrid	Yes
11	Controlling High Blood Pressure	CBP	Hybrid	Yes
12	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	SSD	Administrative	Yes
13	Immunizations for Adolescents: Combination 2	IMA-2	Hybrid	Yes
14	Metabolic Monitoring for Children and Adolescents	APM	Administrative	Yes
15	Prenatal and Postpartum Care:	PPC-Pst	Hybrid	Yes

#	MEASURE Total Number of Measures = 36 (14 Hybrid and 22 Administrative)	MEASURE ACRONYM	MEASURE TYPE METHODOLOGY	HELD TO MPL?
	Postpartum Care			
16	Prenatal and Postpartum Care: Timeliness of Prenatal Care	PPC-Pre	Hybrid	Yes
17	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Assessment for Children/Adolescents	WCC-BMI	Hybrid	Yes
18	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Nutrition	WCC-N	Hybrid	Yes
19	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Physical Activity	WCC-PA	Hybrid	Yes
20	Well-Child Visits in the First 15 Months of Life: Six or More Well-Child Visits	W15	Hybrid	Yes
21	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	W34	Hybrid	Yes
22	Ambulatory Care: Emergency Department (ED) Visits	AMB-ED(i)	Administrative	No
23	Concurrent Use of Opioids and Benzodiazepines	COB	Administrative	No
24	Contraceptive Care—All Women: Long Acting Reversible Contraception (LARC)ii	CCW-LARC	Administrative	No
25	Contraceptive Care—All Women: Most or Moderately Effective Contraception ii	CCW-MMEC	Administrative	No

#	MEASURE Total Number of Measures = 36 (14 Hybrid and 22 Administrative)	MEASURE ACRONYM	MEASURE TYPE METHODOLOGY	HELD TO MPL?
26	Contraceptive Care— Postpartum Women: LARC—3 Days ii	CCP-LARC3	Administrative	No
27	Contraceptive Care— Postpartum Women: LARC— 60 Days ii	CCP- LARC60	Administrative	No
28	Contraceptive Care— Postpartum Women: Most or Moderately Effective Contraception—3 Days ii	CCP- MMEC3	Administrative	No
29	Contraceptive Care— Postpartum Women: Most or Moderately Effective Contraception—60 Days ii	CCP- MMEC60	Administrative	No
30	Developmental Screening in the First Three Years of Life	DEV	Administrative	No
31	Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medication: Continuation and Maintenance Phase	ADD-C&M	Administrative	No
32	Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medication: Initiation Phase	ADD-Init	Administrative	No
33	Human Immunodeficiency Virus (HIV) Viral Load Suppression	HVL	Administrative	No
34	Plan All-Cause Readmissions	PCR(i)	Administrative	No
35	Screening for Depression and Follow-Up Plan ii	CDF	Administrative	No
36	Use of Opioids at High Dosage in Persons Without Cancer	OHD	Administrative	No

i Stratified by Seniors and Persons with Disabilities (SPD).

- ii Measure is part of both the CMS Adult and Child Core Sets. Though MCPs will report the “Total” rate, data will be collected stratified by the child and adult age groups.
- iii MCPs held to the MPL on the total rate only.

KHS’s 2019 MCAS rate results can be found in Appendix A.

KHS is contractually required to meet or exceed the DHCS established Minimum Performance Level (MPL) for each required HEDIS measure. For any measure that does not meet the established MPL, or that is reported as a “No Report” (NR) due to an audit failure, an Improvement Plan (IP) is contractually required to be submitted within 60 days of being notified by DHCS of the measures for which IPs are required. There were two EAS measures not met for RY2019. Those measures were the Asthma Medication Ratio (AMR) and Well Child Visits for children ages 3 through 6 years old (W34). The required Improvement Project (IP) for these two measures were included in the two Performance Improvement Projects described below. DHCS accepted this approach.

- 3. **Performance Improvement Projects (PIPs)** – KHS is mandated to participate in two (2) PIPs. These PIPs span over an approximate 18 month time frame and are each broken out into four (4) modules. Each module is submitted to HSAG/DHCS for review, input and approval incrementally throughout the project. For 2019-2021, the following two (2) PIPs were approved by DHCS for KHS:

- The first PIP is targeted on a health disparity as outlined in DHCS’ Health Equity PIP Topic Proposal Form and is called, Disparities in Well Child Visits (W34), This PIP is focused on improving the health and well-being of children, ages 3 to 6 years, by aligning the Well Child Visit with industry standards of care and evidence based practices.
- The second PIP is focused on improving the health of members, ages 5-18 years with persistent asthma and who have a ratio of controller medication to total asthma medications of 0.5 or greater.

- 4. **Consumer Assessment of Healthcare Providers and Systems (CAHPS)** - In 2019, the CAHPS **Member Satisfaction Survey** was administered by a DHCS-contracted, third party vendor, HSAG. The CAHPS Health Plan Survey is a tool for collecting standardized information on members' experiences with health plans and their services. Survey results can be used to identify the strengths and weaknesses of a health plan and target areas for improvement. The survey was developed by the Agency for Health Research & Quality (AHRQ) in 1997 and has become the national standard for measuring and reporting on the experiences of consumers with their health plans. The Medicaid version of the questionnaire asks about experiences of members within the past 6 months.

CAHPS results were delivered in the 1<sup>st</sup> quarter of 2020 and offer an indication of how well health care organizations meet member expectations. Results will be reviewed this year to evaluate opportunities for focused improvement in the QI/UMC.

Each of the members sampled receive both English and Spanish versions of the survey. There are ten areas measured in both the Adult Member Satisfaction Survey:

- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Customer Service
- All Health Care Received Rating
- Personal Doctor/Nurse Rating
- Specialist Seen Most Often Rating
- Health Plan Rating
- Health Promotion & Education
- Coordination of Care

The Director of Member Services reports at least monthly to the CEO, Chief Medical Officer and Chief Operations Officer. At least quarterly, reports are furnished to the QI/UM Committee.

5. **Potential Inappropriate Care (PIC) Issues** - This is a possible adverse deviation from expected clinician performance, clinical care, or outcome of care. PICs are investigated to determine if an actual quality issue or opportunity for improvement exists.
6. **Member Services** - The Director of Member Services presents reports regarding customer service performance and grievances monthly to the CEO, Chief Medical Officer and Chief Operations Officer. At least quarterly, reports are presented to the QI/UM Committee along.
7. **Prioritization of Identified Issues** – Action is taken on all issues identified to have a direct or indirect impact on the health and clinical safety of members. These issues are reviewed by appropriate Health Services staff, including the Chief Medical Officer, and prioritized according to the severity of impact, in terms of severity and urgency, to the member.
8. **Corrective Actions** – Corrective Action Plans (CAP) are designed to eliminate deficiencies, implement appropriate actions, and enhance future outcomes when an issue is identified. CAPs are issued in accordance with *KHS Policy and Procedure 2.04-P Provider Disciplinary Action*. All access compliance activities are reported to the Director of Provider Network Management who prepares an activity report and presents all information to the CEO, Chief Medical Officer, Chief Operations Officer, Chief Network Administration Officer, and QI/UM Committee.
9. **Quality Indicators** – Ongoing review of indicators is performed to assess progress and determine potential problem areas. Clinical indicators are monitored and revised as necessary by the QI/UM Committee and PAC. Clinical practice guidelines are developed by the P&T Committee and PAC based on scientific evidence. Appropriate medical practitioners are involved in review and adoption of guidelines. The PAC re-evaluates guidelines every two years with updates as needed.

KHS targets significant chronic conditions and develops educational programs for members and practitioners. Members are informed about available programs

through individual letters, member newsletters and through KHS Member Services. Providers are informed of available programs through KHS provider bulletins and the KHS Provider Manual. Tracking reports and provider reports are reviewed and studies performed to assess performance. KHS assesses the quality of covered health care provided to members utilizing quality indicators developed for a series of required studies. Among these indicators are the MCAS measures developed by NCQA and CMS. M reports are produced annually and have been incorporated into QI assessments and evaluations.

8. **Clinical Practice and Preventive Health Guidelines** – Clinical Practice Guidelines are developed using current published literature, current practice standards and expert opinions. They are directed toward specific medical problems commonly found with members. The PAC reviews and approves all Clinical Practice Guidelines and/or Preventive Health Guidelines prior to presentation to QI/UM Committee. The QI/UM Committee is responsible for adopting and disseminating Clinical Practice Guidelines for acute, chronic and behavioral health care services. Guidelines are reviewed every two years and updated if necessary.
9. **Trended Adverse Event/Sentinel Events** Utilization Management is responsible for coordinating and conducting prospective, concurrent and retrospective utilization review for medical necessity, appropriateness of hospital admission, level of care/continuum of care, and continued in patient stay, as appropriate.

The QI Department reviews a sampling of hospital re-admissions that occurred within 30 days of the first hospital discharge each quarter to identify and follow-up on potential inappropriate care issues.

Any issue that warrants further investigation of potential inappropriate care is forwarded from the Utilization Management Department, Member Services Department, or any other KHS Department, to the QI Department for determination whether an inappropriate care issue exists and follow up corrective action based on the level of inappropriate care identified. These referrals may include member deaths, delay in service or treatment, or other opportunities for care improvement.

Grievances with a potential inappropriate care issue identified are forwarded to the QI department for further review and action. All cases are tracked and the data provided to the CMO or designee during the provider credentialing/re-credentialing process. Other actions may include request(s) for a CAP for issues or concerns identified during review.

- a. **Member Safety** – KHS continuously monitors patient safety for members and develops appropriate interventions as follows:
  - i. **Drug Utilization Review** – KHS performs drug utilization reviews to provide oversight of prescribed medications. DUR is a structured, ongoing program that evaluates, analyzes, and interprets drug usage against predetermined standards and undertakes actions to elicit improvements and measure the results. The objectives of DUR are to improve the quality of patient care by assuring safe and effective drug use while concurrently managing the total cost of care.



- ii. **Facility Audit and Medical Record Review** – Facility site audits and medical record reviews are performed before a provider is awarded participation privileges and every three years thereafter. As part of the facility review, KHS QI Nurses review for the following potential safety issues:
- Medication storage practices to ensure that oral and injectable medications, and “like labeled” medications, are stored separately to avoid confusion.
  - The physical environment is safe for all patients, personnel and visitors.
  - Medical equipment is properly maintained.
  - Professional personnel have current licenses and certifications.
  - Infection control procedures are properly followed.
  - Medical record review includes an assessment for patient safety issues and sentinel events.
  - Bloodborne pathogens and regulated wastes are handled according to established laws.

DHCS distributed a new All Plan Letter (APL) , APL 20-006, for Site and Medical Record Reviews that takes effect July 1, 2020. The QI Department will update policies and procedures, implement the new review tools, educate KHS staff and KHS’ provider network.

- iii. **Coordination of Care Studies** – KHS performs Coordination of Care Studies to reduce the number of acute inpatient stays that were followed by an acute readmission for any diagnosis within 30 days.
- iv. **Grievance Satisfaction Data** – KHS reviews Member grievances and satisfaction study results as methods for identifying patient safety issues.
- v. **Interventions** – KHS initiates interventions appropriate to identified issues. Such interventions are based on evaluation of processes and could include distribution of safety literature to members, education of contracting providers, streamlining of processes, development of guidelines, and/or promotion of safe practices for members and providers.
- b. **Fraud, Waste, and Abuse (FWA)** – The Quality Improvement Department provides support to KHS’ Fraud, Waste, and Abuse program in the following ways:
- i. **PIC Referrals** – In the course of screening and investigating PIC referrals, the QI Department consistently evaluates for any possible FWA concerns. All FWA concerns are referred to KHS’ Compliance Department for further evaluation and follow up.

- ii. **FWA Investigations** – The QI Department clinical staff may provide clinical review support to the Compliance Department for FWA referrals being screened or investigated.
  - iii. **FWA Committee** – The Director of QI or their designee is an active member of KHS’ FWA Committee to provide relevant input and suggestions for topics and issues presented.
10. **Member Information on QI Program Activities** – A description of QI activities are available to members upon request. Members are notified of their availability through the Member Handbook. The KHS QI Program Description and Work Plan are available to contracting providers upon request.

**XI. KHS Providers:** KHS contracts with physicians and other types of health care providers. The Provider Network Management Department conducts a quarterly assessment of the adequacy of contracting providers. All PCPs and specialists must meet KHS credentialing and recredentialing standards. Contracting providers must meet KHS requirements for access and availability. Members may select their PCPs based on cultural needs and preferences. The Provider Directory lists additional languages spoken by PCPs or their office staff.

**XII. Annual Evaluation of the KHS Quality Improvement Program:** On an annual basis, KHS evaluates the effectiveness and progress of the QI Program and Work Plan, and updates the program as needed. The Chief Medical Officer, with assistance from the Director of Quality Improvement, Pharmacy Director, Director of Health Education and Cultural & Linguistics Services, Director of Marketing, Director of Member Services and Director of Provider Network Management, documents a yearly summary of all completed and ongoing QI Program activities with documentation of evidence of improved health care or deficiencies, status of studies initiated, or completed, timelines, methodologies used, and follow-up mechanisms.

The report includes pertinent results from QI Program studies, member access to care surveys, physician credentialing and facility review compliance, member satisfaction surveys, and other significant activities affecting medical and behavioral health care provided to members. The report demonstrates the overall effectiveness of the QI Program. Performance measures are trended over time to determine service, safety and clinical care issues, and then analyzed to verify improvements. The Chief Medical Officer presents the results to the QI/UM Committee for comment, suggested program adjustments and revision of procedures or guidelines, as necessary. Also included is a Work Plan for the coming year. The Work Plan includes studies, surveys and audits to be performed, compliance submissions, reports to be generated, and quality activities projected for completion.

The yearly QI Program summary and Work Plan are presented to the Board of Directors for assessment of covered health care rendered to members, comments, activities proposed for the coming year, and approval of changes in the QI Program. The Board of Directors is responsible for the direction of the QI Program and actively evaluates the annual plan to determine areas for improvement. Board of Director Comments, actions and responsible parties assigned to changes are documented in the minutes. The status of delegated follow-up activities is presented in subsequent Board meetings. A summary of QI activities and progress toward meeting QI goals is available to members and contracting providers upon request by contacting KHS Member Services.

**XIII. Integration of Study Outcomes with KHS Operational Policies and Procedures:**

KHS assesses study outcomes over time and, as a result of key quality issue identification and problem resolution, develops changes in strategic plans and operational policies and procedures. Study outcomes are assessed and changes may be incorporated into the KHS strategic plan and operational policies and procedures to address those outcomes and incorporate ongoing quality issue solutions into organizational operations.

**XIV. Confidentiality:** All members, participating staff and guests of the QI/UM Committee and subcommittees are required to sign the Committee Attendance Record, including a statement regarding confidentiality and conflict of interest. All KHS employees are required to sign a confidentiality agreement upon hiring. The confidentiality agreements are maintained in the practitioner or employee files, as appropriate. All peer review records, proceedings, reports and member records are maintained in a confidential manner in accordance with state and federal confidentiality laws.

**XV. Members Right to Confidentiality:** KHS retains oversight for provider confidentiality procedures. KHS has established and distributed confidentiality standards to contracting providers in the KHS Provider Policy and Procedure Manual. All provider contracts include the provision to safeguard the confidentiality of member medical and behavioral health care records, treatment records, and access to sensitive services in accordance with applicable state and federal laws. As a condition of participation with KHS, all contracting providers must retain signed confidentiality forms for all staff and committee members and provide education regarding policies and procedures for maintaining the confidentiality of members to their practitioners. KHS monitors contracting providers for compliance with KHS confidentiality standards during provider facility and medical records reviews and through the Grievance Process. The QI/UM COMMITTEE reviews practices regarding the collection, use and disclosure of medical information.

**XVI. Conflict of Interest:** All committee members are required to sign a conflict of interest statement. Committee members cannot vote on matters where they have an interest and must be recuse until the issue has been resolved.

**XVII. Provider Participation:**

1. **Provider Information** – KHS informs contracting providers through its Provider bulletins, letters and memorandums, distribution of updates to the Provider Policy and Procedure Manual, and training sessions.
2. **Provider Cooperation** – KHS requires that contracting providers and hospitals cooperate with QI Program studies, audits, monitoring and quality related activities. Requirements for cooperation are included in provider and hospital contract language that describe contractual agreements for access to information.

**XVIII. Provider and Hospital Contracts:** Participating provider and hospital contracts contain language that designates access for KHS to perform monitoring activities and require compliance with KHS QI Program activities, standards and review system.

1. Provider contracts include provisions for the following:
  1. An agreement to participate in the KHS QI Program including cooperation with monitoring processes, the grievance resolution system, and evaluations necessary to determine compliance with KHS standards.

2. An agreement to provide access to facilities, equipment, books, and records as necessary for audits or inspection to ascertain compliance with KHS requirements.
  3. Cooperation with the KHS QI Program including access to applicable records and information.
  4. Provisions for open communication between contracting providers and members regarding their medical condition regardless of cost or benefits.
2. Physician contracts include provisions for the following:
    - a. An agreement to participate in the KHS QI Program including cooperation with monitoring processes, the grievance resolution system, utilization review, and evaluations necessary to determine compliance with KHS standards.
    - b. An agreement to provide access to facilities and records as necessary for audits or inspections to ascertain compliance with KHS requirements.
    - c. Cooperation with the KHS QI Program, including access to applicable records and information.
  3. Hospital contracts include provisions for the following:
    - a. An agreement to participate in the KHS QI Program, including cooperation with monitoring processes, the grievance resolution system, utilization review, and evaluations necessary to determine compliance with KHS standards.
    - b. Development of an ongoing QI Program to address the quality of care provided by the hospital including CAPs for identified quality issues.
    - c. An agreement to provide access of facilities, equipment, books, and records as necessary for audits or inspection to ascertain compliance with KHS requirements.
    - d. Cooperation with the KHS QI Program, including access to applicable records and information.

**XIX. On-Site Medical Records:** Member medical records are not kept on site. Paper documents Paper supporting UM, Grievance and Quality Improvement processes are securely shredded following use.

**XX. Delegation:** KHS delegates quality improvement activities as follows:

1. In collaboration with other Kern County Health Plans – delegation for Site Reviews as described in APL 20-006, Site Reviews: Facility Site Review and Medical Record Review and the applicable MOU.
2. Kaiser Permanente – delegation of QI and UM processes with oversight through the QI/UM committee.
3. VSP – delegation of QI and UM processes with oversight through the QI/UM committee.

**XXI. Assessment and Monitoring:** To monitor that contracting providers have the capacity and capability to perform required functions, KHS has a pre-contractual and post-

contractual assessment and monitoring system. Details of the activities with standards, tools and processes are found in specific policies and include:

**Pre-contractual Assessment of Providers** – All providers desiring to contract with KHS must, prior to contracting with KHS, complete a document that includes the following sections:

1. Health Care Delivery Systems, including clinical safety, access/waiting, referral tracking, medical records, and health education.
2. Credentialing information.

**XXII. Quality and Safety of Clinical Care** – KHS evaluates the effect of activities implemented to improve patient safety. Safety measures are monitored by the QI Department in collaboration with other KHS departments, including:

1. **Provider Network Management Department** – provider credentialing and recredentialing, using site visits to monitor safe practices and facilities.
2. **Member Services Department** – by analyzing and taking actions on complaint and satisfaction data and information that relates to clinical safety.
3. **UM Department** – in collaboration with the Member Services Department, by implementing systems that include follow-up to ensure care is received in a timely manner.

**XXIII. Enforcement/Compliance:** The Director of Quality Improvement is responsible for monitoring and oversight of the QI Program, including enforcement of compliance with KHS standards and required activities. Compliance activities can be found in sections of policies related to the specific monitoring activity. The general process for obtaining compliance when deficiencies are noted, and CAPs are requested, is delineated in policies. Compliance activities not under the oversight of QI are the responsibility of the Compliance Department.

**XXIV. Medical Reviews and Audits by Regulatory Agencies** - KHS' Director of Compliance & Regulatory Affairs, in collaboration with the Chief Health Services Officer and the Director of Quality Improvement manages KHS medical reviews and medical audits by regulatory agencies. Recommendations or sanctions received from regulatory agencies for medical matters are addressed through the QI Program. CAPs for medical matters are approved and monitored by the QI/UM Committee.

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KHS Board of Directors (Chair) \_\_\_\_\_ Date

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Chief Executive Officer \_\_\_\_\_ Date

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Chairman QI/UM COMMITTEE \_\_\_\_\_ Date

## Appendix A

### 2018 Measurement Year and 2019 Report Year EAS/HEDIS Results

Hybrid Measures					
Measure	Acronym	Current 2019 Rate	2019 MPL	Current Vs. 2019 MPL	
CCS	Cervical Cancer Screening	CCS	60.34	54.26	6.08
CIS-3	CIS – Combo 3	CIS-3	65.45	65.45	0.00
CDC-E	Eye Exam (Retinal) Performed	CDC-E	56.88	50.85	6.03
CDC-HT	HbA1c Testing	CDC-HT	89.13	84.93	4.20
CDC-H9 *	HbA1c Poor Control (>9.0%)	CDC-H9 *	33.15	47.20	14.05
CDC-H8	HbA1c Control (<8.0%)	CDC-H8	55.43	44.44	10.99
CDC-N	Medical Attn. for Nephropathy	CDC-N	92.93	88.56	4.37
CDC-BP	Blood Pressure Control <140/90	CDC-BP	65.58	56.20	9.38
CBP	Controlling High Blood Pressure	CBP	54.26	49.15	5.11
IMA-2	Immunizations for Adolescents (Combo 2)	IMA-2	40.63	26.28	14.35
PPC-Pre	Timeliness of Prenatal Care	PPC-Pre	81.27	76.89	4.38
PPC-Pst	Postpartum Care	PPC-Pst	67.64	59.61	8.03
WCC-N	Counseling for Nutrition	WCC-N	70.56	59.85	10.71
WCC-PA	Counseling for Phys Activity	WCC-PA	65.21	52.31	12.90
W-34	Well-Child Visits	W-34	63.99	67.15	-3.16

\* A lower rate indicates better performance therefore the number of required numerators must decrease by the number shown.

### Administrative Measures

Administrative Measures					
Measure	Acronym	Current 2019 Rate	2019 MPL	Current Vs. 2019 MPL	
AAB**	Avoidance of Antibiotic Treatment	AAB	31.33	27.63	3.70
AMR	Asthma Medication Ratio	AMR	21.49	56.85	-35.36
BCS	Breast Cancer Screening	BCS	56.57	51.78	4.79
CAP-1224	12-24 Months	CAP	89.62	93.64	-4.02
CAP-256	25 Months – 6 Years	CAP	80.28	84.39	-4.11
CAP-711	7-11 Years	CAP	79.9	87.73	-7.83
CAP-1219	12-19 Years	CAP	78.35	85.81	-7.46
DSF	Depression Screening and Follow-Up for Adolescents and Adults	DSF	0.00	N/A	N/A
LBP**	Use of Imaging for Low Back Pain	LBP	73.33	67.19	6.14
MPM-ACE	ACE inhibitors or ARBs	MPM-ACE	89.71	85.97	3.74
MPM-Diu	Diuretics	MPM-Diu	90.50	86.06	4.44

\*\* Rate for these measures derived by an inverse calculation. The number of required numerators must decrease by the number shown.  
Note: For measures shaded in gray, DHCS is not holding MCPs accountable to meet the MPLs for HEDIS 2019 (measurement year 2018).

**KERN HEALTH SYSTEMS  
2020 QUALITY IMPROVEMENT WORK PLAN**

**Kern Health Systems  
2020 Quality Improvement Work plan**

ACTIVITY	DETAIL/TASK	TARGET DATE	ACCOUNTABILITY	Risk	STATUS
<b>I. QUALITY MANAGEMENT AND IMPROVEMENTS</b>					
<b>A. Annual Review/Approval of QI Program (QIP) Documents</b>					
1. Approval QI Evaluation	Approval of 2019 QI Program Evaluation	8/31/2020	Chief Medical Officer (CMO) / QI Director		QI/UMC Agenda May 2020
2. Review/Update and Approval of QI Program Description	Approval of 2020 QI Program Description	8/31/2020	Chief Medical Officer (CMO) / QI Director		QI/UMC Agenda May 2020
3. Review/Update and Approval of QI Work Plan	Approval of 2020 QI Work Plan	8/31/2020	Chief Medical Officer (CMO) / QI Director		QI/UMC Agenda May 2020
<b>B. Clinical - Focused Studies</b>					
1. State Required					
a. Asthma Medication Ration PIP - Improving Asthma Medication Ratio Compliance in Children 5-11 & 12-18 years of age	Incorporates IP due to not meeting 2018 MY MPL - 18 month quality improvement project overseen by HSAG	Ongoing through 2020	Chief Medical Officer (CMO) / QI Director		Ongoing through 2020
b. Improving the Health and Well Being of low income children, ages 3- 6 years, through Well Child Visits (WCV)	Incorporates IP due to not meeting 2018 MY MPL - 18 month quality improvement project overseen by HSAG	Ongoing through 2020	Chief Medical Officer (CMO) / QI Director		Ongoing through 2020
<b>C. RY 2020 MCAS Monitoring (Medi-cal) / Quality Measurements</b>					
1. MCAS Audit Roadmap	Report to State EQRO Auditor - HSAG	2/29/2020	Director of QI/Director of Business Intelligence/Director of Claims/Director of IT/Chief Network Administration Officer		Completed
2. Adolescent Well-Care Visits (AWC)	Report final rate annually to QI/UM Committee/Board of Directors (BOD)/DHCS	10/31/2020	Chief Medical Officer (CMO) / QI Director		In Progress
3. Cervical Cancer Screening (CCS)	Report annually to QI/UM Committee/BOD/DHCS	10/31/2020	Chief Medical Officer (CMO) / QI Director		In Progress
3. Adult Body Mass Index (BMI) Assessment (ABA)	Report annually to QI/UM Committee/BOD/DHCS	10/31/2020	Chief Medical Officer (CMO) / QI Director		In Progress
4. Childhood Immunization Status: Combination 10 (CIS-10)	Report annually to QI/UM Committee/BOD/DHCS	10/31/2020	Chief Medical Officer (CMO) / QI Director		In Progress
5. Comprehensive Diabetes Care HbA1c Testing (CDC-HT)	Report annually to QI/UM Committee/BOD/DHCS	10/31/2020	Chief Medical Officer (CMO) / QI Director		In Progress
6. HbA1c Poor Control (>9.0%) (CDC-H9)	Report annually to QI/UM Committee/BOD/DHCS	10/31/2020	Chief Medical Officer (CMO) / QI Director		In Progress
7. Controlling High Blood Pressure (CBP)	Report annually to QI/UM Committee/BOD/DHCS	10/31/2020	Chief Medical Officer (CMO) / QI Director		In Progress
8. Immunizations for Adolescents – Combo 2 (meningococcal, Tdap, HPV) (IMA-2)	Report annually to QI/UM Committee/BOD/DHCS	10/31/2020	Chief Medical Officer (CMO) / QI Director		In Progress
9. Prenatal & Postpartum Care – Timeliness of Prenatal Care (PPC-Pre)	Report annually to QI/UM Committee/BOD/DHCS	10/31/2020	Chief Medical Officer (CMO) / QI Director		In Progress
10. Prenatal & Postpartum Care – Postpartum Care (PPC-Post)					
11. Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC-BMI)					
12. Well-Child Visits in the First 15 months of Life – Six or More Well Child Visits (W15)					
13. Well Child Visits in the 3rd 4th 5th & 6th Years of Life (W34)					
14. Antidepressant Medication Management: Acute Phase Treatment (AMM-Acute)	Report annually to QI/UM Committee/BOD/DHCS	10/31/2020	Chief Medical Officer (CMO) / QI Director		In Progress
15. Antidepressant Medication Management: Acute Phase Treatment (AMM-Cont)	Report annually to QI/UM Committee/BOD/DHCS	10/31/2020	Chief Medical Officer (CMO) / QI Director		In Progress
16. Asthma Medication Ratio (AMR)	Report annually to QI/UM Committee/BOD/DHCS	10/31/2020	Chief Medical Officer (CMO) / QI Director		In Progress
17. Breast Cancer Screening (BCS)	Report annually to QI/UM Committee/BOD/DHCS	10/31/2020	Chief Medical Officer (CMO) / QI Director		In Progress
18. Chlamydia Screening in Women (CHL)	Report annually to QI/UM Committee/BOD/DHCS	10/31/2020	Chief Medical Officer (CMO) / QI Director		In Progress
19. All Cause Readmissions	Report annually to QI/UM Committee/BOD/DHCS	10/31/2020	Chief Medical Officer (CMO) / QI Director		In Progress
20. ED Visit Rates	Report annually to QI/UM Committee/BOD/DHCS	10/31/2020	Chief Medical Officer (CMO) / QI Director		In Progress
18. Configure and implement New Managed Care Accountability Set (MCAS) measures for measurement year 2020 for HSAG/NCQA/DHCS audit reporting	Technical specifications and audit requirements from HSAG/DHCS for MCAS measurements included in RY2020's audit submission	3/31/2020	QI Director/ IT Director	Medium	Complete. However, vendor, Cotiviti, has had issues configuring non-HEDIS measures. HSAG has been in communication with Cotiviti and has advised CA MCPs contracted with them to report what data we have available.

**KERN HEALTH SYSTEMS  
2020 QUALITY IMPROVEMENT WORK PLAN**

ACTIVITY	DETAIL/TASK	TARGET DATE	ACCOUNTABILITY	Risk	STATUS
- Configure MCAS/HEDIS software for new measures (Cotiviti)	Vendor, Cotiviti, to have all new measure configured, tested and changes approved by NCCA	3/31/2020	QI Director/ IT Director	Medium	Complete. However, vendor, Cotiviti, has had issues configuring non-HEDIS measures. HSAG has been in communication with Cotiviti and has advised CA MCPs contracted with them to report what data we have available.
- Configure KHS data and reports for new measures	KHS to modify data receipt, storage and reports to meet new DHCS MCAS specifications	3/31/2020	QI Director/ IT Director		Complete
- Educate providers on MY2020 measures	KHS to educate providers on new requirements for MCAS	2/1/2020	Chief Medical Officer (CMO)/ QI Director/ PNM Director		Complete
- Educate KHS Staff on MY2021 measures	KHS to educate internal staff on new requirements for MCAS	3/1/2020	Chief Medical Officer (CMO)/ QI Director		In Progress
<b>D. Other On-going Monitoring</b>					
1. 30 day re-admissions	In annual QI Plan Evaluation for 2019 to QI/UMC & BOD in 2020	Annually	Chief Medical Officer (CMO) / QI Director		Ongoing 2020
2. Potential Inappropriate Care (PIC)	In annual QI Plan Evaluation for 2019 to QI/UMC & BOD in 2020	Annually	Chief Medical Officer (CMO) / QI Director		Ongoing 2020
3. Facility Site Reviews (FSR)					
a. Referral Process	Physician Site Monitoring / Quarterly reporting	Quarterly	Chief Medical Officer (CMO) / Chief Health Services Officer/ Director QI		Ongoing 2020
b. IHEBA - Staying Healthy Assessment	Physician Site Monitoring / Quarterly reporting	Quarterly	Chief Medical Officer (CMO) / Chief Health Services Officer/ Director QI		Ongoing 2020
c. Initial Health Assessment (IHA)	Physician Site Monitoring / Quarterly reporting	Quarterly	Chief Medical Officer (CMO) / Chief Health Services Officer/ Director QI		Ongoing 2020
d. Critical elements	Physician Site Monitoring / Quarterly reporting	Quarterly	Chief Medical Officer (CMO) / Chief Health Services Officer/ Director QI		Ongoing 2020
e. Diabetes Care Monitoring	Physician Site Monitoring / Quarterly reporting	Quarterly	Chief Medical Officer (CMO) / Chief Health Services Officer/ Director QI		Ongoing 2020
f. Asthma Care Monitoring	Physician Site Monitoring / Quarterly reporting	Quarterly	Chief Medical Officer (CMO) / Chief Health Services Officer/ Director QI		Ongoing 2020
g. Maternity Care Monitoring	Physician Site Monitoring / Quarterly reporting	Quarterly	Chief Medical Officer (CMO) / Chief Health Services Officer/ Director QI		Ongoing 2020
5. 2020 Facility Site Review - DHCS Form & Process Changes					
a. Implement Form Changes	Identify and implement process for documenting each type of FSR using the new forms finalized by DHCS	7/1/2020	QI Director / Chief Network Administration Officer		Ongoing 2020
b. Implement Reporting Changes	Identify changes to existing FSR reports and new reports needed based on the new, finalized FSR guidelines from DHCS	7/1/2020	QI Director / Chief Network Administration Officer		Ongoing 2020
c. Educate Staff on New Forms & Requirements	Develop and deliver educational information for KHS staff on the changes to the forms and FSR requirements	7/1/2020	QI Director / Chief Network Administration Officer		Ongoing 2020
d. Educate Providers on New Requirements	Develop and deliver educational information for network providers on the new FSR requirements by DHCS	Dependent on final delivery of forms and guidelines from DHCS	QI Director / Chief Network Administration Officer		Ongoing 2020
<b>E. Safety of Clinical Care</b>					
1. Autoclave	Credentialing/Recredentialing/As necessary	12/31/2020	Chief Medical Officer (CMO) / QI Director		Ongoing 2020
2. Bio-hazardous waste	Credentialing/Recredentialing/As necessary	12/31/2020	Chief Medical Officer (CMO) / QI Director		Ongoing 2020
3. Infection Control	Credentialing/Recredentialing/As necessary	12/31/2020	Chief Medical Officer (CMO) / QI Director		Ongoing 2020
4. Facility Site Review (FSR) DHS Database	FSR database of completed site reviews	12/31/2020	Chief Medical Officer (CMO) / QI Director		Ongoing 2020
5. Focused Reviews - Critical Elements	Physician Site Monitoring / Quarterly Reporting to QI/UMC	Quarterly	Chief Medical Officer (CMO) / QI Director		Ongoing 2020
<b>F. Availability</b>					
1. Primary Care Practitioners					
a. Numeric Standard - Network Capacity Report	Measure and Report to DHS	Annually	Chief Network Administration Officer, Director Compliance		Ongoing 2020
2. Specialty Practitioners					
a. Numeric Standard - Network Capacity Report	Measure and Report to DHS	Annually	Chief Network Administration Officer, Director Compliance		Ongoing 2020
b. Geographic Standard	Measure and Report	Annually	Chief Network Administration Officer, Director Compliance		Ongoing 2020
<b>G. Access</b>					
1. Primary Care Appointments					
a. Preventive Care Appointments Standard	Measure/Report to QI/UM Committee Quarterly	Annually	Chief Network Administration Officer, Director Compliance		Ongoing 2020
b. Routine Primary Care Appointments Standard	Measure/Report to QI/UM Committee Quarterly	Annually	Chief Network Administration Officer, Director Compliance		Ongoing 2020
c. Urgent Care Appointments Standard	Measure/Report to QI/UM Committee Quarterly	Annually	Chief Network Administration Officer, Director Compliance		Ongoing 2020
e. After-hours Care Standard	Measure/Report to QI/UM Committee Quarterly	Annually	Chief Network Administration Officer, Director Compliance		Ongoing 2020
2. Telephone access to Member Services					
a. Abandonment rate	Measure/Report to QI/UM Committee Quarterly	Quarterly	Chief Network Administration Officer, Director Compliance		Ongoing 2020
b. Speed of answer	Measure/Report to QI/UM Committee Quarterly	Quarterly	Chief Network Administration Officer, Director Compliance		Ongoing 2020
3. Mental Health Appointment	Quarterly MOU Meetings/Grievances	As necessary	Director of UM; Director of CM		Ongoing 2020
a. Life-threatening Emergency Standard (immediate care)	Report as necessary to QI/UM Committee	As necessary	Chief Network Administration Officer, Director Compliance		Ongoing 2020
b. Non-life-threatening Emergency Standard	Report as necessary to QI/UM Committee	As necessary	Chief Network Administration Officer, Director Compliance		Ongoing 2020



**KERN HEALTH SYSTEMS  
2020 QUALITY IMPROVEMENT WORK PLAN**

ACTIVITY	DETAIL/TASK	TARGET DATE	ACCOUNTABILITY	Risk	STATUS
c. Urgent needs Standard	Report as necessary to QI/UM Committee	As necessary	Chief Network Administration Officer, Director Compliance		Ongoing 2020
d. Routine office visit Standard (visit within 10 working days)	Report as necessary to QI/UM Committee	As necessary	Chief Network Administration Officer, Director Compliance		Ongoing 2020
e. Telephone access to screening and triage Standard - Caller reaches non-recorded voice - Abandonment rate	Report as necessary to QI/UM Committee	As necessary	Chief Network Administration Officer, Director Compliance		Ongoing 2020
<b>H. Encounters, Complaints, Grievances and Appeals Data Analysis</b>	Report aggregate data quarterly to QI/UM Committee	Quarterly	Director of Member Services		Ongoing 2020
<b>I. CAHPS Survey</b>	State administered survey every 5 years - DHCS reduce the frequency but has not done so yet	10/1/2020	State Administered/CIO/Chief Medical Officer (CMO) / QI Director		Results received March 2020
1. Results reported to QI/UMC	Report to QI/UMC	9/1/2020	State Administered/CIO/Chief Medical Officer (CMO) / QI Director		On Track
2. Results reported to practitioners and providers	Report to QI/UMC	9/1/2020	State Administered/CIO/Chief Medical Officer (CMO) / QI Director		On Track
<b>J. Continuity of Care Monitoring</b>	Monitored through Grievances, FSR/Peer Review, HEDIS	Ongoing	Chief Medical Officer (CMO) / QI Director		Ongoing 2020
1. Primary Care Practitioner (PCP)	Monitored through Grievances, FSR/Peer Review, HEDIS	Ongoing	Chief Medical Officer (CMO) / QI Director		Ongoing 2020
2. PCP & Mental Health	Monitored through Grievances, Peer Review, HEDIS	Ongoing	Chief Medical Officer (CMO) / QI Director		Ongoing 2020
3. Specialist	Monitored through Grievances, Peer Review, HEDIS	Ongoing	Chief Medical Officer (CMO) / QI Director		Ongoing 2020
<b>K. Delegation of QI Activities</b>	QI/UM delegation to Kaiser and VSP includes ongoing reporting of Grievances, QI Program, Evaluation and Work plan	12/31/2020	QI Director		Ongoing 2020
<b>L. Annual Review of QI Policies and Procedures</b>	Submit to QI/UMC and DHCS	Annually and as necessary	Chief Medical Officer (CMO) / QI Director/Director Compliance		Ongoing 2020
<b>M. QI/UM Committee</b>					
1. Reports and agenda items	Gathered from pertinent departments	Quarterly	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		Ongoing 2020
2. Minutes	Attached to next meetings agenda and sent to BoD	Quarterly	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		Ongoing 2020
3. Form 700 (Statement of Economic Interests)	Send to all committee members yearly	Initial / Yearly December	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		Ongoing 2020
4. PO's and Check Requests	Fill out for each member attending meeting	Quarterly	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		Ongoing 2020
<b>II. UTILIZATION MANAGEMENT - See UM Work Plan</b>					
A. Annual Review/Approval of UM Program Documents	Program Description 2020	9/1/2020	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		QI/UMC May 2020 Agenda
	Evaluation 2018	9/1/2020	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		QI/UMC May 2020 Agenda
<b>III. CREDENTIALING AND RE-CREDENTIALING</b>					
A. Initial Credentialing Site Visit & Medical Record	Upon Credentialing/Quarterly FSR Summary	Ongoing	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		Ongoing 2020
B. Organization Providers Quality Assessment	Data Reviews are received from QI/UM/Compliance/MS for any opportunities for improvement identified. QI Department quality reviews of readmissions within 30 days, member deaths and notifications. See 1F	At least quarterly	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		Ongoing 2020
1. Hospitals	Tracking grievances, Notifications, Deaths and QI issues	Ongoing	Chief Network Administration Officer		Ongoing 2020
2. SNF's	Tracking grievances, Notifications, Deaths and QI issues	Ongoing	Chief Network Administration Officer		Ongoing 2020
3. Home Health Agencies	Tracking grievances, Notifications, Deaths and QI issues	Ongoing	Chief Network Administration Officer		Ongoing 2020
4. Free-Standing Surgery Centers	Tracking grievances, Notifications, Deaths and QI issues	Ongoing	Chief Network Administration Officer		Ongoing 2020
5. Inpatient MH/SA Facilities	Tracking grievances, Notifications, Deaths and QI issues	Ongoing	Chief Network Administration Officer		Ongoing 2020
6. Residential MH/SA Facilities	Tracking grievances, Notifications, Deaths and QI issues	Ongoing	Chief Network Administration Officer		Ongoing 2020
7. Ambulatory MH/SA Facilities	Tracking grievances, Notifications, Deaths and QI issues	Ongoing	Chief Network Administration Officer		Ongoing 2020
C. Ongoing Monitoring of Sanctions and Complaints	Ongoing; time sensitive; sanctions; grievance process	Ongoing	Chief Network Administration Officer/Compliance		Ongoing 2020
D. Credentialing / Recredentialing File Audit	Ongoing KHS/Compliance random audits	Ongoing	Chief Network Administration Officer		Ongoing 2020
E. Delegated Credentialing	Delegation will be for hospital based practitioners if hospital is JCI accredited	Annually / as necessary	Chief Network Administration Officer		Ongoing 2020
F. Annual Review of Credentialing/Recredentialing Policies and Proc	Ongoing	Annually / as necessary	Chief Network Administration Officer		Ongoing 2020
<b>IV. MEMBER RIGHTS AND RESPONSIBILITIES</b>					
A. Statement of Members' Rights and Responsibilities	Review, annually / revise as necessary	Annually / as necessary	Director of Member Services		Ongoing 2020
B. Distribution of Rights Statement to Members & Practitioners	As necessary	Annually / as necessary	Director of Member Services		Ongoing 2020
C. Complaints and Appeals	Aggregate/analyze/report to QI/UM Committee Quarterly	Quarterly	Director of Member Services		Ongoing 2020
D. Grievance Report (HFP)	Report number and types of benefit grievances for previous calendar year - geographic region, ethnicity, gender and primary language	Quarterly	Director of Member Services		Ongoing 2020
E. Annual Analysis of Privacy and Confidentiality Policies	Review annually / Revise as needed	Ongoing	Director Compliance		Ongoing 2020
F. Marketing Information	Focus Groups, Public Policy/Community Advisory Committee	Ongoing	Director of Marketing		Focus groups will be continued in 2020
G. Delegation of Members' Rights and Responsibilities Activities	Non-delegated. Grievance committee	N/A	Grievance Committee		Ongoing 2020

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<b>ACTIVITY</b>	<b>DETAIL/TASK</b>	<b>TARGET DATE</b>	<b>ACCOUNTABILITY</b>	<b>Risk</b>	<b>STATUS</b>
H. Annual Review of Member Rights Policies and Procedures	Non-delegated	N/A	Grievance Committee		Ongoing 2020
<b>VI. MEDICAL RECORDS</b>					
A. Review of Medical Record Documentation Standards	Annually / revise as necessary	2020	Chief Medical Officer (CMO) / Chief Health Services Officer/ Director QI		Ongoing 2020
B. Distribution of Standards to New Providers	Ongoing / as necessary	Ongoing	Director of Provider Network Management		Ongoing 2020
C. Audit of Medical Records Documentation	Refer to Credentialing/Recredentialing	Ongoing	Chief Medical Officer (CMO) / Chief Health Services Officer/ Director QI / Director of Provider Network Management		Ongoing 2020
D. Annual Review of Policies and Procedures	Annually and as necessary	Ongoing	Chief Medical Officer (CMO) / QI Director		Ongoing 2020

2019 Utilization Management Program Evaluation

**Executive Summary :** Kern Health Systems (KHS) Utilization Management (UM) Program is designed to manage the use of limited resources to maximize the effectiveness of the care provided to Kern Health Systems members. It eligible residents have chosen Kern Family Health Care as their managed care plan due to the exceptional quality of care and service provided to the members. UM Management, in coordination with Human Resource and the Execu quality, cost effective care in an appropriate setting while maintaining compliance with the Department of Health Care Services and the Department of Managed Health Care are goals that are foremost for the Utilization Managemen depending upon the type of service and the identified member’s clinical condition. Systems have been established to facilitate the monitoring of the referral process and the evaluation of those processes in collaboration with KHS del the effectiveness of the UM Program allows an organization to determine how well it has deployed its resources in the recent past to improve the quality and safety of clinical care and the quality of service provided to its membership the subsequent annual UM Program Descriptions. KHS experienced unprecedented growth as a result of the Affordable Care Act. With this growth came increasing medical complexity as the addition of the new aid categories and

Required By	Goals	Metrics	Target Completion Date	Action Steps & Monitoring
UM	<input type="checkbox"/> Leadership Support <input type="checkbox"/> Mentoring	Met/Not Met	Year End 2019	1. Managerial training is provided to all onboarding of new management staff as well as ongoing opportunities for current levels of management, including Clinical and Non-Clinical staff in UM a. Outpatient Clinical Supervisor hired b. Director of Utilization Management hired
UM	<input type="checkbox"/> Staff Realignment of Health Service Departments	Met/Not Met	Year End 2019	1. Revised organizational structure chart conducted ad hoc 2. Developed, transitioned and implemented chart. 3. Created new job descriptions reviewed and approved by Human Resources. 4. Staffing cross training for outpatient, inpatient, California Children Services, Claims and Disputes review.
UM	<input type="checkbox"/> Update UM Program Description <input type="checkbox"/> Completion of 2019 Annual UM Program Evaluation <input type="checkbox"/> Development and implementation of 2019 UM Program Description	Met/Not Met	Year End 2019	1. Review, and revise the annual UM Program Description, Program Plan, and Evaluation including Medical and Behavioral Health. 2. Acquire approval of 2019 UM Program Description and the 2019 UM Program Evaluation from the appropriate utilization and quality committees within 12 months of the prior year approval. 3. Evaluate the adequacy of resources, committee structure, practitioner participation and leadership involvement in the UM Program to restructure or change the UM program for the subsequent year as necessary.
UM	<input type="checkbox"/> Resources for growth and development-Certified Case Manager	Met/Not Met	Year End 2019	1. Case Management Society of America – standards of practice provided to the Case Management staff-all Case Managers are Registered Nurses 2. Organizational Membership recommended for the team that allows for Director, Managers, and Supervisors to both access educational and training materials as well as allowing for annual conference attendance for leadership team. 3. Local Community Resources information provided. 4. Case Management, MCG Evidence Based Clinical Guidelines, Inpatient Concurrent Review Documentation, Ethics Training – resources on all these provided to team. 5. Trauma informed Care and ACE Awareness training completed.
UM	<input type="checkbox"/> Oversight of all delegated UM functions for the following services: Kaiser VSP Health Dialog	Met	Year End 2019	1. Evaluate effectiveness of the UM program for policy adherence to include compliance with state, federal, and NCQA standards. 2. Approve 2019 UM program evaluation for delegated services . 4. Submit delegated UM program information for approval at all applicable UM and Quality Committees
UM	<input type="checkbox"/> Remote workforce support	Met	Year End 2019	1. VPN/RDP connectivity support for weekend coverage and UM staff remote workforce 2. Expanded remote workforce to facilities and other states to meet needs of the dept.
UM	<input type="checkbox"/> Provide UM Training Programs	Met	Year End 2019	1. Review, revise, and implement UM Training Program for UM stakeholders as applicable for ongoing process improvements. This includes inpatient, outpatient, CCS (Peds), Call tracking, QNXT and Jiva processes for both medical and mental/behavioral health conditions

Required By	Goals	Metrics	Target Completion Date	Action Steps & Monitoring																														
UM	<input type="checkbox"/> Review of 2019 Behavioral Health and Non- Behavioral Health UM criteria used for authorization decisions <input type="checkbox"/> BH UM criteria revision approvals at Quality Committee and Executive Resource Committee	Met/Not Met	Year End 2019	<ol style="list-style-type: none"> <li>UM Criteria used for Behavioral Health and Non- Behavioral Health authorization decisions reflect updates based on evidence based medicine, DHCS APL notifications, current medical literature, EOC, and formulary changes</li> <li>Policy recommendations related to APL language or DHCS/DMHC guidance applied to policy and procedures. Transition of all BHT services from Regional Center to Kern Health Systems.</li> </ol>																														
UM	<input type="checkbox"/> Periodic reports to Quality Committee and Executive Committee	Met/Not Met	Year End 2019	<ol style="list-style-type: none"> <li>Establish effective lines of communication regarding UM processes, new programs and issues/concerns:             <ol style="list-style-type: none"> <li>Executive Committee</li> <li>Physicians Advisory Committee</li> <li>Public Policy Committee</li> <li>Pharmacy and Therapeutics Committee</li> <li>Grievance Committee</li> </ol> </li> <li>Oversee the development, implementation and completion of corrective action plans (CAPS) related to regulatory survey findings.</li> </ol>																														
UM	<input type="checkbox"/> Timely and complete notification of denials of care	Met/Not Met	Year End 2019	<ol style="list-style-type: none"> <li>Monitor, analyze and evaluate denial notices for compliance with federal, state, contractual requirements</li> <li>Based on results of the analysis and evaluation: review, revise, approve and implement UM policies and procedures as needed as well as review staffing ratios to support compliance.</li> </ol> <div style="text-align: center;"> <table border="1"> <caption>UM - Referral Notification Compliance</caption> <thead> <tr> <th></th> <th>4Q/18</th> <th>1Q/19</th> <th>2Q/19</th> <th>3Q/19</th> <th>4Q/19</th> </tr> </thead> <tbody> <tr> <td>Member Notification</td> <td>93.0%</td> <td>92.0%</td> <td>95.0%</td> <td>96.0%</td> <td>96.0%</td> </tr> <tr> <td>Provider Notification</td> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> </tr> <tr> <td>Criteria Included</td> <td>98.0%</td> <td>96.0%</td> <td>95.0%</td> <td>95.0%</td> <td>75.0%</td> </tr> <tr> <td>MD Signature Included</td> <td>97.0%</td> <td>99.0%</td> <td>99.0%</td> <td>100.0%</td> <td>97.0%</td> </tr> </tbody> </table> </div>		4Q/18	1Q/19	2Q/19	3Q/19	4Q/19	Member Notification	93.0%	92.0%	95.0%	96.0%	96.0%	Provider Notification	100.0%	100.0%	100.0%	100.0%	100.0%	Criteria Included	98.0%	96.0%	95.0%	95.0%	75.0%	MD Signature Included	97.0%	99.0%	99.0%	100.0%	97.0%
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MD Signature Included	97.0%	99.0%	99.0%	100.0%	97.0%																													
UM	<input type="checkbox"/> Member Satisfaction with UM processes completion and analysis <input type="checkbox"/> Physician satisfaction with UM programs; i.e. communication, access, authorization process	Met/Not Met	Year End 2019	<ol style="list-style-type: none"> <li>Annually survey satisfaction with the UM process: Collect and analyze data on member and practitioner satisfaction to identify improvement opportunities and take action designed to improve member and practitioner satisfaction             <ol style="list-style-type: none"> <li>Report the annual survey results and opportunities to improve are approved by the appropriate UM and Quality Committees</li> </ol> </li> <li>Develop and Implement Corrective Action Plans (CAP) as needed based on results</li> </ol>																														
UM	Health Services P&Ps	Met/Not Met	Year End 2019	<ol style="list-style-type: none"> <li>UM, DM, CM policies and procedures reviewed. Revisions to current UM and QI policies and procedures provided to PAC and QI/UM committee. Compliance department ownership for policy update timelines.</li> <li>Delegated services to VSP, Health Dialog, and Kaiser</li> <li>APL/PPL updates</li> </ol>																														
UM	Interrater reliability audits	Met/Not Met	Year End 2019	<ol style="list-style-type: none"> <li>Interrater reliability audits completed bi-annually with minimum 80% passing for all clinical staff and Medical Directors who render decision outcomes completed to support consistent application of medical necessity in the decision making process.</li> </ol>																														
UM	Emergency Room (ER) Utilization	Met/Not Met	Year End 2019	<ol style="list-style-type: none"> <li>ER intensive case management follow up for the top 50 ER utilizers conducted by Case Management MSW.</li> <li>Regular monthly report and ongoing program. Interventions include contacting the member, providing education, making the follow up appointment, and checking to ensure that the appointment was kept.</li> <li>Partnerships with community entities to support efforts for educational support and coordination of care.</li> <li>Social Workers providing resources to high ER utilizers</li> <li>Transitional Care involving immediate post acute interventions to avoid readmission, ER utilization through coordination of care and member education.</li> </ol>																														

Required By	Goals	Metrics	Target Completion Date	Action Steps & Monitoring
UM	UM Senior Health Services Program Administrator (additional duties)	Met/Not Met	Year End 2019	<p>1. Medication Therapy Management, Synagis, BHT reporting, Diabetic clinics, Clinical Engagement and multiple analytical reports completed.</p> <p>2. UM Senior Health Services Program Administrator partners with KHS Business Intelligence team to develop more system driven outcomes reporting for new programs and expanded benefits. Respite, Pulmonary Rehab added as KHS benefit not reimbursed by DHCS but deemed critical to health outcomes for vulnerable populations.</p> <p>3. Medical Loss Ratio project to optimize cost savings and improve delivery of care as defined in Triple Aim</p> <p>4. Over and under utilization analysis on various specialty services</p>
UM	DHCS/DMHC Audit	Met/Not Met	Year End 2019	<p>DHCS performed a medical audit in August 2019.</p> <p>Category 2-Case Management and Coordination of Care- 1. The plan did not have written procedures to monitor completion of required member Initial Health Assessment (IHA) conducted by primary care providers. <i>Audit response and CAP approved by DHCS as follows:</i></p> <p>a. Education to providers and members concerning IHA and SHA completion. 1/1/2020- Provider bulletin to be sent outlining timelines with links to age appropriate SHA for IHA/SHA completion--<a href="https://www.kernfamilyhealthcare.com/providers/provider-resources/manuals-and-forms/">https://www.kernfamilyhealthcare.com/providers/provider-resources/manuals-and-forms/</a></p> <p>b. 1/1/2020-Health Education/Health Promotion will continue to send monthly member incentives for IHA completion.</p> <p>c. 1/1/2020- New member enrollment outreach will remind members of IHA/SHA timelines and offer to schedule appt with PCP</p> <p>d. Pay for Performance for providers will continue with claims submission for IHA/SHA completion (billed ICD10 and IHA CPT code)- DHCS MRR hyperlink to Ped/Adult SHA link to KHS website e. Business Intelligence report to be created to be reviewed monthly by clinical staff and reconciling with claims data at 30, 60, and 90 day increments to determine which members have not completed the IHA/SHA to perform outreach for gap closure.</p> <p>f. 1/1/2020 Provider Gaps in Care Scoreboard elements will be mirrored for new internal report g. Update Policy 3.61 to reflect new process</p> <p>2. The plan did not have a system to monitor and ensure member notification letters include all the required Continuity of Care (COC) transition information. <i>Audit response and CAP approved by DHCS as follows:</i></p> <p>1. Re-education to UM staff regarding selection of appropriate COC decision within JIVA Medical Mgmt. Platform (MMP)</p> <p>a. 12/9/19-re-education on JIVA dropdown for COC (see training reference b. Creation of new NOA letter specific for COC in JIVA MMP c. 11/6/19-Initial notification letter created for selection in JIVA MMP detailing COC process d. Configuration of JIVA to create activities to trigger automated letter generation for COC timeline notification e. 11/8/19- NOA for COC sent to DHCS for approval f. 1/15/2020-JIVA MMP will need to be configured to auto-generate an activity 11 months after original COC letter sent (at least 30 days prior to end of COC period to complete the transition process.</p> <p>f. Update attachment COC NOA to policy 3.40 (upon approval by DHCS)</p> <p>g. Update monitoring process in policy 3.40</p> <p>h. Periodic auditing, at a minimum of quarterly, of COC NOA applicable use</p>
UM	Systems Review	Met/Not Met	Year End 2019	<p>1. Systems review by component completed.</p> <p>2. Clinical criteria, predictive modeling, workflows and educational tools integrated within the system.</p> <p>3. JIVA Medical Management System implemented to include UM, CM, DM, HE, QI, and Health Homes</p>
UM	Quarterly State Reports Timely Submission	Met/Not Met	Year End 2019	<p>Quarterly report and mailing-</p> <p>a) Out of Network; b) CBAS; c) Mental Health; e) BHT-CDE and BHT-Quarterly; f) Dental Anesthesia; g) Palliative; h) QI-UM meeting minutes Delegated Kaiser reporting required for all reports listed to DHCS</p>
DHCS	Quality Improvement/Utilization Management Committee (QI/UMC)	Met/Not Met	Year End 2019	<p>1. Reports to the Board of Directors and retains oversight of the UM Program with direction from the Chief Medical Officer or their designee.</p> <p>2. The QI/UMC promulgates the quality improvement process to participating groups and physicians, practitioner/providers, subcommittees, and internal KHS functional areas with oversight by the Chief Medical Officer.</p> <p>3. Committee also performs oversight of UM activities conducted by KHS to maintain high quality health care and effective and appropriate control of medical costs through monitoring of medical practice patterns and utilization of services.</p> <p>4. Practitioner attendance and participation in the QI/UM Committee or subcommittees is required.</p> <p>5. The participating practitioners represents a broad spectrum of specialties and participate in clinical QI and UM activities, guideline development, peer review committees and clinically related task forces.</p> <p>6. The extent of participation must be relevant to the QI activities undertaken by KHS.</p>

Required By	Goals	Metrics	Target Completion Date	Action Steps & Monitoring																										
DHCS	Quality Improvement/Utilization Management Committee (QI/UMC)	Met/Not Met	Year End 2019	<p>Nine (9) of the ten (10) positions were filled; Four (4) QI/UMC meetings were held in the reporting period with attendance</p> <table border="1"> <thead> <tr> <th>Role</th> <th>Attended</th> </tr> </thead> <tbody> <tr><td>CMO</td><td>4</td></tr> <tr><td>Family Practitioner #1</td><td>4</td></tr> <tr><td>Family Practitioner #2</td><td>OPEN</td></tr> <tr><td>Specialist #1 (ENT)</td><td>4</td></tr> <tr><td>Specialist #2 (OB/GYN)</td><td>3</td></tr> <tr><td>FQHC Provider</td><td>4</td></tr> <tr><td>Pharmacy Provider</td><td>4</td></tr> <tr><td>County Public Health</td><td>3</td></tr> <tr><td>Home Health-Hospice Provide</td><td>1</td></tr> <tr><td>DME Provider</td><td>4</td></tr> </tbody> </table>	Role	Attended	CMO	4	Family Practitioner #1	4	Family Practitioner #2	OPEN	Specialist #1 (ENT)	4	Specialist #2 (OB/GYN)	3	FQHC Provider	4	Pharmacy Provider	4	County Public Health	3	Home Health-Hospice Provide	1	DME Provider	4				
Role	Attended																													
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DHCS	Physician Advisory Committee (PAC)	Met/Not Met	Year End 2019	<p>1. Serves as advisor to the Board of Directors on health care issues, peer review, provider discipline, criteria and policy recommendations and development, and credentialing/recredentialing decisions.</p> <p>2. This committee meets on a monthly basis and is responsible for reviewing practitioner/provider grievances and/or appeals, practitioner/provider quality issues, clinical criteria and guidelines, and other peer review matters as directed by the KHS Medical Director.</p> <p>3. <del>The PAC has a total of ten (10) voting committee positions.</del></p>																										
DHCS	Physician Advisory Committee (PAC)	Met/Not Met	Year End 2019	<p>Ten (10) PAC meetings were held during the reporting period with attendance as follows:</p> <table border="1"> <thead> <tr> <th>Role</th> <th>Attended</th> </tr> </thead> <tbody> <tr><td>CMO</td><td>10</td></tr> <tr><td>Pediatrician</td><td>9</td></tr> <tr><td>Clinical Psychologist</td><td>7</td></tr> <tr><td>Eye Specialist</td><td>9</td></tr> <tr><td>OB/GYN</td><td>8</td></tr> <tr><td>Pain Medicine</td><td>10</td></tr> <tr><td>Family Practitioner</td><td>5</td></tr> <tr><td>Int Med</td><td>7</td></tr> </tbody> </table>	Role	Attended	CMO	10	Pediatrician	9	Clinical Psychologist	7	Eye Specialist	9	OB/GYN	8	Pain Medicine	10	Family Practitioner	5	Int Med	7								
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DHCS	Pharmacy and Therapeutics Committee (P&T)	Met/Not Met	Year End 2019	<p>1. Serves to objectively appraise, evaluate and select pharmaceutical products for formulary addition or deletion.</p> <p>2. This is an ongoing process to ensure the optimal use of therapeutic agents.</p> <p>3. P&amp;T meet quarterly to review products to evaluate efficacy, safety, ease of use and cost.</p> <p>4. Medications are evaluated on their clinical use and develop policies for managing drug use and administration.</p>																										
DHCS	Pharmacy and Therapeutics Committee (P&T)	Met/Not Met	Year End 2019	<p>The Pharmacy and Therapeutics Committee has a total of (12) committee positions as follows:</p> <table border="1"> <thead> <tr> <th>Role</th> <th>Attended</th> </tr> </thead> <tbody> <tr><td>CMO</td><td>4</td></tr> <tr><td>RX Dir</td><td>4</td></tr> <tr><td>Bd Member</td><td>3</td></tr> <tr><td>Rx Ind</td><td>2</td></tr> <tr><td>Rx Chain</td><td>3</td></tr> <tr><td>Rx Spec</td><td>Open</td></tr> <tr><td>Rx Geriatric</td><td>3</td></tr> <tr><td>Pediatrician</td><td>2</td></tr> <tr><td>Int Med</td><td>2</td></tr> <tr><td>GP</td><td>1</td></tr> <tr><td>MD Geriatric</td><td>Open</td></tr> <tr><td>OB</td><td>2</td></tr> </tbody> </table>	Role	Attended	CMO	4	RX Dir	4	Bd Member	3	Rx Ind	2	Rx Chain	3	Rx Spec	Open	Rx Geriatric	3	Pediatrician	2	Int Med	2	GP	1	MD Geriatric	Open	OB	2
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DHCS	Public Policy/Community Advisory Committee (PP/CAC)	Met/Not Met	Year End 2019	<p>1. Provides a mechanism or structured input from KHS members and community representatives regarding how KHS operations impact the delivery of care.</p> <p>2. The PP/CAC is supported by the Board of Directors to provide input in the development of public policy activities for KHS.</p> <p>3. The committee meets every four months and provides recommendations and reports findings to the Board of Directors.</p>																										

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DHCS	Public Policy/Community Advisory Committee (PP/CAC)	Met/Not Met	Year End 2019	<p>Public Policy has 10 committee positions. In addition, the Participant Health Care Practitioner has been reduced to only 1 position.</p> <table border="1"> <thead> <tr> <th>Public Policy Committee Members</th> <th>Attended</th> </tr> </thead> <tbody> <tr> <td>KHS Member</td> <td>1</td> </tr> <tr> <td>KHS Member</td> <td>1</td> </tr> <tr> <td>KHS Member</td> <td>Vacant</td> </tr> <tr> <td>KHS Member</td> <td>Vacant</td> </tr> <tr> <td>KHS Member</td> <td>Vacant</td> </tr> <tr> <td>Community Representative</td> <td>1</td> </tr> <tr> <td>Community Representative</td> <td>1</td> </tr> <tr> <td>Participant Health Care Practitioner</td> <td>Vacant</td> </tr> <tr> <td>Kern County Department of Public Health</td> <td>1</td> </tr> <tr> <td>Kern County Department of Human Services</td> <td>1</td> </tr> </tbody> </table>	Public Policy Committee Members	Attended	KHS Member	1	KHS Member	1	KHS Member	Vacant	KHS Member	Vacant	KHS Member	Vacant	Community Representative	1	Community Representative	1	Participant Health Care Practitioner	Vacant	Kern County Department of Public Health	1	Kern County Department of Human Services	1
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UM	Utilization Management Process  Policy/Procedure Revision/Development and Implementation	Met/Not Met	Year End 2019	<ol style="list-style-type: none"> <li>UM Policies and Procedures are reviewed at least annually and updated at a minimum every 2-3 years. Revisions are performed periodically in order to comply with any new regulatory requirements.</li> <li>Each policy and procedure is reviewed against the DHCS contract and regulatory requirements and revised as needed to ensure compliance.</li> <li>A review of UM policies and procedures are performed as well as the creation of new policies in direct relation to the addition of the new or revised benefits, and others to meet the reporting and medical identification requirements set forth by the Department of Health Care Services (DHCS) in APL. Mega Regs and contract update necessitated multiple policy updates for 2019.</li> </ol>																						
UM	Revisions in Criteria and/or Approach to UM Activities	Met/Not Met	Year End 2019	<ol style="list-style-type: none"> <li>Milliman Care Guidelines (MCG), an evidence based web criteria utilized by KHS, are updated annually by MCG. MCG provides KHS UM with training and documentation of changes that have occurred.</li> <li>The Clinical Intake Coordinators and Chief Medical Officer, and Medical Directors utilize MCG, Medi-Cal Guidelines, DHCS and DMHC contract language, and KHS Internal Guidelines to determine if a referral reviewed for medical necessity should be denied, modified and deferred.</li> <li>MCG Inter-Reviewer Reliability is performed bi-annually to promote consistency of the application of guideline utilization by all clinical UM staff</li> <li>Presently there are 60+ internally created medical guidelines referenced by the staff for decision making.</li> <li>Internal guidelines based on Medi-Cal and other evidence based sources are drafted in 2019 by the Director of Utilization Management or Chief Health Services Officer and approved for implementation by the KHS Chief Medical Officer for presentation to the PAC and QI/UM Committees to provide additional support in the decision making process.</li> <li>As part of the JIVA Medical Management implementation project, KHS transitioned from static MCG criteria to interactive Care Web QI format that allows for interactive criteria application and detailed summary of decision making to providers</li> </ol>																						
UM	Monitoring UM Decision Turn-Around Times, Volume, and Denial Rates	Met/Not Met	Year End 2019	<ol style="list-style-type: none"> <li>Timeliness of UM Decisions are monitored on a daily basis through activity reports produced the UM Auditor through the Business Intelligence reporting program, Business Objects.</li> <li>The UM Management staff is able to identify the number of referrals each Clinical Intake Coordinator are required to complete within the state mandated five-day turnaround time.</li> <li>A formal timeliness report is provided by the Director of Utilization Management on a quarterly basis to the QI/UM Committee.</li> </ol>																						

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UM	Timeliness of Decision Trending	Met/Not Met	Year End 2019	<p>Quarterly audits are conducted to ensure compliance with regulatory 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.</p> <p>Urgent: Response back to Provider in 3 business days  Routine: Response back to Provider in 5 business day</p> <p style="text-align: center;"><b>UM - Timeliness of Decision</b></p> <table border="1"> <thead> <tr> <th></th> <th>4Q/18</th> <th>1Q/19</th> <th>2Q/19</th> <th>3Q/19</th> <th>4Q/19</th> </tr> </thead> <tbody> <tr> <td>Urgent %</td> <td>93.1%</td> <td>92.3%</td> <td>90.3%</td> <td>85.9%</td> <td>90.6%</td> </tr> <tr> <td>Routine %</td> <td>92.7%</td> <td>92.7%</td> <td>94.0%</td> <td>89.4%</td> <td>96.3%</td> </tr> </tbody> </table> <p> - Member Nonfiction: 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 </p>		4Q/18	1Q/19	2Q/19	3Q/19	4Q/19	Urgent %	93.1%	92.3%	90.3%	85.9%	90.6%	Routine %	92.7%	92.7%	94.0%	89.4%	96.3%												
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UM	Monitoring of Inpatient Admissions	Met/Not Met	Ongoing	<ol style="list-style-type: none"> <li>Daily census and rounding reports were expanded in the Business Intelligence to identify all reported hospital and other facility admissions.</li> <li>These reports are reviewed daily by the UM Management team to assess inpatient volume and determine length of stay appropriateness as documented by the UM Inpatient team.</li> <li>These reports have been refined to provide financial obligations on a daily basis as well as detailed information on discharges, real time level of care and anticipated bed days.</li> <li>Business decisions can be formulated based on details contained in the reports.</li> </ol>																																																														

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Average LOS	6.25	3.19	4.87	3.52	4.09																									
Bed days/1000	69.6	39.4	47.7	34.3	42.2																									
UM	Transition of Care Program-30 day Readmissions	Met/Not Met	Year End 2019	Tracking and trending continues as a collaborative effort between UM and QI for 30 readmissions. Care/Case management perform outreach for post discharge members for care coordination and resources allocation. Transitional care clinics were created to enhance immediate access to either members PCP or specialized clinic to perform medication reconciliation, DME procurement, and promote medical and behavioral condition stabilization. MSW are placed in the TOC clinics to provide care coordination and resource information for housing, food, and other social determinants of health.																										
UM	Transition of Care Program-Medication Reconciliation with Pharmacist Education and intervention	Met/Not Met	Year End 2019	<p><b>MTM members by month 2019</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>Members</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>399</td></tr> <tr><td>Feb</td><td>386</td></tr> <tr><td>Mar</td><td>406</td></tr> <tr><td>Apr</td><td>402</td></tr> <tr><td>May</td><td>428</td></tr> <tr><td>Jun</td><td>369</td></tr> <tr><td>Jul</td><td>504</td></tr> <tr><td>Aug</td><td>386</td></tr> <tr><td>Sep</td><td>419</td></tr> <tr><td>Oct</td><td>424</td></tr> <tr><td>Nov</td><td>396</td></tr> <tr><td>Dec</td><td>179</td></tr> </tbody> </table>	Month	Members	Jan	399	Feb	386	Mar	406	Apr	402	May	428	Jun	369	Jul	504	Aug	386	Sep	419	Oct	424	Nov	396	Dec	179
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Required By	Goals	Metrics	Target Completion Date	Action Steps & Monitoring
UM	Monitoring Under-utilization	Met/Not Met	Year End 2019	<ol style="list-style-type: none"> <li>1. The UM department mails correspondence notifications to both the practitioners and members of any carved-out services that are provided outside of KHS benefit coverage for Coordination of care.</li> <li>2. Referrals for various educational programs, including smoking cessation, obesity, prenatal care, asthma, high blood pressure and diabetes are forwarded to QL/Health Education to assist UM in promoting the member's health through education and facilitating services with community based programs and other contracted service providers.</li> <li>4. The Prior Authorization (PA) lists' goal is to facilitate timely access of services to members while eliminating barriers to the provider and enhance the provider experience.</li> <li>5. PA information is communicated to the providers via a monthly update on the KHS internet site and provider portal. Various departments review trends to determine which services can be included for inclusion in a future PA listing.</li> <li>6. Audits are conducted to review for under utilization of services that no longer require prior authorization to identify aberrant provider behavior or performed focused reviews on outlier activity and communicate with providers how to become more aligned with the positive trending.</li> <li>7. Auth fulfillment reports are reviewed to determine the % of authorizations that are unused-outpatient and non consult data.</li> </ol>
UM	Process for Monitoring Over-utilization	Met/Not Met	Year End 2019	<ol style="list-style-type: none"> <li>1. Triage provided by Health Dialog for KFHC member's to receive services in the emergency room and urgent care center are reviewed retrospectively for appropriateness of the triage. On a monthly basis, the Case Management social worker receives a report that identifies members with multiple ER and/or UC usage for review and follow-up.</li> <li>2. This helps to identify PCP access issues, members needing guidance on medical services, needs for disease management, and inappropriate behavior of members seeking controlled drugs.</li> <li>3. Specialty referrals for the members are reviewed concurrently by the RN Clinical Intake Coordinators. The medical necessity for the referral is considered as well as determining the appropriateness of locally provided care versus out of area tertiary facility treatment.</li> <li>4. Durable medical equipment continues to be tracked for duplication and rental items are monitored for the appropriateness of continued use.</li> <li>5. Other areas of ongoing audits involve Mental Health, Applied Behavior (ABA), Pain management, Physical and occupational therapy, and review of providers requesting services outside of their specialty. termination letter is drafted after review of the documentation by the Chief Medical Officer or designee.</li> </ol>
UM	Process for Monitoring Over-utilization (continued)	Met/Not Met	Year End 2019	<ol style="list-style-type: none"> <li>6. KHS contracts with a consultant who performs in home evaluations to determine the appropriate equipment and recommend additional functional devices as needed to improve member's mobility and independence.</li> <li>7. The admission and continued stay of KHS members in an acute or rehabilitation facility are concurrently reviewed for the severity of illness and the intensity of service. Levels of Care are monitored closely to ensure the member receives care in the appropriate setting for promotion of wellbeing and recovery.</li> <li>8. Analysis of Primary Care and Specialty physician referral trends are reviewed to determine if requests are appropriate and if aberrancies noted, staff will initiate appropriate through coordination with Provider Relations Department.</li> <li>9. Providers area contacted directly to begin dialogue and request clarifications to referral requests and provide additional education through criteria and policy and procedure review to increase compliance and reduce unnecessary referral requests and processing.</li> </ol>
UM	CCS Collaboration	Met/Not Met	Year End 2019	Ongoing supportive and collaborative partnership with county CCS. KHS worked with CCS to identify transportation duplication among KHS membership. KHS has co-located a CCS staff RN for an integrative approach for managing the bifurcated benefits based on diagnosis to reduce/eliminate duplication and or delay in services. KHS continues to collaborate with CCS on successful transitions of members aging out of CCS and into full KHS management of previous CCS eligible conditions through education via providers, conferences, and other modes of communication.
UM	Health Home Program	Met/Not Met	Year End 2019	Six Health Home Models were fully implemented and aligned with the State HHP Program by 7/1/2019. One HHP site combined the 2 existing sites to meet the requirement of Serious Mental Illness (SMI) integration. This reduces the total of HHP sites to 5. KHS has provided continued oversight, administrative and financial assistance to the HHP sites while closely monitoring quality and compliance to the State HHP guidelines through Medical Record clinical audits. Sites are provided with frequent feedback and reporting to monitor for program effectiveness and to ensure the provision of Medical, Behavioral, and Social aspects of member care.
UM	Point of Service MCG Clinical guideline Integration	Met/Not Met	Year End 2019	Product expansion with current Evidence based criteria vendor MCG to include Care Web QI to allow for point of service authorization for providers via portal entry; promote consistent application of guidelines; increase reporting capabilities in the goal of operational efficiency with one system versus multiple internal workflows.

Required By	Goals	Metrics	Target Completion Date	Action Steps & Monitoring
UM	Physician Profiling	Met/Not Met	Year End 2019	Track and trend physician pattern of Utilization to address outliers in the deviation from standard of care in a goal towards value based purchasing alternative payment methodologies. Areas of focus include Inpatient, Outpatient, ER utilization, Pharmacy, Specialty referral, HEDIS/MCAS and DME/ancillary utilization, etc. that allows for drill down to costs, utilization, and comparison among peers. The tool is used as an educational component to the contracted provider network to foster appropriate utilization, reduce burden administrative burden to the provider, reduce medical costs, and reward providers whose practice patterns are aligned with industry standards that in turn improve health and consistency among the community providers.

is designed to promote equitable, safe and consistent UM decision- making and coordination of care. The Medi-Cal (MCAL) beneficiary  
 tive team, continue to develop alternative methods to attract and retain qualified RN candidates. Ensuring KHS members are provided high  
 t Department. The UM Program includes prior authorization, concurrent review, retrospective review and case management components,  
 legates and the Chief Medical Officer and /or their designee(s), to promote timely services for members. Conducting an annual evaluation of  
 ). Where the evaluation shows that the program has not met its goals, the organization recommends appropriate changes incorporated into  
 expanded eligibility that primarily consisted of adults. The Statement of Work completed in 2019 is as follows:

Results	
<input type="checkbox"/>	Goal met
<input type="checkbox"/>	Goal met
<input type="checkbox"/>	<input type="checkbox"/> Goal met <input type="checkbox"/> All documents reviewed, revised, and approved in 2019 <input type="checkbox"/> Annual UM 2019 Program Evaluation was completed and approved <input type="checkbox"/> UM 2019 Program Description was reviewed, revised and approved
<input type="checkbox"/>	Goal met -(6) staff attained CCM in 2019-(4) MSW, (2) RN
<input type="checkbox"/>	Goal met- Kaiser onsite audit conducted May 2019. VSP and Health Dialog quarterly JOC monitoring of activity. <b>Next Steps:</b> <input type="checkbox"/> Continue quarterly review of delegated services UM reports, annual audit of Policy and Procedures, collaborations annual denial file review. <b>Ad hoc review as identified.</b> <input type="checkbox"/> Report delegated services findings to KHS PAC and UM/QI Committees.
<input type="checkbox"/>	Goal met
<input type="checkbox"/>	Goal met <b>Next Steps:</b> <input type="checkbox"/> Continue to update and provide training as needed <input type="checkbox"/> Training is based on Regulatory standards and changes <input type="checkbox"/> Training needs are identified through a Needs Assessment rounds training tools, discharge planning tools, documentation recommendations and ethics training tools. <span style="float: right;">Trainings included</span>

**Results**

- Goal met
- All criteria were reviewed by PAC committee, CMO and designees, and staff at various times throughout the year

Next Steps:  
 Continue annual review, update and approval of UM Criteria for 2019/2019  Dedicated team to review, monitor, and execute ABA and Mental Health services

- Goal met
- Periodic reporting is ongoing and completed to provide an update on UM processes, new programs and various UM related issues and/or concerns
- Determines necessity of implementing corrective action plans

Next Steps:  
 Continue to review, revise and approve Utilization management policies and procedures at designated timeframes. Ongoing and ad hoc report to committees

- Goal Not Met -In one category, Q4 criteria inclusions with decisions fell below expectation to remain consistently at 90% or greater. JIVA implementation impacted notification related to new platform functionality and user learning curve
- Staff re-education/training on JIVA system and criteria attachment ongoing as warranted

- Goal Met Physician Satisfaction Survey  
completed in 2019 by SPH Analytics
- Member Satisfaction Survey completed in 2019 by SPH Analytics
- Favorable/consistent feedback received from various areas in assisting to provide quality patient care
- Results remained stable from past years, no significant changes

Goal Met

Goal Met

Goal Met

**Results**

Goal Met

Goal Met

Goal Met

Goal Met

Goal Met

**Results**

Goal Met

Goal Met

Goal Met

Goal Met

Goal Met

Goal Met



**Results**

Goal Met

Goal Not Met-all P&P were not reviewed for routine review. P&P were updated according to APL/PPL/PL and all DMHC/DHCS release:

Goal Met -Next steps in CQWI JIVA implementation will be to incorporate a Point of Service Decision Making tool through a direct interface to the MCG criteria with the providers who submit authorization requests electronically via the Provider Portal.

Goal Not Met for monitoring/oversight-90% in each quarter

**Results**

Goal Not Met -Q3 2019 challenged with staff vacancies and new hire training gaps coupled with increase referral volume impacted compliance rate.

Goal Not Met Q4 >90% in 2019 for criteria included related to new staff hires and training gaps impacted compliance rate.

Goal Met

Goal Met- goal is to remain below 10% overall denial rate

**Results**

Goal Met

Goal Met- majority of denials related to carved out services; i.e. CCS, Kern Regional Center- not under KHS benefit

Goal Met

Goal Met

Goal Not Met-ALOS not met for overall goal of 3.5 days or less for acute setting

**Results**

Goal Met

Goal Not Met-GLOS <4 days. SNF/rehab stays impact LOS when included.

Goal Met-admissions impacted by CCS eligibility and transition of financial responsibility.

Goal Met -GLOS <5 days

Goal Met -readmission rate <12%, although not solely related to TOC clinics and CM efforts. Other disease specific programs such as palliative care, COPD, MTM, and MSW SDoH interventions, etc. all contribute to the readmission rate.

Goal Met-cost savings experienced in reduction in ER although increases seen in UC utilization related to ER diversion.

**Results**

Goal Met

Goal Met -MH, ABA, DME, Pain management and other completed in 2019

Goal Met

Goal Met

Health Home Program

Goal Met The 2019 goal of aligning the 6 HHP sites with the State Program has been met (5 total after combining of 1 provider). The second of Kern County FQHC providers is planned for an additional 1-2 HHP sites in 2020. KHS is also preparing to open two Distributive Model HHP sites in 2020. The Distributive Model sites will utilize an existing provider in the KHS network to serve as HHP PCP while the support staff including Nurse, Care Coordinator, Social Worker, and Pharmacist will be supplied by KHS to meet the member at their PCP, telephonically, and/or at the member's home.

Goal Met- MCG CWQI functionality incorporated into the JIVA Medical Management platform in November 2018. Versioning updates will continue through 2019 to ensure access to the most current guidelines.

Goal Not Met-MCG product was ready for integration and implementation in 2019. Due to technical issues with certification and integration into the JIVA medical management platform, the MCG POS was not completed. Sentinel rule and configuration issues are near completion and anticipated implementation is planned for Q2 2020.

**Results**

Goal Met - 2D profiling will be used by Medical Mgmt. and Executives for physician trending and educational opportunities conducted by KHS clinical staff. Phase 2 of the Physician Profiling project was completed Q4 2019.

# **KERN FAMILY HEALTH CARE UTILIZATION MANAGEMENT 2020 PROGRAM DESCRIPTION**

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## **Introduction**

Kern Health Systems (KHS), d.b.a. Kern Family Health Care (KFHC), is the Local Initiative for the arrangement of medical, social, and behavioral health care for Medi-Cal enrollees in Kern County. KHS is a public agency formed under Section 14087.38 of the California Welfare and Institutions Code. KHS began full operations on September 1, 1996 under the Kern County Board of Supervisors. KHS serves more than 258,000 Medi-Cal participants in Kern County. Medi-Cal is a jointly funded, Federal-State health insurance program for certain low-income beneficiaries. KHS is committed to the mission of improving the health of members with an emphasis on prevention and access to quality healthcare. KHS strives to be a leader in developing innovative partnerships with the safety net and community providers to elevate the health status of all community members.

The purpose of the Utilization Management (UM) Program is to provide members with comprehensive health care and health education, within available resources, and to achieve the optimum level of quality health care in a cost-effective manner. Coordination with various internal departments such as Case Management, Pharmacy, Disease Management, Transitional Care, Health Homes, and Health Education, and partnering with our contracted and community entities assists KHS with the provision of a holistic and patient centered approach to providing health care to our membership. Success of the UM Program begins with positive patient-practitioner relationships and depends, not on the portioning of services, but on the management and delivery of medically necessary, cost-effective health care designed to achieve optimal health status.

In order to ensure efficiency and continuity in this program, policies and procedures have been developed to define major functions and accountabilities. All activities described in the UM Program are conducted with oversight by the Quality Improvement/Utilization Management (QI/UM) Committee.

Most requests for routine, non-emergent medical care (unless otherwise specified) are authorized prospectively by the UM department for Kern Family Health Care (KFHC) members. Prior authorization is required for specific identified services in order for that care to be reimbursed by Kern Health Systems (KHS). Authorization may also be obtained verbally from the KHS Chief Medical Officer or their designee(s) or a UM Nurse or Clinical Intake Coordinator.

Exceptions to the requirement for prior authorizations include but are not limited to:

- ◆ Primary Care Provider Services,
- ◆ Specific OB/GYN services, including midwives and free standing facility
- ◆ Abortion Services,
- ◆ Dialysis,
- ◆ Hospice Care,
- ◆ Transportation (verification of visit location required),
- ◆ Sexually Transmitted Disease treatments,
- ◆ HIV Services,
- ◆ Family Planning Services,
- ◆ Mental Health,
- ◆ Maternity Care,
- ◆ Vision,
- ◆ Sensitive Services, both child and adult
- ◆ Emergent/Urgent Care, and other procedures as identified.

The UM department nursing staff function primarily as Clinical Intake Coordinators evaluating utilization of services, while providing ongoing monitoring of patient care for quality and continuity in collaboration with the QI department. Authority to accomplish this is delegated to UM department staff by the KHS Chief Medical Officer, or designee (Medical Director or other Executive). Essential to this process and success is strong support and understanding of the UM Program by the KHS Chief Medical Officer, Medical Director(s), and Board of Directors. The KHS Utilization Management Program Description is a written description of the overall scope and responsibilities of the UM Program. The UM clinical team actively monitors, evaluates, and takes effective action to address any needed improvements in the quality, appropriateness, safety and/or outcomes of covered health care services delivered by all contracting providers rendering services to members. This is done through the development and maintenance of an interactive health care system that includes the following elements:

- ◆ The development and implementation of a structure for the assessment, measurement and problem resolution of the medical, behavioral health, social, and vision needs of the members;
- ◆ To provide the process and structure for monitoring contracted providers referral patterns;
- ◆ To provide oversight and direction for processes affecting the delivery of covered health care to members, either directly or indirectly;
- ◆ To ensure that members have access to covered health care in accordance with state legal standards;
- ◆ To monitor and improve the quality and safety of clinical care for covered services for members.



## Overview

### Purpose

The UM Program is comprised of various systems and processes which interface with other departments and administrative systems in the delivery of quality and value enhanced care. The link between UM and other clinical and administrative systems must be collaborative in order to deliver quality care and effective resource management.

- ◆ Provide the coordination of medically necessary services to all KFHC eligible members as defined by contractual obligations under the Department of Health Care Services, Department of Managed Care, and the regulations outlined in our Knox-Keene license in the State of California; and KHS Policy and Procedures;
- ◆ Monitor appropriateness of medical care and related services delivered to KFHC members;
- ◆ Provide systematic monitoring of the delivery of medical care and related services in a timely, effective, efficient manner consistent with the delivery of high quality and value enhanced care;
- ◆ Continually monitor, evaluate and optimize health care resource utilization and medical outcomes;
- ◆ Monitor utilization practice patterns of practitioners and provider organizations;
- ◆ Identify the need for Case Management, Disease Management, and Health Education through the referral/authorization review process;
- ◆ Foster Transitional Care to enhance the continuum of care;
- ◆ Develop programs that address specific needs of the KHS population;
  
- ◆ Educate members, practitioners and provider organizations of objectives for providing high quality and value enhanced managed health care; and
- ◆ Identify potential quality of care issues.

### Objectives

The KHS UM Program develops, implements, continuously updates, and annually improves a UM program that ensures appropriate processes are used to review and approve the provision of medically necessary covered services.

The UM program includes:

- ◆ Qualified clinical staff responsible for the UM program;
- ◆ Separation of medical decisions from fiscal and administrative management to assure those medical decisions will not be unduly influenced by fiscal and administrative management concerns.

- ◆ Provision for a second opinion from a qualified health professional is provided at no cost to the Member;
- ◆ Established criteria for approving, modifying, deferring, delaying, terminating, or denying requested services.

The KHS UM Program utilizes nationally recognized evaluation criteria and standards in making decisions to approve, modify, defer, deny or terminate services. The KHS UM Program will also review and present internally generated and other outside criterions the QI/UM Committee for direction in the development and/or adoption of specific criteria to be utilized by the KHS UM staff.

When making medical necessity decisions, UM staff obtains relevant clinical information to finalize UM decisions. Clinical information is provided to the Chief Medical Officer or their designee to support the decision-making process. Examples of clinical information include the following but is not limited to:

- ◆ History and physicals
- ◆ Office and ancillary service notes
- ◆ Treatment plans and Progress notes
- ◆ Health Risk Assessments
- ◆ Psychosocial history
- ◆ Risk Stratification
- ◆ Diagnostic results, such as laboratory results, or x-rays
- ◆ Specialty Consultation reports, including photographs, operative, and pathology reports
- ◆ Pharmacy profiles
- ◆ Telehealth communications
- ◆ Hospital records
- ◆ Behavioral Health/Mental Health
- ◆ Information regarding benefits and any changes as required under the Department of Healthcare Services (DHCS) contract and Department of Managed Healthcare (DMHC) Knox Keene Licensure

The review considers individual patient needs and the characteristics of the local delivery system. Based on patient circumstances, applicable UM criteria may be modified to a given instance. The relevant circumstances, described below, are discussed with the physician/practitioner reviewer and requesting physician in order to render an appropriate decision:

- ◆ Age
- ◆ Sex/gender
- ◆ Comorbidities
- ◆ Complications
- ◆ Home environment, as appropriate
- ◆ Progress toward accomplishing treatment goals

- ◆ Family support
- ◆ Previous treatment regimens
- ◆ Psychosocial situation and needs
- ◆ Benefit structure including coverage for post-acute or home care when needed
- ◆ Delivery system capabilities and limitations such as availability of behavioral health services, skilled nursing facilities, sub-acute care facilities or home care in the service area that supports the patient after discharge DME or ancillary needs

Local hospitals' ability to provide all recommended services within the estimated length of stay  
 The KHS UM Program verifies that its pre-authorization, concurrent reviews, and retrospective review procedures, meet the following minimum requirements:

- ◆ Qualified health care professionals supervise review decisions, and a qualified physician will make the determination to deny any services based on medical necessity;
- ◆ Annual competency evaluation (at a minimum) for all clinical staff assigned to medical necessity determinations;
- ◆ Maintain a set of written criteria or guidelines for Utilization Review that is based on sound medical evidence, consistently applied, regularly reviewed and updated;
- ◆ Reasons for decisions are clearly documented and communicated to the provider and member.

The KHS UM Program utilizes several approved sources to determine benefit coverage and to make decisions based on medical necessity. Many decisions are outlined in state regulatory guidelines and law. In addition, clinical guidelines are available as a guide for medical-necessity decisions. Medical judgment regarding the particular patient is also considered when making decisions. Regulations and guidelines include but not limited to:

#### Regulations

- ◆ California Code of Regulations Title 22
- ◆ California Code of Regulations Title 28
- ◆ California Code of Regulations Title 42
- ◆ California Health and Safety Code §§1363.5; 1367.01; 1371.4; 1374.16
- ◆ MCG Hearst Health Network
- ◆ UpToDate
- ◆ Medi-Cal /Medicare Guidelines
- ◆ KHS Internally generated Medical Criteria
- ◆ DHCS/DMHC Guidelines
- ◆ All Plan Letters (APL)
- ◆ Policy and Procedure Letters (PPL)

## Scope

Kern Health Systems Utilization Management Program provides comprehensive health care services. The scope of covered services defined by the UM Program includes:

- ◆ Prior authorizations/referral management
- ◆ Primary and Specialty Care
- ◆ Tertiary referral coordination
- ◆ Behavioral/Mental Health
- ◆ Autism Spectrum Disorder/Behavioral Intervention Services
- ◆ Concurrent review
- ◆ Retrospective review
- ◆ Continuity of Care
- ◆ Recommendations for policy decisions
- ◆ Guidance of studies and improvement activities
- ◆ Complex/Targeted Case management
- ◆ Chronic Condition Management (specialized programs)
- ◆ Medication Therapy Management
- ◆ Transitional Care
- ◆ Community Based Adult Services (CBAS)
- ◆ Respite Care (DHCS approved KHS benefit enhancement)
- ◆ Pulmonary Rehabilitation (DHCS approved KHS benefit enhancement)
- ◆ Maternity Care
- ◆ Gender Dysphoria
- ◆ Acupuncture
- ◆ Chiropractic
- ◆ Dental Anesthesia
- ◆ Genetics
- ◆ Specialty Medication (Pharmacy coordination)
- ◆ Major Organ Transplants (kidney only)
- ◆ Durable Medical Equipment (DME)/Prosthetics and Orthotics (P&O)/Soft Goods
- ◆ Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
- ◆ Supplemental Shift Nursing Services
- ◆ External (Out-of-Plan) referrals (including post stabilization care requests)
- ◆ Discharge planning/Rehabilitation Services
- ◆ Occupational and Physical Therapy Services
- ◆ Speech and Language Therapy Services
- ◆ Prescription Drug Program in coordination with the Director of Pharmacy
- ◆ Out-of-area Case management
- ◆ Emergency service management
- ◆ Emergent/Non-emergent Medical Transportation

- ◆ Ancillary service management
- ◆ Home Health
- ◆ Cardiac Rehabilitation
- ◆ Hospice Services
- ◆ Palliative Care
- ◆ Pain Management Diagnostic Services; including laboratory, radiology, and genetic counseling
- ◆ Inpatient certification
- ◆ Skilled Nursing and Long-Term Care (limited benefit)
- ◆ Denial/Notice of Action
- ◆ Utilization data management
- ◆ Social Services (i.e. tracking of appropriate usage of services, mental health service assistance, social services assistance)
- ◆ After Hours Nurse Triage Services
- ◆ Appeals and Grievance
- ◆ Claims and Disputes
- ◆ Recommendations for any additional needed actions

The UM Program addresses the technical, professional and clinical aspects of patient care, which includes but is not limited to:

- ◆ Indication for services (medical necessity)
- ◆ Fraud, waste, and abuse monitoring
- ◆ Efficient ordering practices
- ◆ Appropriate level(s) of hospital care
- ◆ Appropriate and efficient use of resources
- ◆ Effective coordination and communication
- ◆ Reduction in the duplication of services
- ◆ Timeliness and access to care
- ◆ Valid data management to include the following data sources:
  - ◆ Claims and encounter submission
  - ◆ Medical Records
  - ◆ Medical Utilization data
  - ◆ Pharmacy Utilization data
  - ◆ Predictive Modeler data
- ◆ Identification of potential quality of care issues
- ◆ Clinical staff training for quality and accuracy

## Mental Health Services

KHS responsibilities are limited to mild to moderate mental health conditions rendered in the outpatient setting. Psychotropic drug therapy remains carved out and provided under the Fee for Service MCAL payment structure. Referrals for mental health services may be generated by the practitioner, KHS Social Workers, KHS' 24-hour contracted advice and triage nurses, school systems, employers, family, or the member.

Members needing immediate crisis intervention may self-refer to the Emergency Room or to the Kern County Behavioral and Recovery Services' Crisis Stabilization Unit. This information is provided to the members through the member handbook, and periodically, through the member newsletter. Mental Health Services for Medi-Cal participants are a covered benefit as described under the Kern Health Systems Health Plan in the contract with the Department of Health Care Services (DHCS).

KHS administers the mental health benefit as well as coordinating the benefit with the Kern Behavioral Health and Recovery Services (KBHRS) through a Memorandum of Understanding (MOU) and other contracted provider groups for their covered services. Quality issues are assessed through review of member grievances, member satisfaction study results, interactions with members, and quarterly meetings with KBHRS. KHS UM staff is available to assist KBHRS with complex cases and facilitate coordination and continuity of care between providers when transitioning between mild to moderate and extreme and pervasive mental health conditions.

Members who meet medical necessity criteria for medical conditions may receive Voluntary Inpatient Detoxification (VID) services in a general acute care hospital. VID services are carved-out (non-capitated) of the managed care contract and covered through the Medi-Cal Fee for Service program. Inpatient detoxification must be the primary reason for the member's voluntary inpatient admission.

KHS complies with Mental Health Parity requirements as required by Title 42, CFR, §438.930. The policies and procedures are consistently applied to medical/surgical, mental health and substance use disorder benefits. KHS's Utilization Management program does not impose Quantitative Treatment Limitations (QTL), or Non-Quantitative Treatment Limitations (NQTL) more stringently on covered mental health and substance use disorder services than are imposed on medical/surgical services in accordance with the parity in mental health and substance use disorder requirements in 42 CFR 438.900 et seq.

### Behavioral Health Therapy (BHT) and Behavioral Intervention Services (BIS)

Autism Spectrum Disorder (ASD) encompasses several conditions that were previously diagnosed separately: autistic disorder, pervasive development disorder not otherwise specified (PDD-NOS) and Asperger syndrome. For those Kern Family Health Care members not currently receiving ABA treatment from the local Regional Center, Primary Care Providers or other

specialists can submit a prior authorization request for the comprehensive diagnostic evaluation by a psychiatrist, psychologist, or neurologist. Upon completion of the Comprehensive diagnostic evaluation that results in a diagnosis of a qualifying ASD, ABA services will be reviewed in the usual manner as any other medical or behavioral service request to KFHC. KHS is responsible for coverage of the BHT benefit which includes non-ASD diagnosis and provides Continuity of Care for the defined members.

### Respite/Recuperative Care

The purpose of Respite/Recuperative Care is to reduce the costs of unnecessary hospital utilization and repeated costly emergency room visits for homeless individuals and other individuals who are hard to place post discharge.

Respite/ Recuperative Care includes post-hospitalization services to individuals who are at risk of homelessness or lack a physical address at the time of discharge from an acute care, inpatient facility. Typically, patients will stay in Recuperative Care from five (5) to sixty (60) days is dependent on each individual's recovery and personal needs. This model is based on the following parameters:

- ◆ Intensive Case Management
- ◆ Substance Use Disorder
- ◆ Resource linkage
- ◆ Self-care and independent living

### Health Home Program

The Health Homes Program (HHP) is an option afforded to states under Section 2703 of the Affordable Care Act. It allows states to create Medicaid Health Homes to coordinate the full range of physical health, behavioral health, and community-based long-term services and supports (LTSS) needed by beneficiaries with chronic conditions.

Program eligibility is based on meeting a set of chronic physical/Substance Use Disorder (SUD) or Severe Mental Illness (SMI) conditions as well as specified acuity criteria. The HHP will serve as the central point for coordinating patient-centered care and will be accountable for:

- ◆ Improving member outcomes by coordinating physical health services, mental health services, substance use disorder services, community-based Long-Term care, palliative care, and social support needs
- ◆ Reducing avoidable health care costs, including hospital admissions/readmissions, Emergency Department visits, and nursing facility stays

Improving member outcomes and reducing health care costs will be accomplished through the partnership between KHS and the Community Based Care Management Entities (CB-CME), either through direct provision of HHP services, or through contractual or non-contractual

arrangements with appropriate entities that will be providing components of the HHP services and planning and coordination of other services.

KHS is responsible for providing the following six core HHP services:

- ◆ Comprehensive care management,
- ◆ Care coordination,
- ◆ Health promotion,
- ◆ Comprehensive transitional care,
- ◆ Individual and family support, and

Referral to community and social support services. The HHP is structured as a health home network with entities functioning as a team to provide whole-person care coordination as outlined by the Department of Health Care Services. These include but not limited to:

• *Improve care coordination.* A primary function of the HHP is to provide increased care coordination for individuals with chronic conditions. This increased care coordination will be provided through HHP Services, which include homelessness, physical and behavioral health, and care coordination.

• *Integrate palliative care into primary care delivery.* To strengthen the foundation for palliative care delivery, palliative care will be included in an HHP member's needs assessment. Care coordinators may also emphasize the importance of using advanced directives and Physician Orders for Life-Sustaining Treatment (POLST) forms.

• *Strengthen community linkages within health homes.* Linkages to housing and social services are critical to providing comprehensive care coordination in HHP. Requirements for strong linkages to, and assistance and follow-up with, community resources will ensure that these resources are available to HHP members. In addition to linking and coordinating available social services, the multi-disciplinary care team will also encourage HHP members to participate in evidence-based prevention programs such as diabetes management and smoking cessation, and other available programs that are documented to use best practices and have positive outcomes. Information about the availability of these programs will be provided to the member.

• *Strengthen team-based care, including use of community health workers/ promotoras/other frontline workers.* HHPs will be required to have team-based care, including community health workers where appropriate. Because of the linkages to housing and other social services, and



potential outreach activities, community health workers will have a role in providing HHP services.

- Improve the health outcomes of people with high-risk chronic diseases.

To date, KHS has fully implemented four (4) HHP facilities in collaboration with our Federally Qualified Health Center (FQHC), public hospitals, and community at large providers. Two additional locations are in progress with an anticipated implementation of Q2/Q3 2020.

### Transitional Care Program

The Transitional Care Model (TCM) is an evidence-based solution to these challenges. The TCM has consistently demonstrated improved quality and cost outcomes for high-risk, cognitively intact and impaired older adults when compared to standard care in: reductions in preventable hospital readmissions for both primary and co-existing health conditions; improvements in health outcomes; enhanced patient experience with care; and a reduction in total health care costs.

- *Avoidance of hospital readmissions for primary and complicating conditions.* TCM has resulted in fewer hospital readmissions for patients. Additionally, among those patients who are rehospitalized, the time between their discharge and readmission is longer and the number of days spent in the hospital is generally shorter than expected.
- *Improvements in health outcomes after hospital discharge.* Patients who received TCM have reported improvements in physical health, functional status and quality of life.
- *Enhancement in patient and family caregiver experience with care.* Overall patient satisfaction is increased among patients receiving TCM. In ongoing studies, TCM also aims to lessen the burden among family members by reducing the demands of caregiving and improving family functioning.

Collaborative care is the cornerstone of the TCM model. Collaborating partner's staff will form the interdisciplinary clinic that provides biopsychosocial and diagnostic screenings and evaluations, medication management, care management, treatment planning and intervention services, as well as general medical services for the identified population. The main goals of integration include:

- Foster cross-system linkages and partnerships;
- Quality and value based system of care;
- Create robust inpatient discharge coordination and develop cross-system transfer of care protocols;
- Expand strategy and education opportunities;
- Improve patient experience and quality outcomes; and
- Implement model of care that is sustainable and cost effective

## **Collaboration of Services**

The scope of the UM Nurse and Clinical Intake Coordinator extends beyond the management of referrals. While performing UM activities, any quality of care issues or concerns may be addressed with the practitioners or provider organizations and are reported to the QI department. Collaboration between UM and QI is essential in order to ensure the delivery of quality care to the plan's membership.

Continuity of Care is coordinated upon enrollment for those members with established relationships with Primary Care Providers, Specialists, ancillary or DME providers to promote uninterrupted services that may have been initiated prior to the member's enrollment with KHS.

KHS is required to provide beneficiaries with the completion of certain covered services that the beneficiary was receiving from a non-participating provider or from a terminated provider, subject to certain conditions. The beneficiaries must be given the option to continue treatment for up to 12 months.

KHS must provide continuity of care with an out-of-network provider when KHS is able to determine that the beneficiary has an ongoing relationship with the provider (self-attestation is not sufficient to provide proof of a relationship with a provider); the provider is willing to accept the higher of the KHS's contract rates or Medi-Cal Fee For Service rates; and the provider meets KHS's applicable professional standards and has no disqualifying quality of care issues.

Collaboration with other outside agencies such as Kern Regional Center, Department of Public Health, Department of Mental Health, Homeless Coalition and Housing Authority, Department of Aging and Health and Human Services, California Children Services and other internal KHS departments and coordination of services for the KFHC membership is an important aspect of the UM process. The UM Nurse and Clinical Intake Coordinator assist the members in obtaining carved out services and when necessary, coordinate and provide services not covered by the carved out practitioner/provider.

The UM Nurse and Clinical Intake Coordinator coordinates Mental Health services with Kern Behavioral Health and Recovery Services through a Memorandum of Understanding pursuant to a contract between the County and the State. This coordination is essential in order to provide members with a seamless transition between mental health services beyond the scope of KHS responsibility to manage mild to moderate symptomatology and the more severe diagnosis under the responsibility of the County System of Care.

In addition, KHS UM staff also coordinates Autism Spectrum Disorder (ASD) and Behavioral Intervention services with Kern Regional Center (KRC) through a Memorandum of Understanding. This coordination is essential in order to provide members with uninterrupted medical services as they transition between the systems of care.

The UM Nurse and Clinical Intake Coordinator also coordinates Specialty children's services with California Children's Services (CCS) through a Memorandum of Understanding. This coordination is essential in order to provide members with uninterrupted medical services as they transition between the systems of care.

Regularly scheduled quarterly (or more often if deemed necessary) Joint Operations Meetings are held with Mental Health, CCS, and Regional Center partners to promote coordination, quality, and timely decisions regarding member's identified needs.

Member health education and disease management is an important component in member Case Management. Improvement of the member's health is a collaborative effort between the member, and the member's practitioner, KHS Health Education, Disease management, UM Nurse and Clinical Intake Coordinator, and numerous community partnerships.

## **Authority and Responsibility**

### **KHS Board of Directors**

The Board of Directors for KHS assigns the responsibility to lead, direct, and monitor the activities of the UM and QI Programs to the QI/UM Committee. The QI/UM Committee is responsible for the ongoing development, implementation, and evaluation of the UM and QI Programs. All the activities described in this document are conducted under the oversight of the QI/UM Committee.

### Structure

- 1 Board Chair
- 1 Rural PCP Representative
- 1 Urban PCP Representative
- 1 Safety Net Provider Representative
- 1 Hospital Representative
- 1 Pharmacist Representative
- 2 1<sup>st</sup> District Community Representative
- 2 2<sup>nd</sup> District Community Representative
- 2 3<sup>rd</sup> District Community Representative
- 2 4<sup>th</sup> District Community Representatives
- 2 5<sup>th</sup> District Community Representatives

The Board is directly involved with the UM process in the following ways:

- ◆ Approve and support the UM Program direction, evaluate effectiveness and resource allocation. Support takes the form of establishing policies needed to implement the plan;
- ◆ Appoint individual and/or departments within the KHS organization to provide oversight of the UM Program;
- ◆ Approve policies and procedures needed to maintain the UM Program;
- ◆ Receive and review periodic summary reports on quality and safety of clinical care and quality of service, and make decisions regarding corrective actions that require the Board's level of intervention;
- ◆ Receive, review, and make final decisions on issues involving provider credentialing and recredentialing recommendations from the Physician Advisory Committee (PAC) and Pharmacy and Therapeutics Committee (P&T);
- ◆ Receive reports representing actions taken and improvements made by the QI/UMC, at a minimum on a quarterly basis;
- ◆ Evaluate and approve the UM Program Description and UM Program Evaluation annually, providing recommendations as appropriate and track findings.
- ◆

Monitor the following activities delegated to the KHS Chief Medical Officer or designee:

- ◆ Oversight of the UM Program
- ◆ Chairperson of the QI/UM Committee
- ◆ Chairperson of associated subcommittees (PAC, P&T, Public Policy)
- ◆ Supervision of Health Services staff to include UM, QI, Pharmacy, Health Homes (HHP), Health Ed, Case Management, and Disease Management;
- ◆ Oversight and coordination of Continuity of Care activities for members;
- ◆ Proactive incorporation of quality outcomes into operational policies and procedures;
- ◆ Oversight of all committee reporting activities so as to link information.

The Board of Directors delegate's responsibility for monitoring the quality of health care delivered to members to the Chief Medical Officer or designee, and the QI/UMC with administrative processes and direction for the overall UM Program initiated through the Chief Medical Officer.

#### Chief Medical Officer (CMO) Responsibilities:

The Chief Medical Officer reports to the Chief Executive Officer (CEO) and the KHS Board of Directors and, as Chairperson of the QI/UMC and Subcommittees provide direction for internal and external UM Program functions, and supervision of the KHS staff including:

- ◆ Application of the UM Program, by KHS staff and contracting providers;
- ◆ Participation in provider quality activities, as necessary;
- ◆ Monitoring and oversight of provider QI and UM programs, activities and processes including policies;

- ◆ Oversight of KHS delegated credentialing and recredentialing activities;
- ◆ Retrospective review of KHS credentialed providers for potential or suspected deficiencies related to quality of care;
- ◆ Final authority and oversight of KHS non-delegated credentialing and recredentialing activities;
- ◆ Monitoring and oversight of any delegated UM activities;
- ◆ Supervision of Health Services staff involved in the UM Program, including: Chief Health Services Officer, Director of Pharmacy, and Clinical director staff;
- ◆ Supervision of all Utilization Management activities performed by the UM Department;
- ◆ Monitoring that covered medical care provided meets industry and community standards for acceptable medical care;
- ◆ Contributor in the development of medical criteria for necessity determinations;
- ◆ Actively participating in the functioning of the plan grievance and appeals procedures;
- ◆ Review and resolution of grievances related to medical quality of care.

#### Medical Director (s):

The Medical Director (s) support the Chief Medical Officer with projects as assigned and serves the role of Chief Medical Officer in the CMO's absence or when the CMO's position is not filled. The Medical Director (s) provide oversight for the following including:

- ◆ Serve as a member of the following committees of the KHS Board of Directors: Physician Advisory Committee; Grievance; Pharmacy & Therapeutics Committee;
- ◆ Quality Improvement and Utilization Management Committees (Serve as Chairperson of these committees as delegated by CMO). Attend committee meetings as scheduled.
- ◆ Participates in carrying out the organization's mission, goals, objectives, and continuous quality improvement of KHS;
- ◆ Represents KHS in the medical community and in general community public relations;
- ◆ Participates in the implementation of the KHS Credentialing Program;
- ◆ Direct responsibility for prior authorization review and medical necessity determinations based on application of evidence based medical criteria and MCAL established guidelines;
- ◆ Identify fraud, waste, and abuse through multi-disciplinary internal staff participation;
- ◆ Obtains support of the medical community for QI, UM, DM, HE, HHP, and CM programs;
- ◆ Directly communicates with primary care physicians and other referring physicians in order to resolve referral issues, research treatment protocols, solicit advice on problem cases, and to assist in development of referral criteria and practice guidelines;

- ◆ Supports, communicates, and collaborates with KHS Clinical Intake Coordinators and UM Nurses in order to resolve case management and referral issues;
- ◆ Implements the Disease Management, Health Education, Case Management, Health Homes, and Quality Improvement Program(s).

## **Program Structure**

### **Committees**

#### **Quality Improvement/Utilization Management (QI/UM) Committee**

The QI/UM Committee (QI/UMC) reports to the Board of Directors and retains oversight of the UM Program with direction from the CMO or designee. The QI/UM Committee performs oversight of UM activities conducted by KHS to maintain quality health care and effective and appropriate control of medical costs through monitoring of medical practice patterns and utilization of services. This committee also develops and enforces the quality improvement process with respect to contracting providers, subcommittees and internal KHS functional areas with oversight by the CMO.

#### **Key Responsibilities**

- ◆ Assure that practitioner/provider organizations participate in specific QI/UM activities as assigned;
- ◆ Oversee the effectiveness of UM activities within KHS (internal and external);
- ◆ Review, investigate and make recommendations to the appropriate individual or department regarding utilization issues affecting member care; or, in the case of review of individual practitioners/provider organizations performance, refer such review/investigation to the CMO /Physician Advisory Committee (PAC) Corrective Action Plans (CAP);
- ◆ Promote communication of UM activities across KHS and to practitioner/provider organizations;
- ◆ Maintain processes to promote confidentiality of the UM Program information as well as avoidance of conflict of interest on the part of practitioner reviewers;
- ◆ Identify methods to increase the quality of health care and service for members;
- ◆ Design and accomplish UM Program objectives, goals and strategies;
- ◆ Recommend policy direction;
- ◆ Review and evaluate results of UM activities at least annually and revise as necessary;
- ◆ Institute needed actions and ensure follow-up;
- ◆ Develop and assign responsibility for achieving goals;
- ◆ Monitor clinical safety;
- ◆ Ensuring access to quality care;
- ◆ Oversee the identification of trends and patterns of care;

- ◆ Monitor results of site reviews to ensure patient safety
- ◆ Monitor grievances and appeals for clinical issues;
- ◆ Develop and monitor Corrective Action Plan (CAP) performance;
- ◆ Report progress in attaining goals to the Board of Directors;
- ◆ Ensure incorporation of findings based on member and provider input/issues into KHS policies and procedures;
- ◆ Provide oversight for the KHS UM Program;
- ◆ Provide oversight for KHS credentialing;
- ◆ Assist in the development of clinical practice guidelines.

### Structure

- 1 KHS Chief Medical Officer (Chairperson), or designee
- 2 Participating Primary Care Physician-Family Practitioner and Pediatrician (1) OPEN
- 2 Participating Specialty Physicians-OB/GYN and ENT
- 1 Participating Home Health/Hospice Representative
- 1 Kern County Public Health Officer or designee
- 1 Participating FQHC Provider
- 2 Other Participating Ancillary Representatives-Durable Medical Equipment and Independent Pharmacy
- 1 Participating Hospital Representative
- 1 OPEN

The QI/UMC is responsible for periodic assessment and review of subcommittee activities and recommendations for changes, with subsequent reporting to the Board of Directors at least quarterly.

### Meeting Schedule

The QI/UM Committee meets at least quarterly, but as frequently as necessary to demonstrate follow-up on all findings and required actions. Issues needing immediate assistance that arise prior to the next scheduled meeting are reviewed by the CMO and reported back to the QI/UM Committee when applicable.

### **Physician Advisory Committee (PAC)**

#### Key Responsibilities

- ◆ Serve as advisor to the Board of Directors on health care issues, peer review and provider discipline. Review and comment on Credentialing/Recredentialing Policies and Procedures;

- ◆ Review and comment on other issues such as grievances and/or appeals, provider quality issues, and other peer review matters as directed by the KHS Chief Medical Officer or designee or as requested by the Board of Directors;
- ◆ Perform assigned functions under the Credentialing policies and procedures, the QI program, the UM program, the complaint/grievance process, and the practitioner/provider organizations appeal process;
- ◆ Serve as the committee for clinical quality review of contracting providers;
- ◆ Evaluate, assess and make decisions regarding contracting provider issues, grievances and clinical quality of care issues referred by the KHS CMO or designee and develop and recommend actions plans as required;
- ◆ Review provider qualifications, including adverse findings and recommend to the Board of Directors approval or denial of participation with initial credentialing and every three years in conjunction with recredentialing. When indicated, the time frame form credentialing/recredentialing may be shortened. Report Board action regarding credentialing/recredentialing to the QI/UMC at least quarterly;
- ◆ Review contracting providers referred by the KHS CMO or designee due to grievance and/or complaint trend review, other quality indicators or other information related to contracting provider quality of care or qualifications;
- ◆ Review, analyze and recommend any changes to the KHS Credentialing and Recredentialing program policies and procedures on an annual basis or as deemed necessary;
- ◆ Monitor any delegated credentialing/recredentialing process, facility review and outcomes for all delegated actions related to providers;
- ◆ Review and distribute preventive care guidelines for members, including infants, children, adults, elderly, Seniors and Persons with Disabilities, and perinatal patients;
- ◆ Base preventive care and disease management guidelines on scientific evidence or appropriately established authority;
- ◆ Develop, review and distribute disease management and behavioral health guidelines for selected diagnosis and treatments administered to members;
- ◆ Periodically review and update preventive care and clinical practice guidelines as presented by the CMO or designee;
- ◆ Review and assess new medical technologies and new applications of existing technologies for potential addition as covered benefits for members;
- ◆ Assess standards of health care as applied to members and providers, assist with development of indicators for studies and review guidelines that are promulgated to contracting providers;
- ◆ Develop internally criteria utilized through application of evidence based benchmarks; and
- ◆ Assess industry and technology trends with updates to KHS standards as indicated.

The QI/UMC has delegated credentialing and recredentialing functions for KHS to the PAC. The PAC is responsible for reviewing individual providers for denial or approval of participation with KHS.



The PAC is charged with the assessment of standards of health care as applied to members and providers; assist with development of indicators for studies; and regularly review guidelines that are promulgated to contracting providers and members. This committee consists of a variety of practitioners in order to represent the appropriate level of knowledge to adequately assess and adopt healthcare standards. The committee obtains an external independent review and opinion when necessary to assist with a decision regarding preventive care guidelines, disease management or coverage of a new technology as a covered benefit for members.

The PAC reviews and comments upon pertinent KHS standards and guidelines with updates as needed. The PAC evaluates improvements in practice patterns of contracting providers and the development of local care standards. Development of educational programs includes input from the PAC. The PAC also reviews and comments on other issues as requested by the Board of Directors.

### Structure

- 1 KHS Chief Medical Officer (Chairperson) or designee
- 2 General/Family Practitioners-PCP
- 1 General Internist
- 1 Pediatrician
- 1 Obstetrician/Gynecologist
- 1 Non-invasive Specialist-Clinical Psychologist
- 1 Invasive Specialist-Pain Medicine
- 1 Practitioner at Large-Ophthalmology
- 1 OPEN

The PAC consists of a variety of practitioners to represent a broad level of knowledge to adequately assess and adopt healthcare standards.

### Meeting Schedule

The PAC meets monthly or more frequently if necessary.

### Reporting Relationship

- ◆ The PAC reports recommendations to the QI/UM Committee quarterly
- ◆ The QI/UM Committee reports PAC recommendations to the Board of Directors quarterly through the Chief Medical Officer or their designee.

## **Pharmacy and Therapeutics Committee (P&T)**

### Key Responsibilities

- ◆ Objectively appraise, evaluate and select pharmaceutical products for formulary addition or deletion. This is an ongoing process to ensure the optimal use of therapeutic agents. Products are evaluated based on efficacy, safety, ease of use and cost;
- ◆ Evaluate the clinical use of medications and develop policies for managing drug use and administration;
- ◆ Monitor for quality issues regarding appropriate drug use for KHS and members. This includes Drug Utilization Review (DUR) and Drug Use Evaluation (DUE) programs;
- ◆ Provide recommendations regarding protocols and procedures for the use of non-formulary medications;
- ◆ Provide recommendations regarding educational materials and programs about drug products and their use to contracting providers;
- ◆ Recommend disease state management or treatment guidelines for specific diseases or medical or behavioral health conditions. These guidelines are a recommended series of actions, including drug therapies, concerning specific clinical conditions;
- ◆ Monitor and assess contracting pharmacy activities as needed through review of audits and pharmacy profiling;
- ◆ Review elements and format of the Formulary;
- ◆ Review parameters of prescribing practices for frequency of refills and the number of refills that may be dispensed at one time;
- ◆ Make recommendations to the QI/UM Committee for prescribing parameters;
- ◆ Review quality of care issues that arise pertaining to the prescribing and dispensing of medications;
- ◆ Report to the QI/UM Committee situations that may indicate substandard quality of care.

### Membership

1	KHS Chief Medical Officer (Chairperson) or designee
1	KHS Director of Pharmacy (Alternate Chairperson)
1	KHS Board Member/Rx Representative
1	Retail/Independent Pharmacy
1	Retail Chain Pharmacy
1	Pharmacy/Specialty Practice-OPEN
1	Pharmacy/Geriatric Specialist
1	Pediatrician
1	Internal Medicine
1	General Practice /Cardiologist
1	General Practice/Geriatrics-OPEN
1	OB/GYN Practitioner

### Meeting Schedule

The P&T meets quarterly with additional meetings as necessary

## Reporting Relationship

Reports to the QI/UM Committee quarterly

## **Public Policy/Community Advisory Committee (PP/CAC)**

The PP/CAC provides a mechanism for structured input from members regarding how KHS operations impact the delivery of their care. The role of the PP/CAC is to implement and maintain community linkages.

The functions of the PP/CAC are as follows:

- ◆ Culturally appropriate service or program design;
- ◆ Priorities for health education and outreach program;
- ◆ Member satisfaction survey results;
- ◆ Findings of health education and cultural and linguistic Group Needs Assessment;
- ◆ Plan marketing materials and campaigns;
- ◆ Communication of needs for provider network development and assessment;
- ◆ Community resources and information;
- ◆ Periodically review the KHS grievance processes;
- ◆ Report program data related to Case Management and Disease Management
- ◆ Review changes in policy or procedure that affects public policy;
- ◆ Advise on educational and operational issues affecting members who speak a primary language other than English;
- ◆ Advise on cultural and linguistic issues.

The PP/CAC is delegated by the Board of Directors to provide input in the development of public policy activities for KHS. The committee makes recommendations and reports findings to the Board of Directors.

Appointed members include:

- 1 Ex-officio Non-Voting Member: KHS Director of Marketing and Public Affairs  
(Chairperson)
- 3 KHS Members
- 3 KHS Members-OPEN
- 2 Community Representatives
- 2 Participating Health Care Practitioner-OPEN
- 1 Kern County Department of Public Health Representative
- 1 Kern County Department of Human Services

The PP/CAC meets at least quarterly with additional meetings as necessary.

## **Grievance Review Team (GRT)**

The GRT provides input towards satisfactory resolution of member grievances and appeals and determines any necessary follow-up with Provider Relations, Quality Improvement, Pharmacy and/or Utilization Management/Health Services.

### **Key Responsibilities**

- ◆ Ensure that KHS' policies and procedures are applied in a fair and equitable manner;
- ◆ Hear submitted grievances in a timely manner and recommend action to resolve the grievance as appropriate within the stipulated time-frame;
- ◆ Review and evaluate KHS' practices and procedures that consistently produce dissatisfaction, and recommend, when appropriate, modification to such practices and procedures;
- ◆ Participate in the Independent Medical Review process as warranted;
- ◆ Provide detailed explanation for decisions to both member and provider;
- ◆ Participate in the State Fair Hearing process as warranted to resolve grievances;
- ◆ Provide prompt and accurate information to the member detailing the resolution outcome of the grievance.

### **Structure**

1	KHS Chief Medical Officer (Chairperson) or designee
1	KHS Director of Compliance and Regulatory Affairs
1	KHS Chief Network Administration Officer, or designee
1	KHS Chief Operations Officer
1	KHS Grievance Coordinator (Staff)
1	KHS Director of Quality Improvement
1	KHS Director of Pharmacy
1	KHS Chief Health Services Officer, or designee
1	KHS Director of Member Services

Meeting Schedule Grievance Review Team meets on a weekly basis or sooner if necessary.

## **Program Staff Responsibilities**

### **Chief Executive Officer (CEO)**

Appointed by the Board of Directors, the CEO has the overall responsibility for KHS management and viability. Responsibilities include:

- ◆ Lead KHS mission, vision and direction, organization and operation;
- ◆ Developing strategies for each department including the QI Program; Human Resources direction and position appointments;
- ◆ Fiscal efficiency;
- ◆ Public relations;
- ◆ Governmental and Community liaison;
- ◆ Contract approval.

The CEO directly supervises the Chief Operating Officer (COO), Chief Financial Officer (CFO), Chief Medical Officer (CMO), Chief Information Officer (CIO), Chief Network Administration Officer (CNAO), Chief Human Resources Officer (CHRO), and the Senior Director of Governmental Relations and Strategic Development. The PAC reports to the CEO and contributes information regarding provider issues. The CEO interacts with the Chief Medical Officer regarding ongoing QI/UM Program activities, progress towards goals, and identified health care problems or quality issues requiring corrective action.

#### Chief Medical Officer (CMO)

The Chief Medical Officer must have a valid license to practice medicine in the State of California, the ability to effectively function as a member of a team, and excellent written and verbal communication skills. The CMO is responsible to the Board of Directors to provide medical direction for KHS, including professional input and oversight of all medical activities of the UM Program.

As Chairperson of the QI/UM Committee and associated committees, the CMO provides assistance with study development and coordination of the UM Program in all areas to provide continued delivery of quality health care for members. The CMO assists the Chief Network Administration Officer with provider network development and works with the CFO to ensure that financial considerations do not influence the quality of health care administered to members.

The duties of the position include but not limited to:

- ◆ Provide direction for all medical aspects of KHS, preparation, implementation and oversight of the UM Program, medical services management, resolution of medical disputes and grievances;
- ◆ Medical oversight on provider selection, provider coordination, and peer review;
- ◆ Principal accountabilities include development and implementation of medical policy for utilization and QI functions, reviewing current medical practices so that that medical protocols and medical personnel of KHS follow rules of conduct;
- ◆ Assigned members are provided healthcare services and medical attention at all locations, and medical care rendered by providers meets applicable professional standards for acceptable medical care and quality.
- ◆ Ensure that medical decisions are rendered by qualified medical personnel;
- ◆ Are not influenced by fiscal or administrative management considerations;
- ◆ Ensure that the medical care provided meets the current standards for acceptable care;
- ◆ Ensure that medical protocols and rules of conduct for practitioner or plan medical personnel are followed;

These standards should equal or exceed the standards for medical practice developed by KHS and approved by the California Department of Health Care Services (DHCS) or the California Department of Managed Health Care (DMHC).

## Medical Director

- ◆ Develop and implements medical policy;
- ◆ Resolve grievances related to medical quality of care and service;
- ◆ Actively participate in the functioning of KHS' grievance procedures and implementation of the plan Quality Improvement Program;
- ◆ Provide direction and oversight to administration of the QI, UM and Credentialing Programs;
- ◆ Detect and correct inadequate practitioners/provider organizations performance within responsibility level
- ◆ Supports the CMO with projects as assigned;
- ◆ Participates in carrying out the organization's mission, goals, objectives, and continuous quality improvement of KHS
- ◆ Responsible for monitoring and controlling the appropriate utilization of health care services in order to achieve high quality outcomes in the most cost effective manner
- ◆ Participates in carrying out the organization's mission, goals, objectives, and continuous quality improvement of KHS
- ◆ Responsible for monitoring and controlling the appropriate utilization of health care services in order to achieve high quality outcomes in the most cost effective manner
- ◆ Directly communicates with primary care physicians and other referring physicians in order to resolve referral issues, research treatment protocols, solicit advice on problem cases, and to assist in development of referral criteria and practice guidelines; and
- ◆ Supports, communicates, and collaborates with KHS case managers in order to resolve case management and referral issues.

## Chief Health Services Officer (CHSO)

Under direction of the Chief Medical Officer (CMO) this position is responsible for overseeing the activities of the Health Services Department in support of the company's strategic plan; establishing the strategic vision, and the attendant policies and procedures, initiatives, and functions. The Health Services Department includes: Utilization Management, Case and Disease Management, Health Education, and Quality Improvement.

Position requires a licensure to practice as a Registered Nurse in the State of California. Qualifications for the Chief Health Services Officer include two years of management level experience in utilization management in managed care environment AND one year of experience as a utilization review or medical (physical medicine) nurse OR four years of experience as a utilization review or medical (physical medicine) nurse AND two years of supervisory

experience; OR any equivalent combination of experience. A Bachelor's degree in Nursing is desirable.

The Chief Health Services Officer provides direct clinical support to the Directors of the Health Services department for both operational and strategic management. The position is responsible for overseeing the development of quality improvement strategies for the enterprise and clinical program development for population-based clinical quality measures. In addition, the position is responsible for directing the development of the clinical quality plan and the integration of quality into the overall business process to ensure that all activities are relevant and meeting the needs of the population served.

Other responsibilities include:

- ◆ Evaluates industry best practices, medical research, and other resources to develop clinical programs and tools which facilitate and support quality, cost-effective care.
- ◆ Develops and implements an annual plan detailing the strategies, programs, and tools to be implemented.
- ◆ Assures compliance with QI and UM work plans, and when necessary assures compliance with NCQA standards.
- ◆ Provides oversight to assure accurate and complete quantitative analysis of clinical data and presentation of results of data analysis.
- ◆ Tracks Health Services Program performance and results.
- ◆ Works with both internal and external customers to promote understanding of health services activities and objectives and to prioritize projects according to corporate goals, monitoring of case management activity and accuracy of decision making is reported to the executive team.
- ◆ Ongoing development and monitoring of activities related to identification and tracking of members needing disease management, case management, behavioral health or autism services, tracking of inpatient members including authorizations of level of care, appropriateness of admissions to non-par facilities and timely transfer to participating facilities are critical to the effectiveness of the UM program.
- ◆ Establish, initiate, evaluate, assess, and coordinate processes in all areas of Health Services;
- ◆ Oversees all activities of department and aids the CMO and appropriate corporate staff in formulating and administering organizational and departmental initiatives;
- ◆ Meets regularly with Finance Department to review trends in medical costs and to determine areas of focus;
- ◆ Reviews analyses of activities, costs, operations and forecast data to determine departmental progress towards stated goals and objectives;
- ◆ Administer and ensure compliance with the National Committee on Quality Assurance (NCQA) standards as determined for accreditation of the health plan;
- ◆ Participate in, attend and plan/coordinate staff, departmental, committee, sub-committee, community, State and other activities, meetings and seminars;

- ◆ Participate in provider education and contracting as necessary;
- ◆ Leads and participates in cross functional teams which design and implement new case management programs and quality interventions to improve health outcomes;
- ◆ Leads teams of clinicians charged with promoting effective use of resources.
- ◆ Ensures adherence to all contract and regulatory requirements;
- ◆ Develops short and long term objectives and monitors processes and procedures to ensure consistency and compliance;
- ◆ Manages budget and special projects; and
- ◆ Develops and implements process and program redesigns.

### Director of Utilization Management

Under the direction of the Chief Health Services Officer, the Director of Utilization Management will oversee and participate in activities related to Utilization Management (UM) for the organization and membership by monitoring, assessing and improving performance in ambulatory and inpatient health care delivery or health care related services. The UM Director will assist in the implementation of the KHS Utilization Management Program Plan and Evaluation and communicate with contract providers regarding required studies and participation. Related duties will include ongoing data collection, medical record reviews, report writing, and collaboration and coordination with other KHS departments, as well as outside agencies.

The Director of UM provides direct clinical support to the UM Nurse and Clinical Intake Coordinators, Health Services Manager, Health Services Program Administrator, Senior Operational Analyst, and the UM Clinical Inpatient and Outpatient Nurse Supervisor(s), ensuring that the appropriate level of member care is being provided through referral processing.

This position is responsible for collaborative oversight of the Utilization Management functions for KHS. The UM Director will also be responsible for overseeing the production, analysis, and dissemination of contractually mandated reports. This position will assist in ensuring compliance with Medi-Cal contractual stipulations for Utilization programs. In collaboration with the Chief Health Services Officer, will make an effective contribution to KHS's business planning and fiscal processes and will remain clear about departmental objectives and resource requirements. In addition, this position will reinforce a shared sense of purpose throughout the organization and serve as a mentoring role that strongly encourages the growth of team members. Ensuring professional development goals are incorporated into team members' annual performance objectives, and regular reviews progress towards attaining them is paramount to this role.

- ◆ Maintains delegated responsibility in coordination with the Chief Health Services Officer for activities within the Utilization Management departments;
- ◆ Shares in direction and supervision for ongoing and new projects for the UM program with the Chief Health Services Officer;



- ◆ Oversees quality of care investigations and reporting;
- ◆ Works closely with the Director of Case Management to facilitate needs for members identified as High Risk or requiring coordination of services;
- ◆ Assist the UM clinical staff in the review of claims for the accuracy and appropriateness of billed charges;
- ◆ Ensure coordination of medically necessary services within the plan and with community;
- ◆ Coordinates UM activities and data collection between KHS departments and KHS contracted providers;
- ◆ Assists with interviews, selects, trains, develops and evaluates subordinate staff; provides input to HR regarding disciplinary issues, as necessary;
- ◆ Serves as resource to the Quality Improvement and Utilization Management Committee, the Physician Advisory Committee and other committees, as appropriate;
- ◆ Works in a coordinated effort with the UM Health Services Manager and Health Services Program Administrator to ensure the smooth and efficient operations of the outpatient processes;
- ◆ Serves as a clinical liaison with contracted facilities and providers and participates in Joint Operations meetings to improve patient care and ensure access standards; Coordinates and conducts in-depth chart analysis, data collection, and report preparation;
- ◆ Summarizes information collected for identification of patterns, trends, and individual cases requiring intensive review;
- ◆ In coordination with the UM Auditor, perform periodic audits of the Clinical Intake Coordinators and Social Workers of outpatient clinical decisions for appropriateness and accuracy of documentation and summarize and report the results of the audit; and
- ◆ Implements and facilitate internal audit studies and work groups for continuous improvement within the organization.

### Health Services Manager

The Health Services Manager reports to the Chief Health Services Officer and is responsible for the daily management, evaluation and operations of the health services administrative processes, provide supervisory support to Utilization Management (UM) staff and assist with defining and creation of reports in collaboration with the UM Senior Auditor/Analyst, UM Senior Analyst/Trainer, and Senior Health Services Program Administrator.

This position will work with the administrative support staff to promote the delivery of quality health care to Kern Health System (KHS) members through comprehensive case management, compliance with KHS policies and procedures, and maintenance of a positive and safe work environment leading to maximum departmental efficiency, accuracy, and quality.

- ◆ Supervise the functions and activities of the clerical support staff;
- ◆ Monitors and reports production and quality of work by clinical and clerical staff;
- ◆ Works with clerical staff to achieve production, timeliness, and quality of work;

- ◆ Participate with Inter-departmental process improvement teams and planned quality management;
- ◆ Assist with development and formalization of departmental budget;
- ◆ Assist with development and updating of UM criteria, guidelines, and policies;
- ◆ Responsible for payroll activities, including approval of time cards, for all clerical hourly staff in the UM;
- ◆ Monitor UM processes for efficiency and accuracy, identifying required changes and coordinating the implementation of required changes;
- ◆ Train staff, as appropriate, regarding use of the Medical Management systems as it relates to the UM and Pharmacy processes;
- ◆ Generates reports for CMO and Chief Health Services Officer to support business decisions;
- ◆ Research and analyze qualitative and quantitative data, prepare statistical reports, and submit final report to the state contract manager in conjunction with KHS departmental analyst(s) and Senior Health Services Program Administrator;
- ◆ Works in collaboration with the Senior Health Services Program Administrator to develop and facilitate new program processes and guidelines under the supervision of the Chief Health Services Officer.

#### UM Outpatient Clinical Supervisor

The UM Outpatient Clinical Supervisor reports to the Director of Utilization Management and is responsible for supervising the functions and activities for clinical level positions associated with Outpatient Medical, Behavioral, Mental Health, and Social Services within the UM Department. The UM Outpatient Clinical Supervisor will work in a coordinated effort with the Director of UM to ensure smooth, efficient and productive operations within the UM Department, as directed by the Chief Health Services Officer. This position will work closely with the KHS Chief Medical Officer and Medical Director(s) in the smooth and efficient operation of the referral and inpatient clinical decision making process.

- ◆ Educate and develop UM nursing staff regarding organizational policies, procedures and UM decision making skills;
- ◆ Monitor the UM process for efficiency and accuracy, identifying required changes and coordinating the implementation of required changes;
- ◆ Participation on inter-departmental process improvement teams and KHS quality management;
- ◆ Monitor UM nursing staff referral and documentation for accuracy and appropriateness;
- ◆ Coordinate training of staff within the Interrater Reliability Review Tool to all clinical staff, including CMO and Medical Directors to facilitate consistent decisions based on evidence based guidelines;
- ◆ Supervise the appropriate case management in compliance with UM guidelines and KHS Policy and Procedures;
- ◆ Monitors and reports production and quality of work by outpatient clinical staff;

- ◆ Works with staff to achieve production, timeliness, accuracy, and quality of work;
- ◆ Summarize and prepare necessary production reports for management;
- ◆ Perform periodically scheduled audits of outpatient clinical decisions for appropriateness and accuracy of documentation;
- ◆ Serves as a clinical liaison with contracted facilities and providers and participates in Joint Operations meetings to improve patient care and ensure access standards;
- ◆ Ensure coordination of medically necessary services within the plan and with community;
- ◆ Remain current with Department of Health Care Services and Department of Managed Care policy implementation or revisions;
- ◆ Act as clinical liaison with Member Services, Claims, MIS, and Provider Relations on referral data entry functions.

### UM Inpatient Clinical Supervisor

The UM Inpatient Clinical Supervisor reports to the Director of Utilization Management and is responsible for supervising the functions and activities for clinical level positions associated with Inpatient Medical, Mental, Behavioral, and Social Services within the UM Department. The UM Inpatient Clinical Supervisor will work in a coordinated effort with the Director of UM to ensure smooth, efficient and productive operations within the UM Department, as directed by the Chief Health Services Officer. This position will work closely with the KHS Chief Medical Officer and Medical Director(s) in the smooth and efficient operation of the referral and inpatient clinical decision making process.

- ◆ Educate and develop UM nursing staff regarding organizational policies, procedures and UM decision making skills;
- ◆ Monitor the UM process for efficiency and accuracy, identifying required changes and coordinating the implementation of required changes;
- ◆ Participation on inter-departmental process improvement teams and KHS quality management;
- ◆ Monitor UM nursing staff referral and documentation for accuracy and appropriateness;
- ◆ Coordinate training of staff within the Interrater Reliability Review Tool to all clinical staff, including CMO and Medical Directors to facilitate consistent decisions based on evidence based guidelines;
- ◆ Supervise the appropriate case management in compliance with UM guidelines and KHS Policy and Procedures;
- ◆ Monitors and reports production and quality of work by inpatient clinical staff;
- ◆ Reviews decisions regarding hospital admissions and length of stay, and outpatient procedures for all care delivered to the KHS membership as related to coordination of services upon discharge;
- ◆ Assists with coordinating discharge planning activities with facility discharge planners;

- ◆ Benefits interpretation to include coordination of care for medically necessary services that are not covered under the KHS Plan e.g. CCS, Mental Health, Long Term Care, State Waiver Programs.
- ◆ Works closely with the Transitional Care team to facilitate needs for members identified as High Risk or requiring coordination of services;
- ◆ Identify members who may qualify for the Health Homes Program;
- ◆ Assist the UM clinical staff in the review of claims for the accuracy and appropriateness of billed charges;
- ◆ In coordination with the UM Clinical Auditor, perform periodic audits of the UM Nurse RN and Social Workers of inpatient clinical decisions for appropriateness and accuracy of documentation and summarize and report the results of the audit;
- ◆ Works with staff to achieve production, timeliness, accuracy, and quality of work;
- ◆ Summarize and prepare necessary production reports for management;
- ◆ Perform periodically scheduled audits of inpatient clinical decisions for appropriateness and accuracy of documentation;
- ◆ Serves as a clinical liaison with contracted facilities and providers and participates in Joint Operations meetings to improve patient care and ensure access standards;
- ◆ Ensure coordination of medically necessary services within the plan and with community;
- ◆ Remain current with Department of Health Care Services and Department of Managed Care policy implementation or revisions;
- ◆ Act as clinical liaison with Member Services, Claims, MIS, and Provider Relations on referral data entry functions.

#### UM Nurse and Clinical Intake Coordinators (RN /LVN)

Under the direction of the Kern Health Systems (KHS) Director of Utilization Management, the UM Nurse and Clinical Intake Coordinators will promote coordination and continuity of care and quality management in both the inpatient and ambulatory care settings by the review of referrals and authorization of payment for specialty care and ancillary services. The UM Nurse and Clinical Intake Coordinators are supported by a Non-Clinical team for administrative duties and coordination. The review will evaluate the appropriateness of care using established criteria and Plan benefit guidelines. Review will be conducted on a prospective, concurrent, and retrospective basis. The UM Nurse and Clinical Intake Coordinators manages the required caseload on a monthly basis.

- ◆ Promote coordination and continuity of care and quality improvement in both the inpatient and ambulatory care setting;
- ◆ Evaluate the appropriateness of care using established criteria and KHS' benefit guidelines;
- ◆ Support KHS developed programs through member identification for participation; i.e. Diabetic Clinic, Health Home, Complex Case Management, Respite, Palliative, Transitional Care, Health Home, and Social Worker interventions;

- ◆ Review and approve specialty and ancillary service referrals using established criteria for purposes of pre-authorization of payment;
- ◆ Review and approval of hospital admissions and length of stay, and outpatient procedures for all care delivered to the KHS membership;
- ◆ Coordinates discharge planning activities with facility discharge planners;
- ◆ Benefits interpretation to include coordination of care for medically necessary services that are not covered under the KHS Plan e.g. CCS, Long Term Care, State Waiver Programs;
- ◆ Participates in UM and QI data and statistical gathering, collation, and reporting; and
- ◆ Assess for over and underutilization and identify potential fraud, waste, and abuse.

#### Clinical Auditor/Trainer (RN)

- ◆ Train other UM clinical licensed staff as appropriate regarding use of the all platforms and core adjudication system as it relates to the UM process;
- ◆ Develop and implement staff training for new and existing employees along with internal findings;
- ◆ Responsible for written and verbal communication with contract providers and internal KHS staff to promote timely coordination of care and dissemination of KHS policies and procedures;
- ◆ Assist the UM clinical staff in the review of claims and disputes for the accuracy and appropriateness of billed charges;
- ◆ In coordination with the UM Senior Auditor/Analyst, perform spot audits of performance of UM Clinical Intake Coordinators and Social Workers and summarize and report the results of the audit to UM Management for process improvement;
- ◆ Perform periodic spot audits of inpatient and outpatient clinical decisions for appropriateness and accuracy of documentation;
- ◆ Assists in data collection and compilation, of various committee and quarterly reports; and
- ◆ Summarize and prepare necessary production reports for management.

#### Claims and Disputes Review Nurse (RN)

Under the direction of the Director of Utilization Management and in coordination with the Kern Health Systems (KHS) Chief Medical Officer or designee, the Medical Claims Review RN will be responsible for retroactive review of medical service claims and disputes for payment and medical necessity following accurate contract and non-contract guidelines for both Inpatient and

Outpatient services. The review will evaluate the appropriateness of care using established criteria and Plan benefit guidelines.

- ◆ Reports, track and documents all claims, and disputes review activity in appropriate programs such as QNXT, as well as specially developed internal logs for tracking and trending purposes;
- ◆ Perform retro review and approval of specialty and ancillary services referrals using established criteria for purposes of payment;
- ◆ Perform retro review and approval of hospital admissions and length of stay, and outpatient procedures for all care delivered to the KHS membership;
- ◆ Benefits interpretation to include coordination of care for medically necessary services that are not covered under the KHS Plan e.g. CCS, Long Term Care, State Waiver Programs.

#### Social Worker (MSW)/Licensed Clinical Social Worker (LCSW)

The Master of Social Worker or Licensed Clinical Social Worker primary duties are to identify and assist members that are displaying a complex variety of social and or emotional needs and usage of services reflective of abuse, lack of compliance to medical or pharmaceutical instructions, or self-destructive habits. The MSW or LCSW coordinates with these members and the member's PCP in an effort to provide better medical management and to track and gauge the effectiveness of that effort.

- ◆ Responsible for the promotion of coordination, continuity of care and quality improvement in both the inpatient and ambulatory care settings;
- ◆ Assists the members with psychosocial and discharge planning needs as well as community resources;
- ◆ Performs reviews available reports for frequent usages of services and inappropriate usage of services by members;
- ◆ Identifies environmental impediments to client or patient progress through both personal or telephonic interviews and review of medical records;
- ◆ Investigates suspected child/elder abuse or neglect cases and notify authorized protective agencies when necessary.
- ◆ Refers member to community resources to assist in recovery from mental or physical illness and to provide access to services such as financial assistance, legal aid, housing, or education.
- ◆ Advocates for members to resolve crises and demonstrate proficiency in de-escalation and interventional techniques
- ◆ Provides assistance and education to members as appropriate and in coordination with disease management, works to improve member participation in regular testing and screening along with follow-up visits to their PCP;
- ◆ Works collaboratively with the Care Management team to assist with identified social issues;
- ◆ Provide guidance and recommendations for the Behavioral and Mental Health Benefits (mild to moderate), including Autism Spectrum Disorders and Behavioral intervention.

### Senior Health Services Program Administrator

The Senior Health Program Administrator is responsible for oversight, coordination, planning, management, execution, and finalization of Business related programs that require Business resources. The Senior Health Program Administrator will be required to conduct program analysis, comprehend technical requirements, define plans for execution, coordinate technical resources assigned to tasks or programs, create program tracking reports, and accurately report to all levels of management on a program(s) status. This position requires the ability to maintain an interdependent relationship with providers, staff and members by providing administrative support on sponsored projects.

- ◆ Consult with medical, business, and community groups to discuss service problems, respond to community needs, coordinate activities and plans, and promote programs;
- ◆ In a liaison role, assist in the design, review and testing of system generated processes used within KHS;  
Perform complex analytics in support of the overall achievement of strategic goals set out by the Board of Directors and Chief Executive Officer;
- ◆ Works closely with the Business Intelligence (BI) Department as needed to ensure proper processing of internal data processing technology, government regulations, health insurance changes and financing options;
- ◆ Interviews department personnel, researches existing procedures and requirements in sufficient detail to yield statistics concerning volumes, timing, personnel requirements and representative transactions; analyzes and documents study findings; coordinate the system design between all users and data processing; designates controls and audit trails; writes program specifications; conducts user education
- ◆ Review and analyze facility activities and data to aid planning and cash and risk management and to improve service utilization;
- ◆ Act as a program management resource for Health Services on projects as assigned and may have to establish objectives and evaluative or operational criteria;
- ◆ Evaluate KHS Health Services preparedness recommend/suggest change in integrated health care delivery systems, such as work restructuring, technological innovations, and shifts in the focus of care;
- ◆ Participate in the preparation of business plans, analyses, financial projections, and programmatic and operational reports; work with internal teams to develop and implement strategic initiatives for any issues that may require root cause analysis evaluation(s);
- ◆ Demonstrate an analytical aptitude to learn and understand business segment processes, including understanding issues of data integrity, security and confidentiality according to the Health Insurance Portability and Accountability Act (HIPAA).

### Senior Operational Analyst

This position is responsible for providing an advanced role in the analysis of health care information as it relates to multiple disciplines for functional departments within the organization. The Senior Operational Analyst (OA) position is a resource with an ability in

providing experience within integrated reporting, data analytics, process improvement, departmental metrics, and data integrity based on the collection, association, review, and the interpretation of data and operational processes. The OA will provide the skills necessary for report writing and presentation and performs detailed business analytics that contribute to and support the company's dashboard reporting efforts.

The Senior Operational Analyst is responsible for eliciting and projecting the actual needs of stakeholders, not simply their expressed desires, through an experienced methodical analytic process and seasoned ability to expose data reporting requirements. The position plays a central and critical role in aligning the needs of multiple business units with capabilities delivered by Information Technology and other operational departments and will lead or facilitate complex analytical discussions between all groups.

Some of the key fundamental goals and objectives of the incumbent include but are not limited to:

- ◆ Providing professional skills to mentor and assist team members in the most complicated analytics and report writing;
- ◆ Identify and address operational issues as to why a certain behavior or outcomes are exhibited in a department's data metrics;
- ◆ Function as the Departmental Subject Matter Expert (SME) for project requirement definition and communication;
- ◆ Ability to analyze and answer difficult operational questions under the direction of the Chief Medical Officer to provide validity as to why a certain measured artifact exists in data and brings meaningful context with a clear presentation to all levels of management.

#### Senior Analyst/Trainer

The purpose of this position is to provide support to the UM Management team for report generation, data collection for providing to the UM Clinical Auditor for review. Based on feedback from the UM Auditor, management and clinical staff, assist in training criteria for staff improvement along with providing one-on-one training to improve staff efficiencies.

- ◆ Performs utilization management activities related to data collection, data review and report preparation per KHS Utilization Management Program;
- ◆ Assists in the reporting of DHCS and DMHC required reports and Utilization Management's quality studies in order to meet State contractual requirements.
- ◆ Develop and implement staff training for new and existing employees along with internal findings as it relates to the duties of Utilization Management.

#### Senior Auditor/Analyst

This position provides the vital link between inpatient and outpatient as it relates to case managing members moving from hospital to home care. This position will ensure that processes are in place and followed in support of all members seeking care. This is a proactive audit of UM processes as they are in motion to catch and prevent errors. This position will link the social



worker, case managers and medical directors in direct support of members under case management.

- ◆ Performs audit of staff referral processing as it relates to compliance, accuracy and performance levels;
- ◆ Reviews available reports and data to analyze the accuracy of staff performance as it relates to timeliness of referral processing, accuracy of data entry and appropriateness of decisions;
- ◆ Prepares State mandated report requirements as scheduled by the DHCS for management review and approvals;
- ◆ Reviews post-activity audit findings to UM Management to ensure compliance and to review where further training opportunity exist.

#### Director of Pharmacy

Qualifications for the Pharmacy Director include possession of a California State Board of Pharmacy registered pharmacy license, two years of health plan related pharmacy experience at a supervisory level or four years of pharmacy practice in a similar setting as a hospital or group purchasing organization. This position reports to the Chief Medical Officer (CMO).

KHS performs drug utilization reviews (DUR) to provide oversight of prescribed medications. DUR is a structured, ongoing program that evaluates, analyzes, and interprets drug usage against predetermined standards and undertakes actions to elicit improvements and measure the results. The objectives of DUR are to improve the quality of patient care by assuring safe and effective drug use while concurrently managing the total cost of care.

- ◆ Participates and serves as the Chairperson on the Pharmacy & Therapeutics Committee;
- ◆ Offers direction for the Committee for continued development of the Formulary;
- ◆ Assists providers and members with issues concerning pharmaceuticals;
- ◆ Review of Treatment Authorization Request (TAR) for approval or denial;
- ◆ Encodes TAR information in Pharmacy Benefit Manager desktop system;
- ◆ Develops and maintains printed Formulary for providers;
- ◆ Contributes information on Formulary for provider newsletters;
- ◆ Accountability for maintaining drug expenditure within an established pharmacy budget;
- ◆ Coordination for opioid prescriptions and safeguards to prevent overutilization;
- ◆ Creation of clinically efficacious and cost-effective management programs;
- ◆ Development, implementation, and monitoring of clinical strategies to improve quality of care for members as well as provide clinical consultative services to contracting providers and KHS staff as necessary to support clinical programs;
- ◆ Oversight of clinical programs with supervision of the Pharmaceutical Program prior authorization process enabling open lines of communication with pharmacy providers on issues related to the KHS Formulary, pharmacy policies and procedures;

- ◆ Oversight and management of all clinically related activities with the KHS Pharmacy benefits staff.

### Pharmacist

This position is responsible for executing the adherence of the Formulary and associated activities regarding pharmaceuticals for a Knox-Keene licensed health maintenance organization (HMO). Development and maintenance of protocols for disease state management that involves pharmaceuticals while serving as a liaison with pharmaceutical vendor representatives and other vendor representatives regarding pharmaceutical issues is critical to ensure appropriate medication decision making.

### Pharmacy Technician

Support the KHS Director of Pharmacy in pharmacy activities related to the review, authorization and TAR preparation under the direction of the Director of Pharmacy. The Pharmacy Technician assists the Director of Pharmacy and, as necessary, communicates follow-up to members, perform data entry, record keeping, data collection, filing, chart audits, collaboration with other departments at KHS and interaction with regulatory and contracted agencies. The Pharmacy Technician has a current CA Technician license or Certified Pharmacy Technician certificate with at least three years of pharmacy technician experience.

## **UM Department Orientation/Onboarding**

Upon completion of the company orientation provided by Human Resources, all new employees assigned to UM for initial department orientation. For clerical level staff, the UM Senior Analyst/ Trainer will begin the training process dependent on the role the employee is moving into. For clinical staff (nurses) the UM Clinical Auditor/Trainer works collaboratively with the Outpatient and Inpatient Clinical Supervisor(s) to complete the orientation process which include introductions to policy and procedures, guidelines and information pertaining to the role of Clinical Intake Coordinator or UM Nurse. Initial training on referral or inpatient processing is cooperative and slowly migrated to allow the new employee autonomy into their role based on their level of understanding and competence demonstrated for the process.

### Ongoing Training

KHS provides and encourages ongoing staff training. Areas of opportunity includes: seminars, conferences, workshops, training by KHS Health Education department, and specialty specific training by contracted practitioners and provider organizations. The role of Senior Analyst /Trainer and UM Clinical Auditor/Trainer receives direction on the training needs of specific

staff members from the Health Services Management leaders where areas of improvement regarding error rates indicate the need for additional training of staff member(s).

KHS UM Management staff evaluates competency of the clinical decision making staff with bi-annual assessment through the MCG IRR training module for Medical Directors and Clinical Intake Coordinators and UM Nurse staff. The Director of UM selects specific topics for completion by the Medical Directors, Clinical Intake Coordinators and UM Nurse staff. The IRR training module records the completion for each user, along with the test results. Successful completion is required as a fulfillment of the clinical staff outlined job duties.

The Clinical Intake Coordinators and UM Nurse staff utilize established criteria for referral review and determination. Quarterly random audits are conducted to ensure compliance of the referral process and inter-rater reliability and are reported to UM Management for process improvement and staff education. Results of the findings are presented to the CMO and reported to the QI/UM Committee.

## **Components of the UM Program**

The referral and authorization process conforms 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
- ◆ 2020 DHCS Contract Exhibit
- ◆ DHCS MMCD Letters
- ◆ DHCS APL
- ◆ DMHC PPL
- ◆ Knox Keene License
- ◆ CMS Federal Regulations

### Pre-authorization

With the exception of specific OB/GYN, Abortion Services, treatment for Sexually Transmitted Disease, HIV services, Sensitive services, Family Planning Services, Maternity Care, Transportation, Vision, Emergent/Urgent care, and Mental Health, PCP services from a KHS contract PCP, and services listed outside of the Prior Authorization List, most non-urgent specialty care must be pre-authorized by KHS in accordance with KHS referral policy and procedures. Requests for services are submitted either by fax or electronic online submission to KHS for review and processing.

For those services requiring pre-authorization, only KHS UM Clinical Staff and/or KHS Chief Medical Officer or designee(s), including the Physician Advisory Panel staff, may give authorization for payment by KHS. Denials, delays/extended delay, modifications, and terminations are performed in accordance with the Knox Keene license and DHCS contract. KHS utilizes both internal MD staff as well as contracted vendor(s), Advanced Medical Review (AMR), for medical necessity reviews as additional guidance and evidence based scholarly references to ensure appropriate medical decision making.

### Independent Medical Review

Medi-Cal members can request independent medical review (IMR) on denied appeals involving medical necessity, including requests related to experimental/investigational services and receipt of out of Plan Emergency Department services. The DMHC administers the IMR program in the State of California at no cost to the member in compliance with applicable statutory requirements and accreditation standards. The IMR decision is binding on KHS.

Depending on the complexity of certain medical condition, KHS may require additional expertise in determining medical necessity for certain diagnosis and related procedures. Utilizing a nationally recognized and comprehensive review solution as a supplement to these difficult cases will provide the KHS CMO and Medical Directors with comprehensive medical recommendations utilizing case-specific patient information and history and industry standard guidelines including treatment protocols supported by current scientific evidence-based medicine to promote quality health care. Each review will be assigned to the IMR Reviewer who will be in an appropriate specialty or who will possess specific knowledge appropriate to the request of the treating provider. The IMR Physician Advisors will be specifically trained in Medicare/Medicaid rules and regulations based upon California state guidelines and remain well versed in the ongoing regulatory landscape to ensure up to date legislative rulings are current in the review process.

All services will be performed based on specific turnaround times which are calculated from the time the request and all related materials are received by the IMR reviewer. Submission of requests via a secure portal are completed by the KHS Clinical Intake Coordinator (CIC) on behalf of the CMO or designee at their direction only. It is the responsibility of the submitting CIC to track the progress of the review to ensure receipt based on the recommended turnaround timeline. The designated turnaround times will align with all DHCS timelines for medical decision making as outlined in KHS contract.

### Referral Management

Referral management is designed to determine medical necessity utilizing established criteria based on an assessment of the member's clinical condition, diagnosis and requested treatment plan. Each case is evaluated individually, and sound medical criteria applied as appropriate. Contract providers are obligated to utilize health care services for members provided by KHS network providers, and/or providers approved through the Utilization Management Letter of

Agreement process, unless medical necessity or emergency dictates otherwise. KHS utilizes a member centric medical management documentation platform, JIVA system by Zeomega, to house all clinical information for each member. All health services departments with the exception of Pharmacy, have been implemented on the new platform in 2019.

### Out of Plan Referrals

Prior authorization is required for all out of plan referrals requesting consultation and/or treatment. Physician requested Out of Area/Out of Network referrals are processed through Provider Relations Department with Letters of Agreement (LOA) for financial reimbursement methodology.

### Delegation of Utilization Management Functions

KHS has the discretion to delegate, and the responsibility to oversee, UM functions performed by either Kaiser Foundations Health Plan in support of the KHSUM goals and objectives. KHS also has discretion to delegate responsibility, in whole or in part, for UM to contracted affiliated providers. KHS retains accountability for all delegated Utilization Management activities conducted for members and ensures that delegated UM processes are designed to meet member service and access needs.

### UM Delegation to Affiliated Providers

When UM activities are delegated to contract affiliated providers, KHS retains responsibility and oversight of the delegated functions. The delegation is subject to an executed delegation agreement in which UM activities are clearly defined, including:

- Reporting requirements for the delegated entity;
- Reporting requirements for KHS to the delegated entity;
- Evaluation process of the delegated entity's responsibilities;
- KHS Approval of the delegated entity's UM program and processes;
- Mechanisms for evaluating the delegated entity's program reports;
- The delegated entity's ability to collect performance data necessary to assess member experience and clinical experience, as applicable;
- KHS right to revoke and terminate a delegation agreement.

On an annual basis, KHS performs a comprehensive assessment of the delegated UM activities to include a UM file review. The entity's annual evaluation of delegated UM functions and assessment summaries of activities are presented to KHS Medical leadership for review and approval.

Should there be any concerns regarding failure of a delegated entity to carry out delegated activities,

KHS will determine corrective action plans up to and including revocation of the delegated activities. All submitted corrective action plans are monitored by the KHS Compliance department and evaluated until KHS determines that full correction action has been implemented.

### Utilization Management Decision Timeframes

Decisions to approve, modify, or deny a requested health care service are based on medical necessity and urgency of the request, and are appropriate for the nature of the member's condition. KHS remains compliant with the defined timelines under the DHCS contract. When the member faces an imminent and serious threat to his or her health, including, but not limited to, potential loss of life, limb, or other major bodily function, decisions to approve, modify or deny requests from provider, shall be made in a timely fashion appropriate for the nature of the member's condition, not to exceed 72 hours after the Plan's receipt of the information reasonably necessary and requested by the Plan to make a determination.

### Second Opinions

Members have a right to a second opinion by a qualified medical professional. A request for second opinion is reviewed to determine whether KHS has appropriately qualified medical professionals with knowledge and expertise in the member's condition who can evaluate the member and provide a second opinion. If so, the member is re-directed within the plan to obtain second opinion. When an appropriate, qualified physician is not available within the plan, an out of area/out of network referral with LOA is authorized.

### Standing Referrals

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.

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.

### Completion of Covered Services

KHS, at the request of a member, provides for the completion of covered services by a terminated provider or by a nonparticipating provider. The completion of the covered service shall be provided by a terminated provider to a member who, at the time of the contract's termination, was receiving services to include:

- ◆ Acute Condition
- ◆ Chronic Condition
- ◆ Pregnancy
- ◆ Terminal Illness
- ◆ Care of a Newborn (between birth and 36 months of age)
- ◆ Performance of a surgery or other procedure authorized by the plan as part of a course of treatment
- ◆ Applied Behavioral Condition
- ◆ Mental Health Condition

The plan may require a non-participating provider, whose services are continued, to agree in writing to the same contractual terms and conditions that are imposed upon providers under current contract.

### Durable Medical Equipment (DME)

Provider requests for DME, including Prosthetics and Orthotics (P&O), requires prior authorization and benefit coverage review using DME Formulary UM criteria. In the event a request does not meet DME UM criteria, a Medical Director reviews the request for medical appropriateness. All DME benefit decisions are made by trained staff; medical necessity denial decisions are rendered by KHS Medical directors and appropriate denial notices are issued to the provider and member by KHS.

### Medical Necessity Review Criteria

During the review/case management process, KHS UM department staff uses criteria to assist in the clinical appropriateness determination. The criteria used include, but are not limited to:

- ◆ Milliman Care Guidelines (MCG)– Updated annually by vendor in 1<sup>st</sup> Quarter
- ◆ Medi-Cal Criteria – Updated by the Department of Health Services, current year at their discretion
- ◆ Medicare Criteria – Updated by the Center of Medicare Services, current year at their discretion
- ◆ Internally generated Medical Criteria derived from evidence based medical references and reviewed annually for revisions or appropriateness based on MCAL guidelines.
- ◆ Up to Date- evidence-based physician-authored clinical decision support resource which clinicians utilize to determine point-of-care decisions, including a collection of medical and patient information, access to Lexi-comp drug monographs and drug-to-drug, drug-to-herb and herb-to-herb interactions information, and a number of medical calculators.

- ◆ All Plan Letter (APL) guidance as received from DHCS/DMHC
- ◆ All criteria are available to the public upon request.

Clinical Practice Guidelines are developed using current published literature, current practice standards and expert opinions. They are directed toward specific medical problems commonly found with members. The PAC reviews and approves all Clinical Practice Guidelines and/or Preventive Health Guidelines prior to presentation to QI/UMC. The QI/UMC is responsible for adopting and disseminating Clinical Practice Guidelines for acute, chronic and behavioral health care services. Guidelines are reviewed every two years and updated if necessary.

Review criteria are communicated to practitioners when KHS UM modify, delay, or deny referrals for services requested. The practitioners are notified during their office In-service/onboarding by the Provider Relations department and through KHS practitioner newsletters/bulletins of the availability of KHS referral criteria.

The KHS Chief Medical Officer or their designee(s) are responsible for ensuring medical decisions are rendered by qualified medical personnel and that the medical care provided meets the standards for acceptable medical care, as well as ensuring that medical protocols and rules of conduct for plan medical personnel are followed.

KHS maintains the organizational and administrative capacity to provide services to our members. All medical decisions are rendered by the qualified Chief Medical Officer, or Medical Director(s), unhindered by fiscal and administrative management considerations. In addition, any decision based on medical necessity or otherwise, shall be reviewed by a different Medical Director, or Physician Reviewer, who did not take part in any prior decision making processes.

An Inter-Rater Reliability (IRR) process is deployed to evaluate and ensure that UM criteria are applied consistently for UM decision-making. Bi-annually, both physicians and staff involved with making UM decisions participate in the IRR process.

#### Ensuring Appropriate Utilization

KHS monitors under- and over-utilization of services through various aspects of the UM process. Through the referral authorization process, the UM Clinical Intake Coordinator/UM Nurse monitors under and over-utilization of services and intervenes accordingly.

- ◆ The UM department monitors underutilization of health service activities through collaboration with the QI department. The UM department sends correspondence notifying the practitioners and members of the carved-out services and a reminder to see their primary care provider for all other health care services not addressed by the carved-out specialty care provider for gaps in care closure.



- ◆ Over-utilization of services is monitored through several functions. Reports are reviewed to analyze unfulfilled authorizations or gaps in care to determine interventions directed to ameliorate any identified adverse trends.
- ◆ At least quarterly, the Chief Health Services Officer meets quarterly with the CMO, Medical Directors, and Health Service's leadership team to review trends in utilization across all UM functions to determine if fraud, waste, abuse, or quality concerns warrant investigation. Suspected or identified Fraud, waste, and abuse is reported to the Compliance department for investigation to determine if additional actions are required.

Request for prior authorization or the continuations of previously authorized services are tracked for duplication and appropriateness of continued use. Coordination of the member's health care as part of the targeted case management process serves to determine the medical necessity of diagnostic and treatment services recommended but may be covered services through Kern County Public Health, Kern Regional Center, Kern Behavioral and Recovery Service, California Children Services (CCS), or various community programs and resources.

#### Medical Loss Ratio

Medical Loss Ratio (MLR) is a metric used in managed health care and health insurance to measure medical costs as a percentage of premium revenues. KHS has placed major emphasis on the reduction of MLR to monitor and manage utilization within the health plan. Areas of focus include achieving an overall Key Performance Indicators (KPI) metrics Goal of <92% across all lines of business-SPD, Family/Other, and Expansion. Dashboards have been created for transparency of all identified KP.

#### Resource Management

Resource Management activities focus on the prudent and clinically appropriate allocation of resources for the provision of health care services. These activities are not subject to direct regulation under the Knox-Keene Act. The UM Program monitors and provides oversight of coordinated performance related to Utilization/Resource Management across the continuum to include:

- Drug Utilization
- Laboratory Utilization
- Product Utilization
- Radiology Utilization
- Surgical Utilization

#### Emergency Services

KHS complies with all applicable requirements of Consolidated Omnibus Budget Reconciliation Act (COBRA) and California Health and Safety Code Section 1371.4. KHS shall reimburse

providers for emergency services and care provided to members, until the care results in stabilization of the member. An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention may be expected to result in any of the following:

- ◆ An imminent and serious threat to health including, but not limited to, the potential loss of life, limb, or other major bodily function.
- ◆ A delay in decision making would be detrimental to the member's life or health or could jeopardize the member's ability to regain maximum function.

KHS strives to strengthen our collaborations with community entities in order to reduce costs, improve the patient experience, and improve the health of the populations we serve. Strategies are reviewed annually to determine the best approach to reducing inappropriate ER utilization. These include:

- ◆ Broaden access to Primary Care Services
- ◆ Focus/enroll high utilizers into Case management programs
- ◆ Target members with behavioral health problems

#### Emergency Services and Hospital Admissions Out of Plan Screening and Stabilization

KHS does not require prior authorization for emergency services. Post-service claims review (for out of plan emergency care) considers whether the member's decision to Present to the Emergency Department was reasonable under the circumstance.

#### Post-stabilization

KHS requires review and authorization for all out of plan post-stabilization care, and follows all statutory requirements and accreditation standards in making post-stabilization care authorization decisions.

#### Concurrent Review

Concurrent review is the process of continual reassessment of the medical necessity and appropriateness of acute inpatient care during a hospital admission in order to justify the continued level of care. The concurrent review process is conducted by California licensed Registered Nurses by review of the member's medical record, reviewing the hospital's case management notes, dialoguing with the attending physician and other members of the health care team, and speaking with the patient and/or family or significant other, as needed.

Hospitalizations are concurrently reviewed for appropriate length of stay and discussed during scheduled rounding meetings with the KHS CMO (or designee) if medical necessity cannot be established. Concurrent reviews are performed collaboratively with KHS contracted hospitalist groups and/or providers and KHS RN staff to determine medical necessity of admission, length of stay, and post discharge dispositions.

Through the hospitalist program, the UM Nurse can authorize referral requests for member discharge planning and coordination of services for post acute care. Additionally, KHS Facility Based UM Nurses perform concurrent inpatient review for members on location at specific contracted local area facilities. The purpose of the services was to provide real time record review and promote early discharge planning as well as assist with decreasing length of stay and facilitate services requested during the hospital admission. Members are also triaged in the ER to assist in decreasing unnecessary admissions through prompt recognition of services needed prior to receiving a retro notification from the hospital regarding an admission by our hospitalist or the RN.

### Retrospective Review

For those services requiring prior authorization, retrospective review for payment of claims is initiated when no prior authorization was obtained by the practitioner or provider organization. Retrospective review is also initiated for services performed by a non-contracted provider or when no authorization was obtained before completion of the service. Members, practitioners, and provider organizations are notified by mail/online of the UM/ claims decision.

### Discharge Planning

UM Nurse staff and/or the UM Social Worker will assess member's post hospital continuing care needs and will collaborate with the provider organization's discharge planning staff to make arrangements for placement, DME, Home Health, specialist follow-up visits, social determinants, and any other services pertinent to the member's recovery. Provision and coordination for immediate post discharge care through Respite, Acute/Pulmonary/Cardiac Rehabilitation, and Transitional Care Clinics are designed to address potentially avoidable readmission, recidivism, and improve health through member empowerment and early intervention.

### Denial Process

All recommended denials are reviewed by the CMO or designee(s), with the exception of administrative denials that are not based on medical necessity and performed by the UM RN Clinical Intake Coordinators/UM Nurse. Services denied, delayed/extended delay, terminated, or modified based on medical necessity may be eligible for an Independent Medical Review. The referring practitioner, provider and member are notified of the denial through a Notice of Action (NOA) letter, translated in both English and Spanish with discrimination clauses and tagline notations.

When a physician requests a health care service that is subject to prior authorization and the request has been reviewed, denied, delayed, or modified as a result of UM review, the member and provider are provided a written communication that includes the following required elements:

- A clear and concise explanation of the reasons for the Plan’s decision;
- A description of the utilization review criteria used, and the clinical reasons for the decision regarding medical necessity;
- Information as to how the member may file a grievance or appeal with the Plan and, in case of Medi- Cal members, information and explanation on how to request an administrative hearing in compliance with Title 22 of the California Code of Regulations;
- Notice of availability of language assistance services;
- Written notice to physicians or other health care providers of a denial, delay, or modification of a request, including the name and telephone number of the health care professional responsible for the decision. The telephone number is a direct number or an extension that allows the physician or health care provider easy access to the professional responsible for the UM decision. UM staff and physicians are available during normal business hours to assist members and physicians with UM concerns;
- Written Notice to the physician and member includes information on Independent Medical Review.

Denial notices are issued in accordance with applicable regulations and accreditation standards. The Department of Health Care Services and Department of Managed Health Care provide direction to and oversight of the process of issuing written notification of non-coverage to KHS members.

### Appeal Process

KFHC members are notified in writing of his/her right to appeal through the Member Grievance Process within the Notice of Action letter correspondence. The notice includes member’s right to request a State Fair Hearing, member’s right to represent himself/herself at the State Fair Hearing or to be represented by legal counsel, friend, or other spokesperson, the name, address, and phone number of KHS, toll free number for obtaining information on legal service organizations for representation, and the right to request an Independent Medical Review.

Practitioners/providers may submit a written appeal for referrals that have been denied on the member behalf with a member’s consent. KHS has established a fast, fair and cost-effective appeal resolution mechanism to process and resolve practitioner/provider prior auth appeals. A practitioner or provider appeal is defined as “A contracted, or non-contracted practitioner’s or providers written notice to KHS seeking resolution of a denial of service referral request.” The appeal must contain the practitioner/provider name, tax identification number, contact information, and a clear explanation of the issue and the practitioner/provider’s position thereon.” Additional medical information pertinent to the appeal should be included at that time.

All appeals must be submitted to KHS within 60 calendar days of the date of KHS action, or in the case of inaction, 365 calendar days after the time for action has expired.

All KHS members have the right to ask for an expedited decision on prior authorization or concurrent requests for health care services and supplies, and/or expedited review of decisions to terminate health care services. When a member's life, health, or ability to regain maximum function could be jeopardized using standard utilization review time frames, or when a provider familiar with the member's clinical situation states that the need for review is urgent, the appeal is expedited.

### Evaluation of New Medical Technologies

KHS evaluates a variety of web-based interactive applications for future consideration of medical technologies adoption. KHS MIS department develops and implements new technologies as they emerge to provide efficient methods of tracking member activity and report generation. UM clinical staff have direct access to various websites for review and reference for discussions on innovative methods not currently in use by KHS that may be implemented in the delivery of healthcare to KHS members. New technologies are vetted with MCAL guidelines for coverage, then forwarded to the PAC and QI/UM committees before board approval.

The following information is gathered, documented and considered for determination:

- ◆ Proposed procedure/treatment/medication device
- ◆ Length of time the treating practitioner has been performing the procedure/treatment
- ◆ Number of cases the practitioner has performed
- ◆ Privileging or certification requirements to perform this procedure
- ◆ Outcome review: mortality during a global period, one year out and five years out; other known complications, actual and anticipated
- ◆ Identification of other treatment modalities available
- ◆ Consideration as to whether Medicare/Medi-Cal approves the service/procedure
- ◆ Whether the medication/procedure is FDA approved
- ◆ Literature search findings
- ◆ Input from network Specialist

The CMO, or designee, or the Director of Pharmacy, consults specialists, market colleagues, the Physicians Advisory Committee (PAC) and/or the Pharmacy and Therapeutics Committee (P&T) as needed to assist in making coverage determinations and/or recommendations.

### Telemedicine/Telehealth

Telemedicine and other remote monitoring capability is a growing trend in the evaluation of a member's health. Telemedicine allows for HIPAA compliant medical information to be

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 virtual/telephonic communication modalities technology. No additional prior authorization is required for telemedicine, only the service is subject to those contained in the Prior Authorization list 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. This allows KHS additional options to serve members in both local and rural areas to improve primary care and specialty access and reduce wait times.

### Provider and Member Satisfaction

Satisfaction Surveys are conducted annually by the KHS Member Services and Provider Relations Department. Results are shared with the Executive leadership and other KHS departments. Any unsatisfactory areas of the UM process is re-evaluated by the KHS Chief Medical Officer or designee, Chief Health Services Officer, and the Director of Utilization Management to develop and implement strategies to ameliorate deficiencies.

KHS participates in the Consumer Assessment of Health Plan Survey (CAHPS) Member Satisfaction Survey and utilizes these results in the assessment of member experience with the UM program. Analysis of grievance and appeal data related to UM is also monitored as a part of the member experience review.

KHS contracts with physicians and other types of health care providers. Provider Relations conducts assessments of the network adequacy of contracting providers. All PCPs and specialists must meet KHS credentialing and recredentialing standards. Contracting providers must meet KHS requirements for access and availability. Members may select their PCPs based on cultural needs and preferences. The Provider Directory lists additional languages spoken by PCPs or their office staff and includes other information related to disability accommodations and hours of operation. The Provider Directory is 274 compliant with DHCS requirements and is available to members in printed or electronic versions.

### Delegation of UM Activities

KHS has delegation oversight activities/processes for pre-delegation evaluation, delegation oversight activities, and regular reporting used to monitor delegates according to the standards established by KHS, licensing and regulatory bodies. KHS may delegate Utilization Management (UM) and Pharmacy functions/activities to entities with established Quality Improvement and Utilization Management programs and policies consistent with licensure and regulatory requirements.

KHS remains accountable for and has appropriate structures and mechanisms to oversee delegated activities even if it delegates all or part of these activities. KHS tracks and processes

all KHS member's UM activity internally with the exception of Kaiser assigned MCAL members whose UM functions are delegated as part of a two-way agreement under contractual requirement with DHCS. Joint Operations meetings are conducted quarterly in addition to an annual delegation audit to ensure compliance with DHCS regulatory requirements.

KHS contracts with a third party vendor to provide 24/7, weekend and holiday triage services for all KHS members. The vendor provides not only triage services but also supports a member initiated Health Library to promote education on a varying number of topics. Reports are generated monthly to monitor their activities as well as identify member patterns during execution of after hour services. Joint Operations meetings are conducted quarterly to ensure compliance with DHCS regulatory requirements.

Vision Care is delegated to a 3<sup>rd</sup> party vendor and capitated for all vision services. Reports are generated monthly to monitor their activities as well as identify utilization patterns. Joint Operations meetings are conducted quarterly to ensure compliance with DHCS regulatory requirements.

KHS contracts with a vendor, Health Dialog, to perform 24 hour Nurse Advice and triage call center activity and provides summary reports detailing the utilization of services at scheduled intervals. The report is reviewed for trending of ER and Urgent Care usage based on total usage compared against deferment back to the PCP and Home/Self Help care. Monthly touchpoints are scheduled to address any issues or trends identified. Actions plans are developed if utilization patterns raise concerns for escalation. Health Dialog provides a Health Audio Library for member self-service of specific health topics or acute/chronic condition education.

All delegated entities are required to support and adhere to the same regulatory reporting and access standards as KHS. KHS has the responsibility to the Delegated or Subcontractor's agreement to revoke the delegation of activities or obligations or specify other remedies in instances where DHCS or KHS determine that the Subcontractor has not performed satisfactorily.

Complete delegated oversight audits are conducted at least annually, and more often if warranted, to ensure all aspects of KHS's contract are performed to the standards outlined by DHCS and DMHC.

#### Medical Reviews and Audits by Regulatory Agencies

KHS' Director of Compliance and Regulatory Affairs, in collaboration with the CMO, Chief Health Services Officer, and other Clinical leadership, provides direct oversight to all KHS medical audits and other inquiries by our regulatory agencies, DHCS and DMHC. Recommendations or sanctions received from regulatory agencies for medical matters are addressed through the QI/UM Program. CAPs for medical matters are approved and monitored by the QI/UMC.

## Integration of Study Outcomes with KHS Operational Policies and Procedures

KHS assesses study outcomes over time and, as a result of key quality issue identification and problem resolution, develops changes in strategic plans and operational policies and procedures. Study outcomes are assessed, and changes may be incorporated into the KHS strategic plan and operational policies and procedures to address those outcomes and incorporate ongoing quality issue solutions into organizational operations.

## Statement of Conflict of Interest

UM decision-making is based on established criteria, appropriateness of care and service, and existence of coverage. KHS does not provide financial incentive for practitioners or other individuals conducting utilization review for denials of services or coverage. All committee members are required to sign a conflict of interest statement. Committee members cannot vote on matters where they have an interest and must be recuse until the issue has been resolved.

## Health Insurance Portability and Accountability Act (HIPAA)

KHS complies with all applicable HIPAA requirements supported by HIPAA compliance policies. All HIPAA related policies are accessible to UM Physicians and staff on the Kaiser Permanente Intranet compliance site. Ongoing mandatory education is required annually for all staff.

## Confidentiality

To ensure member and practitioner information is held in strict confidence, to safeguard the information received, and to protect against defacement, tampering or use by unauthorized persons or for unauthorized purposes, all member specific information, documents, reports, committee minutes and proceedings are protected from inadvertent release and discovery. All staff members sign a confidentiality statement as a condition of employment. All documentation and information received are confidential and distributed only on a need-to-know basis.

Access to this information is restricted to a need-to-know basis. The proceedings and records of the continuous review of the quality of care, performance of medical personnel, utilization of services and facilities and costs are subject to confidential treatment under Health and Safety Code 1370 and Section 1157 of the California Evidence Code.

The UM department handles all patient identifiable information used in clinical review, care, and service in a privileged and proprietary manner. The QI/UM Committee develops and implements confidentiality policies and procedures and reviews practices regarding the collection, use, and disclosure of medical information. KHS retains oversight for provider confidentiality procedures.



KHS has established and distributed confidentiality standards to contracting providers in the KHS Provider Policy and Procedure Manual. All provider contracts include the provision to safeguard the confidentiality of member medical and behavioral health care records, treatment records, and access to sensitive services in accordance with applicable state and federal laws. As a condition of participation with KHS, all contracting providers must retain signed confidentiality forms for all staff and committee members and provide education regarding policies and procedures for maintaining the confidentiality of members to their practitioners. KHS monitors contracting providers for compliance with KHS confidentiality standards during provider facility and medical records reviews and through the Grievance Process.

All members, participating KHS staff and guests of the QI/UMC and subcommittees are required to sign the Committee Attendance Record, including a statement regarding confidentiality and conflict of interest. All KHS employees are required to sign a confidentiality agreement upon hiring. The confidentiality agreements are maintained in the practitioner or employee files, as appropriate. All peer review records, proceedings, reports and member records are maintained in a confidential manner in accordance with state and federal confidentiality laws.

#### Annual Program Evaluation

On an annual basis, KHS evaluates and revises as necessary, the UM Program Description and Evaluation. The Chief Medical Officer, in collaboration with the Chief Health Services Officer, documents a yearly summary of all completed and ongoing UM Program activities with documentation of evidence of improved health care or deficiencies, status of studies initiated, or completed, timelines, methodologies used, and follow-up mechanisms. A written evaluation of the UM Program is prepared and reported to the QI/UM Committee and Board of Directors annually.

#### UM Program Integration with KHS Quality Management Program

The UM Program is an integral part of the KHS Quality Management Program and incorporates quality, risk and safety processes and initiatives into prospective, concurrent review, identification of quality, safety and risk incidents, patterns and trends through UM clinical review are escalated to the appropriate quality department in a timely manner. Results of monitoring and analysis of utilization of care and services, including over- and under-utilization trends, are integrated into the KHS Quality Program through reports to the Program's UM/Quality Committees. Utilization reports that display metrics across regional, service area, and medical center level performance are collected and analyzed to identify improvement opportunities, ensure consistency, and decrease variation in practice and care delivery.



KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
First Quarter 2020

**Report Date: April 8, 2020**

**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.

- Population Needs Assessment
- Virtual Health Education Classes
- Video Remote Interpreting Services
- Fall 2020 Member Newsletter

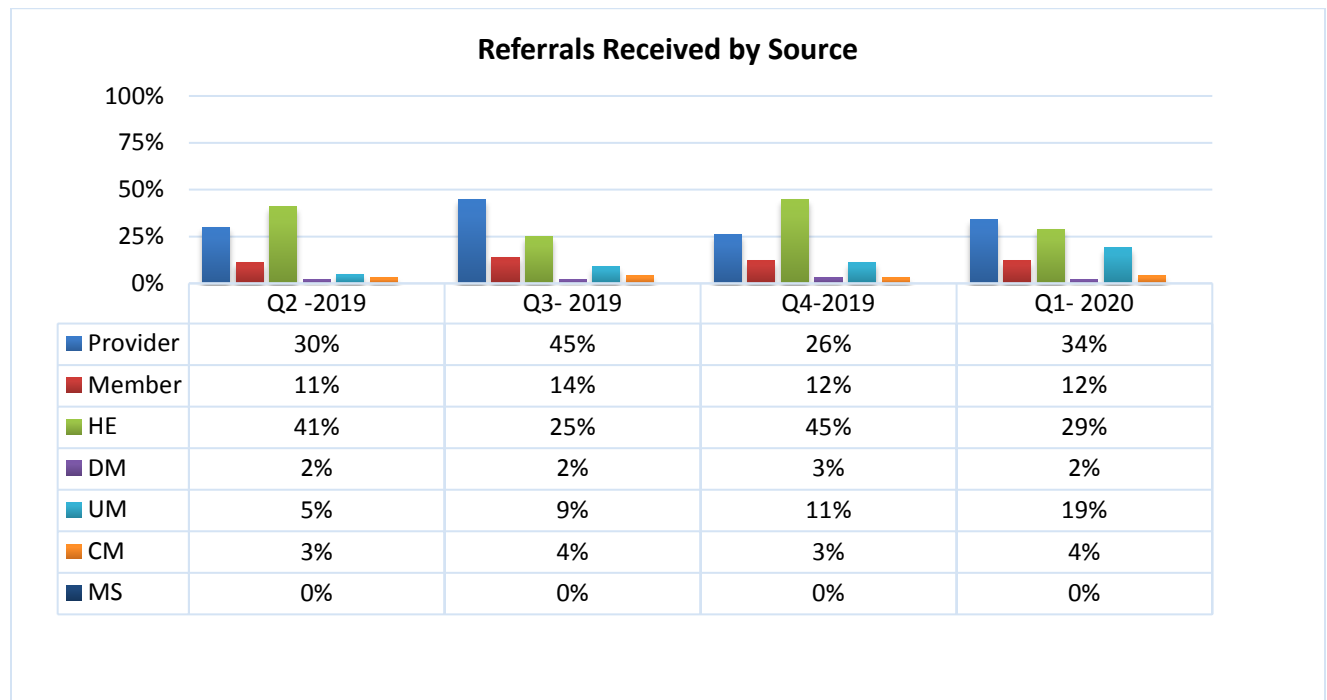
The following pages reflect statistical measurements for the Health Education department detailing the ongoing activity for the 1<sup>st</sup> quarter 2020.

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 2020

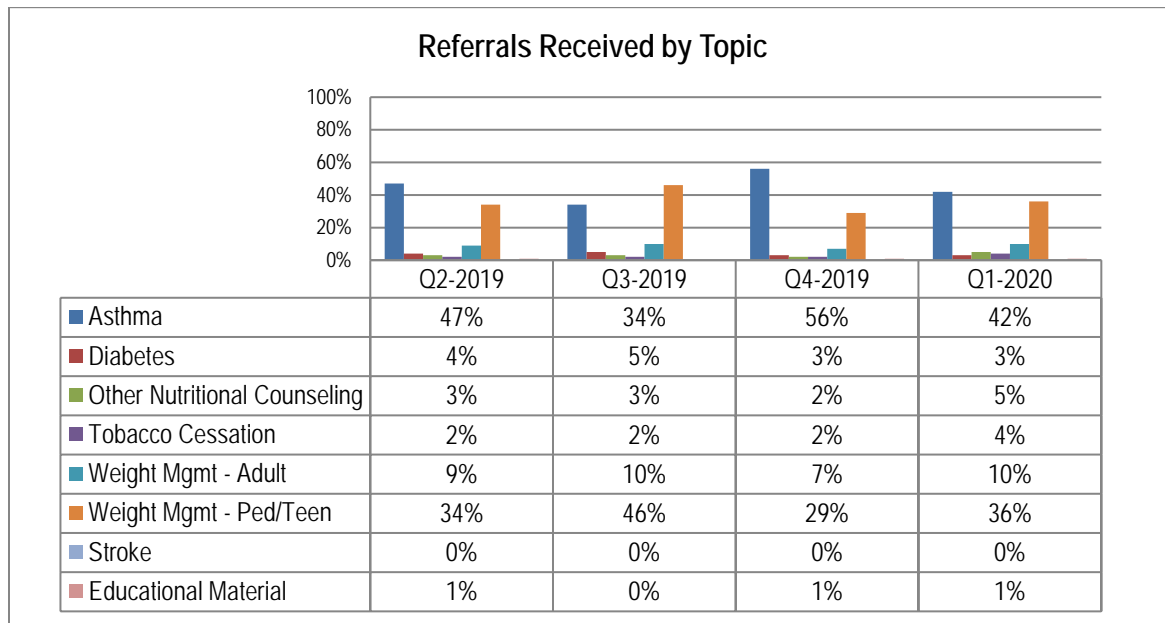
**REFERRALS FOR HEALTH EDUCATION SERVICES**

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 Member Services.

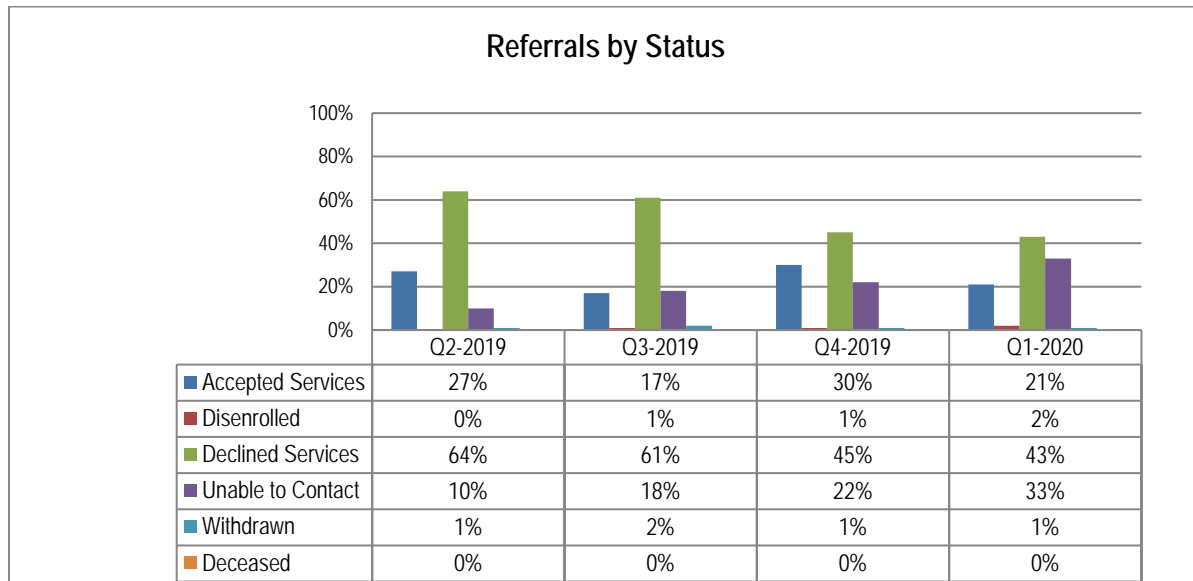


During this quarter, 737 referrals were received which is an 11% decrease in comparison to the previous quarter.

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**HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT**  
**First Quarter 2020**



The HE department receives referrals for various health conditions. This quarter, referrals for asthma education were decreased from 56% to 42% due to decreased targeted outreach calls performed by the HE department.



The rate of members who accepted to receive health education services decreased from 30% in the 4<sup>th</sup> quarter to 21% in the 1<sup>st</sup> quarter of 2020

KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
First Quarter 2020

**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
  - Intro to Gardening
  - Rethink Your Drink
  - Funxercise
  - Healthy Cooking
- Breathe Well Asthma Workshop

**Bakersfield Memorial Hospital (BMH):**

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

**Clinica Sierra Vista (CSV) WIC:**

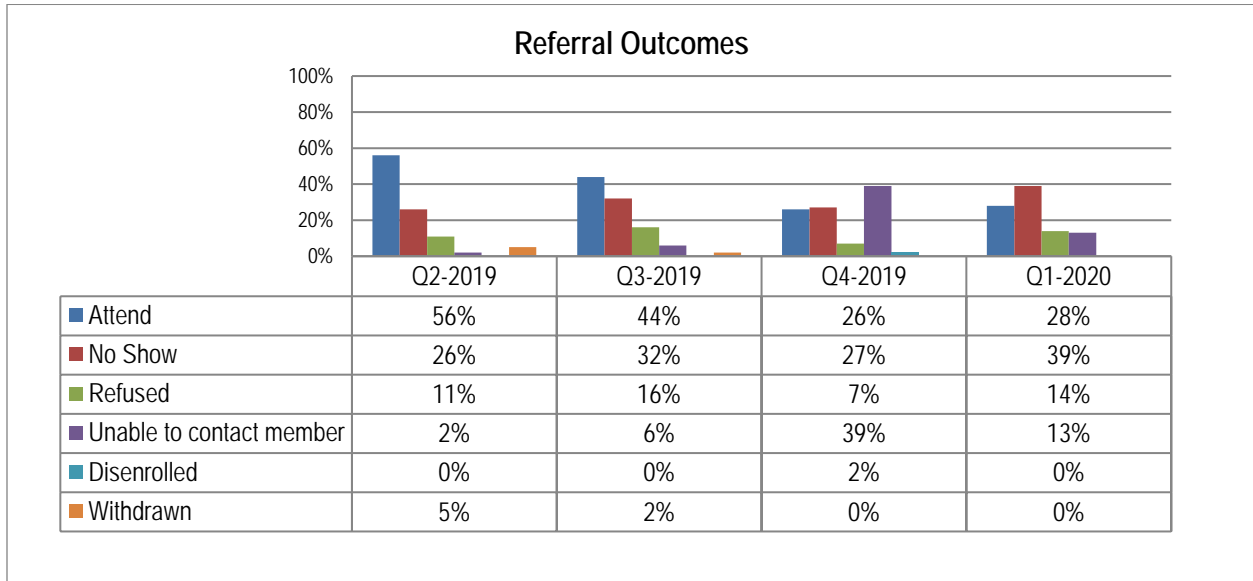
- Diabetes Management Classes
- Heart Healthy Classes

**California Smokers' Helpline (CSH):**

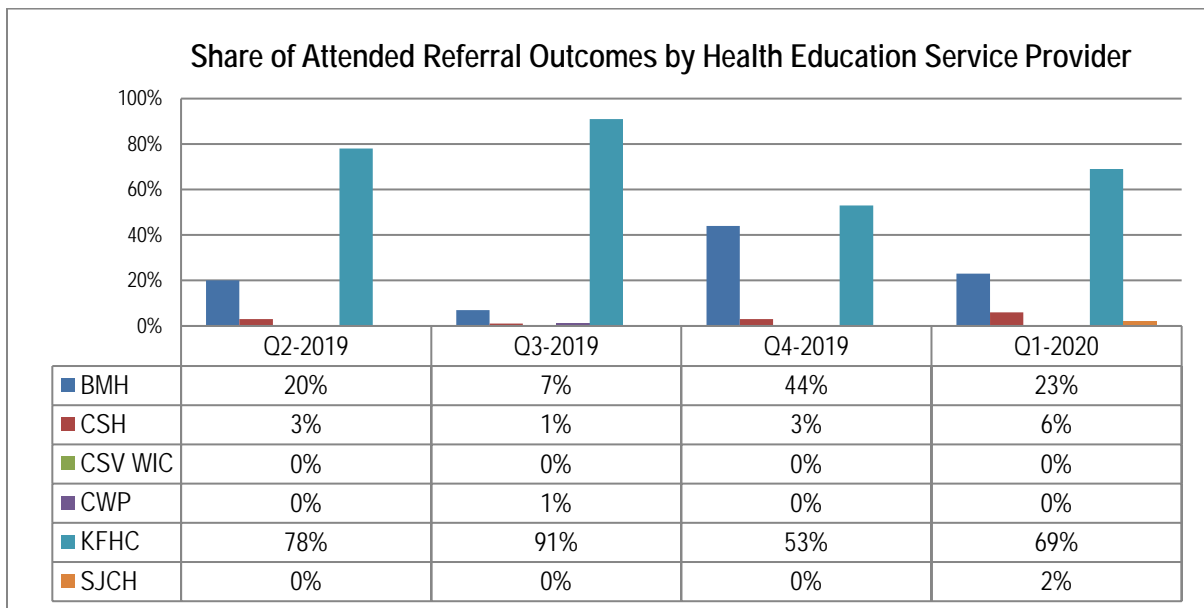
- Telephone Smoking Cessation Counseling

**KERN HEALTH SYSTEMS**  
**HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT**  
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**REFERRAL OUTCOMES**



During this quarter, the rate of members who received health education services out of all members who accepted services increased from 26% to 28%.

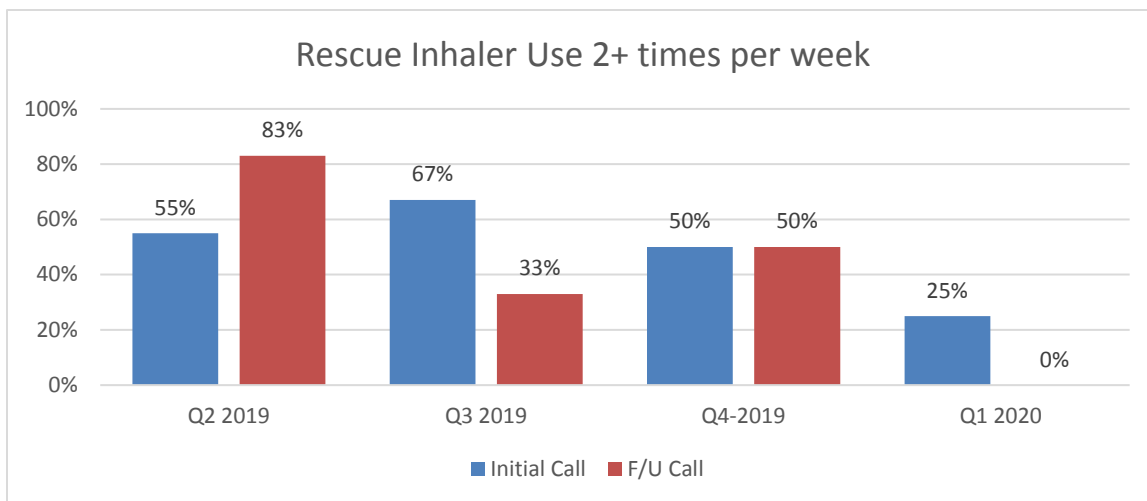
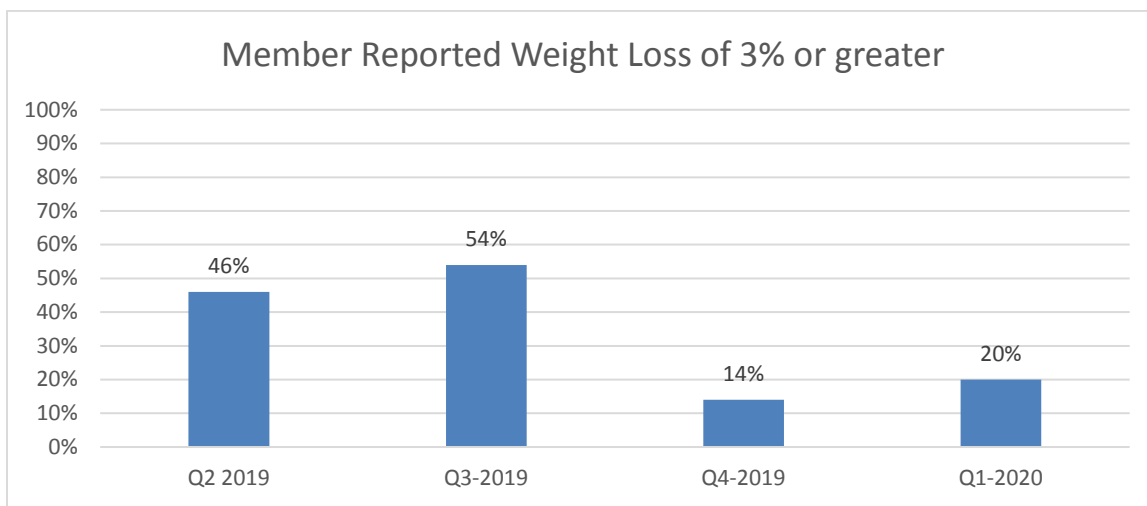


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Services through KFHC demonstrates to be the largest share of referral outcomes. This quarter KFHC showed an increase from 53% in the 4<sup>th</sup> quarter to 69% in the 1<sup>st</sup> quarter of 2020.

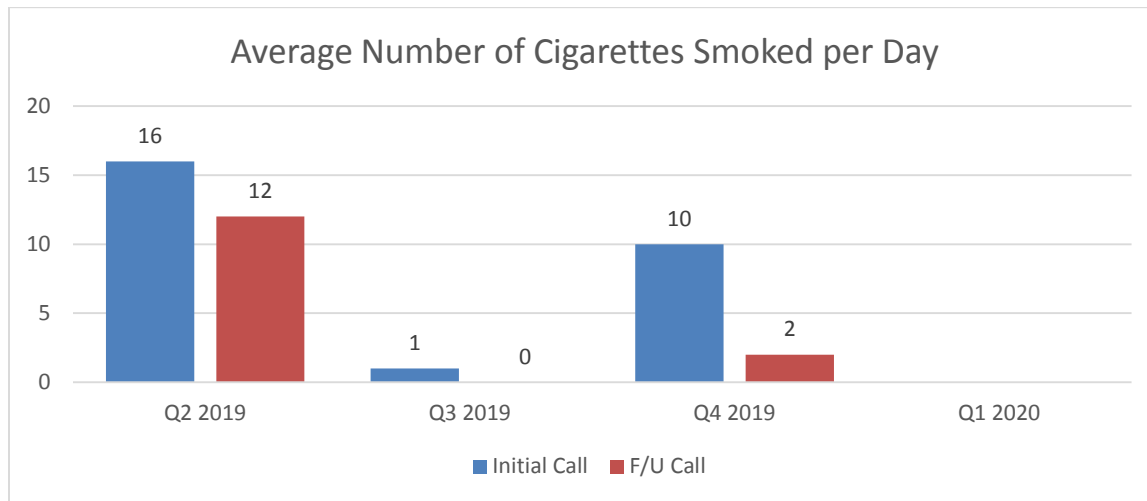
**Effectiveness of Health Education Services**

To evaluate the effectiveness of the health education services provided to members, a 3-month follow up call was conducted on members who received services during the prior quarter. Of the 25 members who participated in the 3 month follow up call, 15 received weight management education and 10 received asthma management education. No members who received smoking cessation services participated in the 3 month follow up call. All findings are based on self-reported data from the member.



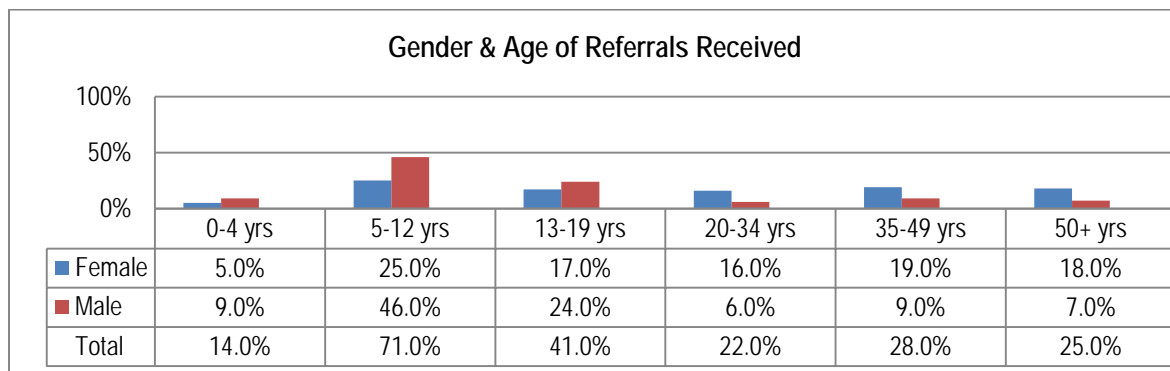


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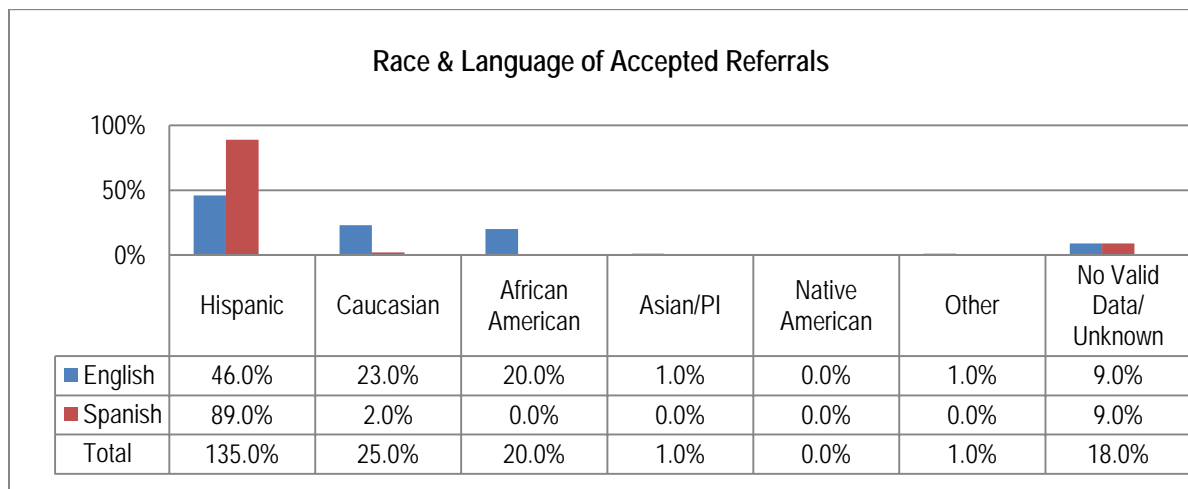
**Demographics of Members**

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



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

**KERN HEALTH SYSTEMS**  
**HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT**  
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A breakdown of member classifications by race and language preferences revealed that 89% of members who accepted services are Hispanic and the majority preferred to speak Spanish.

<b>Referrals Accepted by Top Bakersfield Zip Codes</b>			
<b>Q2-2019</b>	<b>Q3-2019</b>	<b>Q4-2019</b>	<b>Q1-2020</b>
93307	93307	93307	93307
93306	93304	93306	93306
93305	93306	93304	93304
93304	93305	93305	93309
93308	93309	93308	93305

KHS serves members in the Kern County area. During this quarter, 78% of the members who accepted services reside in Bakersfield and the highest concentration of members were in the 93307 area.

<b>Referrals Accepted by Top Outlying Areas</b>			
<b>Q2-2019</b>	<b>Q3-2019</b>	<b>Q4-2019</b>	<b>Q1-2020</b>
Delano	Arvin	Arvin	Delano
Wasco	Delano	Delano	McFarland
Lamont	Shafter	Shafter	Tehachapi
McFarland	Wasco	Lamont	Lamont
Shafter	Lamont	Wasco	Arvin
Arvin			

Additionally, 22% of the members who accepted services reside in the outlying areas of Kern County and the highest concentration of members reside in Delano.

KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
First Quarter 2020

**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 1,646 educational packets to members on the following health topics:

<b>Educational Mailings</b>				
	<b>Q2-2019</b>	<b>Q3-2019</b>	<b>Q4-2019</b>	<b>Q1-2020</b>
Anemia	1	2	0	0
Asthma	427	648	459	305
High Cholesterol	11	11	4	6
Diabetes	53	45	30	20
Gestational Diabetes	5	1	1	2
High Blood Pressure	4	4	4	13
COPD	0	0	1	2
Postpartum Care	4716	602	263	564
Prenatal Care	145	283	23	120
Smoking Cessation	13	12	15	12
Weight Management	173	370	223	357
WIC	64	157	41	245
<b>Total</b>	<b>1,367</b>	<b>2,137</b>	<b>1,064</b>	<b>1,646</b>

KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
First Quarter 2020

**INTERPRETER REQUESTS**

**Face-to-Face Interpreter Requests**

During this quarter, there were 305 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.

<b>Top Languages Requested</b>			
<b>Q2-2019</b>	<b>Q3-2019</b>	<b>Q4-2019</b>	<b>Q1-2020</b>
Spanish	Spanish	Spanish	Spanish
Cantonese	Punjabi	Punjabi	Punjabi
Punjabi	Arabic	Mandarin	Mandarin
English	Cantonese	Arabic	Arabic
Arabic	Mandarin	Cantonese	Cantonese
		Vietnamese	Persian

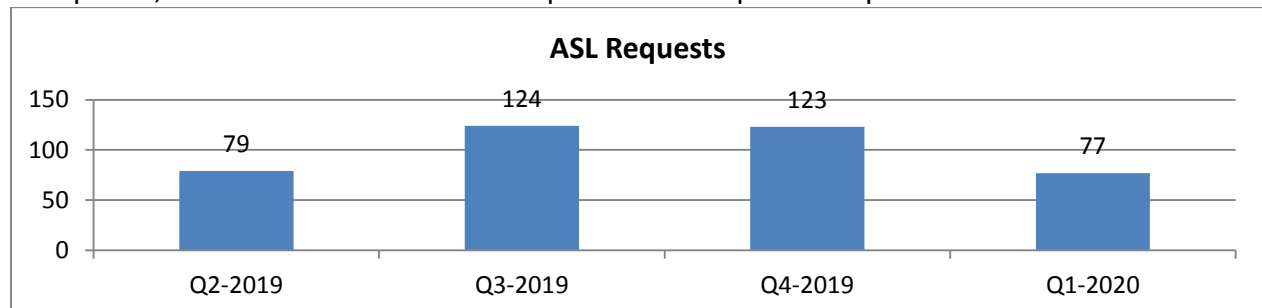
**Telephonic Interpreter Requests**

During this quarter, there were 752 requests for telephonic interpreting services through KHS' interpreting vendor, Language Line Solutions. The majority of these requests were for a Spanish interpreter.

<b>Top Languages Requested</b>			
<b>Q2-2019</b>	<b>Q3-2019</b>	<b>Q4-2019</b>	<b>Q1-2020</b>
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Arabic	Arabic	Arabic	Arabic
Tagalog	Mandarin	Tagalog	Mandarin
Mandarin	Tagalog	Vietnamese	Tagalog

**American Sign Language (ASL) Requests**

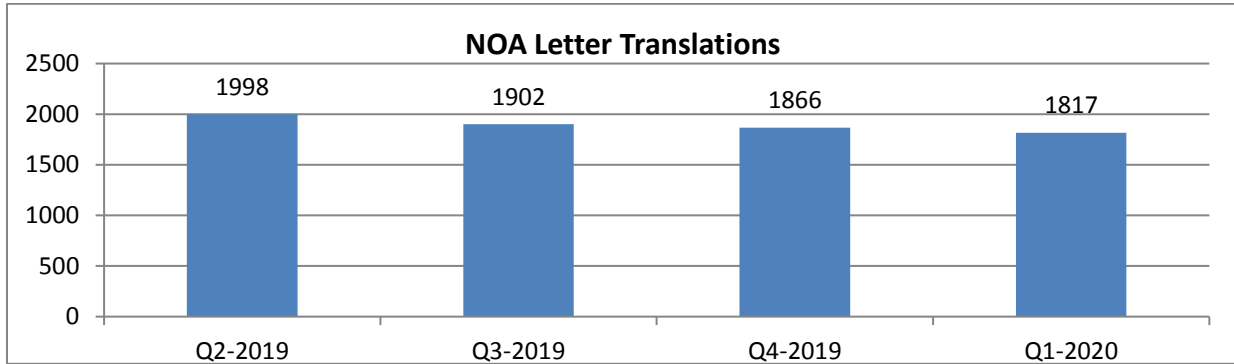
During this quarter, there were a total of 77 requests received for an American Sign Language interpreter, which was a decrease in comparison to the previous quarter.



KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
First Quarter 2020

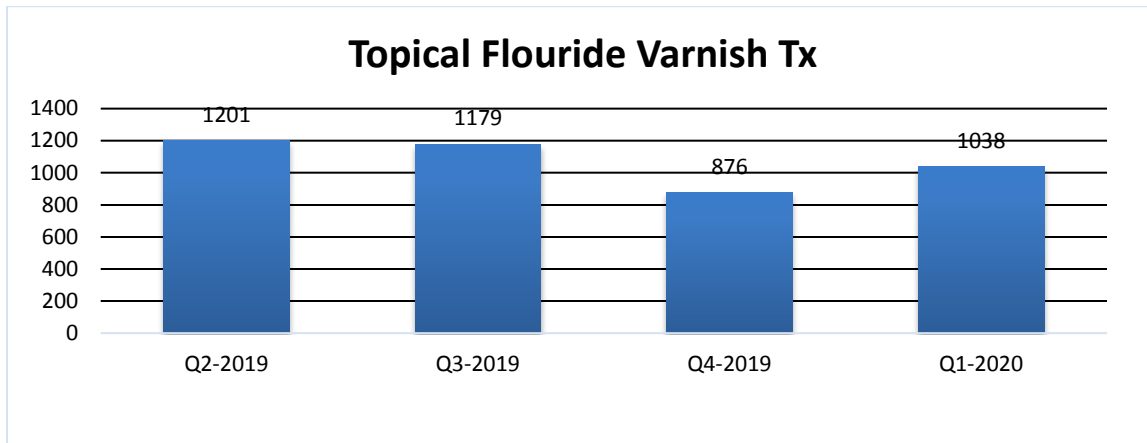
**DOCUMENT TRANSLATIONS**

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, 1,817 Notice of Action letters were translated into Spanish for the UM and Pharmacy departments.



**TOPICAL FLUORIDE VARNISH TREATMENTS**

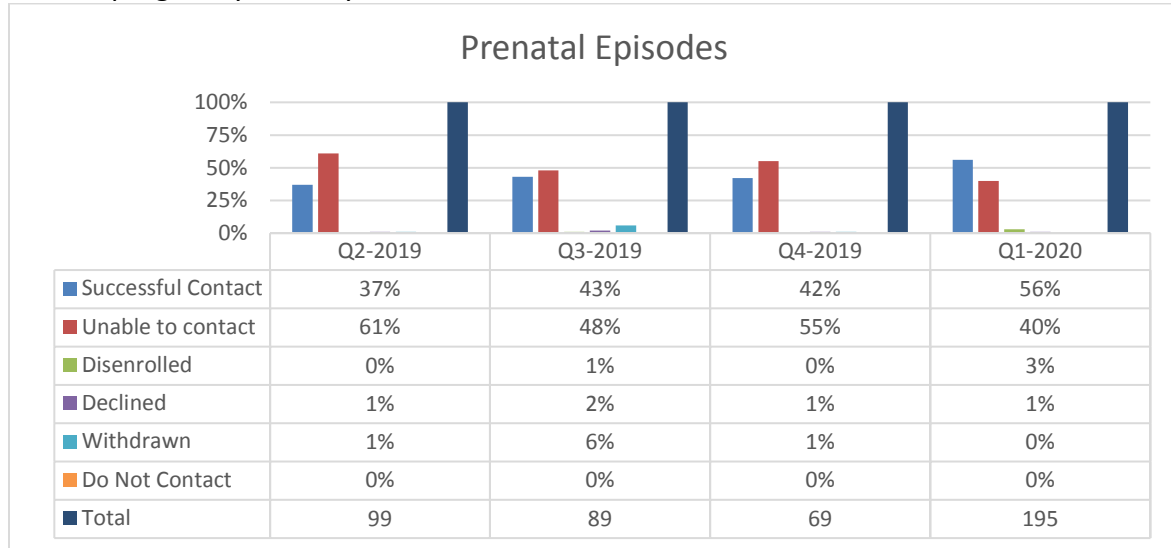
Fluoride varnish treatments are effective in preventing tooth decay and more practical and safer to use with young children. KHS covers up to three topical fluoride varnish treatments in a 12-month period for all members younger than 6 years.



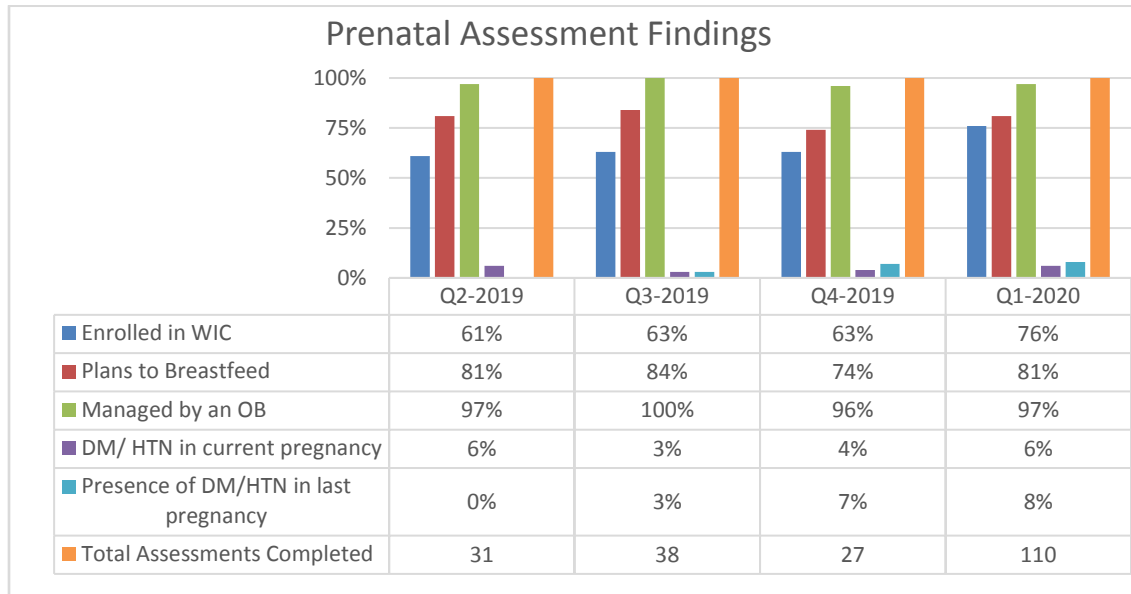
**KERN HEALTH SYSTEMS**  
**HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT**  
**First Quarter 2020**

**PERINATAL OUTREACH AND EDUCATION**

The HE department performs outreach education calls to all members identified as being pregnant in the 1<sup>st</sup> trimester, a pregnant teen (under age 18), or postpartum due to a C-section or teen pregnancy delivery.

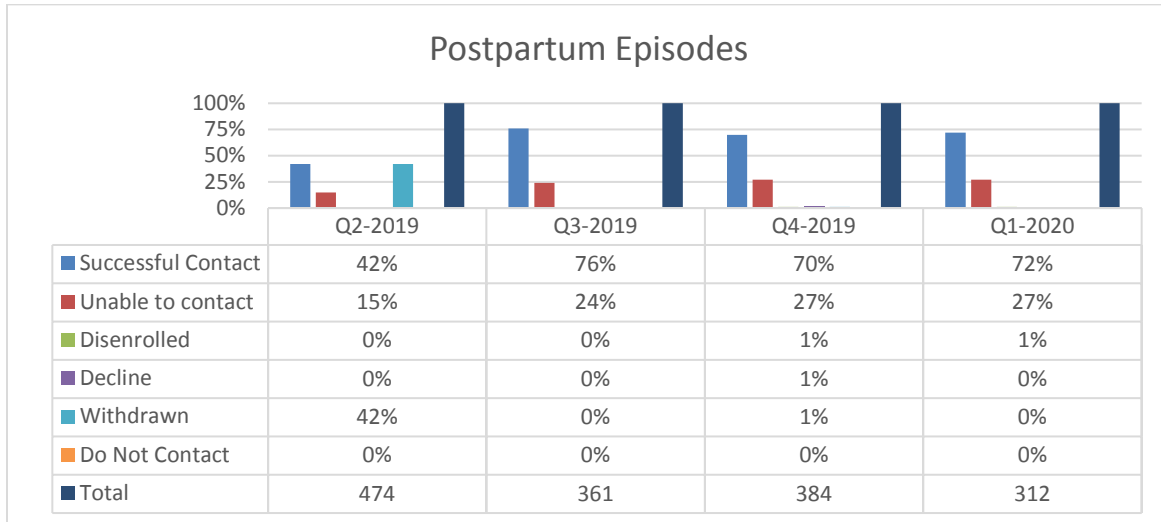


During the 1st quarter of 2020, 294 episodes for pregnant members were created and 56% were successfully contacted.

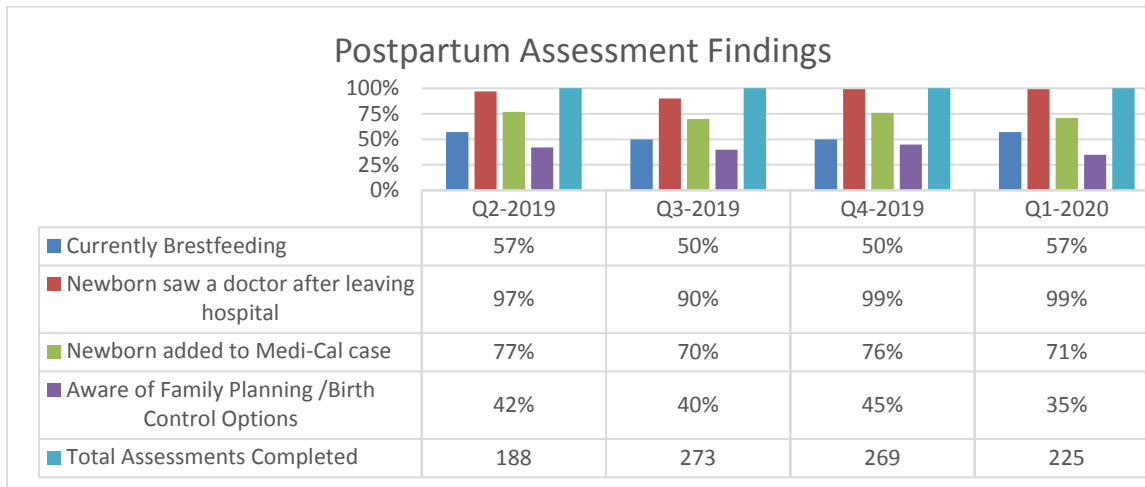


**KERN HEALTH SYSTEMS**  
**HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT**  
**First Quarter 2020**

The total prenatal assessments completed increased from 27% in the 4<sup>th</sup> quarter of 2019 to 100% in the 1<sup>st</sup> quarter of 2020.



During the 1<sup>st</sup> quarter, 336 postpartum members were created and 72% were successfully contacted.



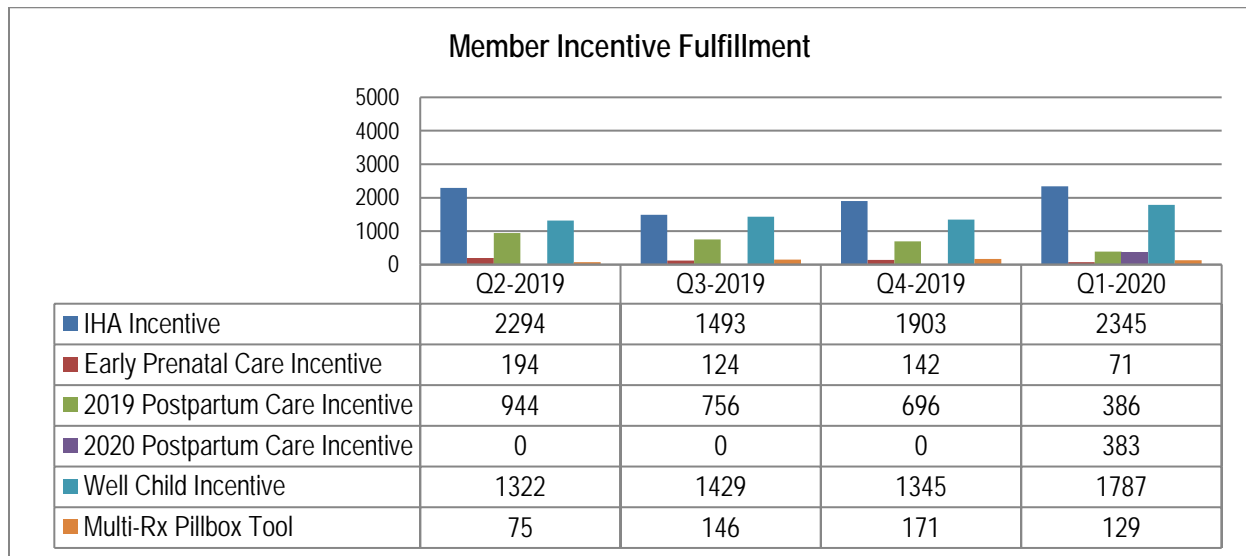
Postpartum assessments completed decreased from 269 assessments in the 4<sup>th</sup> quarter of 2019 to 225 assessment completed in the 1<sup>st</sup> quarter of 2020.

KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
First Quarter 2020

**MEMBER WELLNESS BASED INCENTIVES AND CHRONIC CONDITION TOOLS**

During the 1<sup>st</sup> quarter of 2020, KHS continued to offer wellness based incentives and one chronic condition tool for members. In January 2020, the postpartum care incentive was modified to align with the new MCAS measure where the time frame to complete this visit is now 1-12 weeks following delivery.

- **Initial Health Assessment (IHA)** – newly enrolled members who complete the IHA visit within 120 days of enrollment are mailed a \$10 gift card.
- **Early Prenatal Care** – pregnant members who complete prenatal care during the 1<sup>st</sup> trimester will receive a \$30 gift card.
- **2019 Postpartum Care** – members who delivered in 2019 and complete the postpartum visit within 21-56 days following delivery will receive an additional \$30 gift card.
- **2020 Postpartum Care** – members who delivered in 2020 and complete the postpartum visit within 1-12 weeks following delivery will receive an additional \$30 gift card.
- **Well Child** – members ages 12 -23 months who complete a well child visit are mailed a \$25 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 tool to members.





# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020

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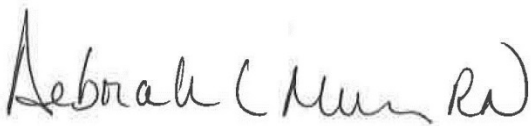
## Health Services Overview

The 2020 membership enrollment remained stable at 258,000 in Q1 2020. Additional benefit coverage and broadening interdisciplinary collaboration to support the membership growth will continue through 2020.

- COVID-19 Impact
- CalAIM MCAL (aka Healthier California for All)
  - Long Term Care-*postponed*
  - Transplants-*postponed*
  - Population Health-*postponed*
  - Pharmacy Carve Out to State MCAL Fee for Service- *transition planned 1/1/2021*
- IHA-*ability to defer until emergency declaration rescinded*-complete once emergency over
- Preventative Care/Asthma/Prenatal and Postpartum-*see attachments*

The following pages reflect statistical measurements for Utilization Management, Case Management and Disease Management detailing the ongoing compliance activity for the 1<sup>st</sup> Quarter 2020.

Respectfully submitted,



Deborah Murr RN, BS-HCM  
Chief Health Services Officer  
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.

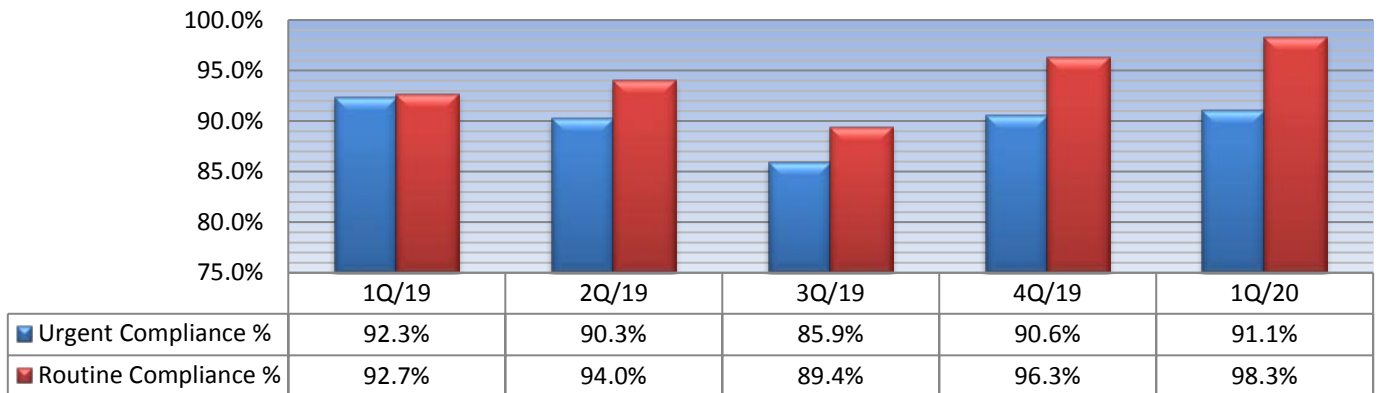
For those referrals that are found to be out of compliance with turn-around-timelines, the case manager and support staff are notified, and importance of timeframes discussed to help ensure future compliance.

Urgent: Response back to Provider in 3 business days

Routine: Response back to Provider in 5 business day

There were 50,626 referrals processed in the 1st quarter 2020 of which 4,685 referrals were reviewed for timeliness of decision. In comparison to the 4th quarter's processing time, routine referrals increased from the 4th quarter which was 96.3% and urgent referrals increased from the 4th quarter which was 90.6% to 91.1%.

**UM - Timeliness of Decision**



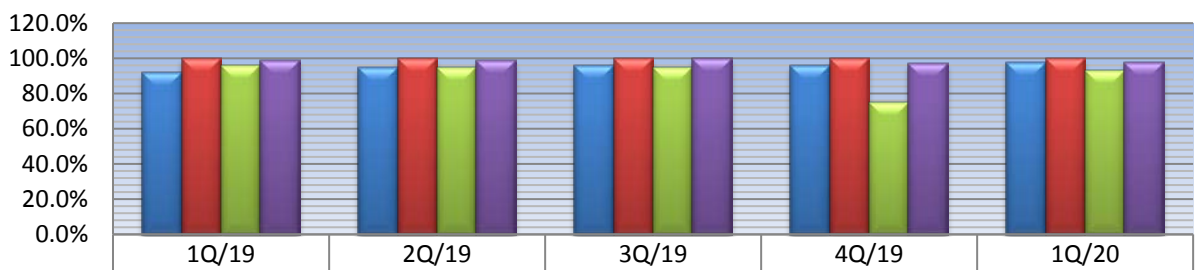
# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020

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**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

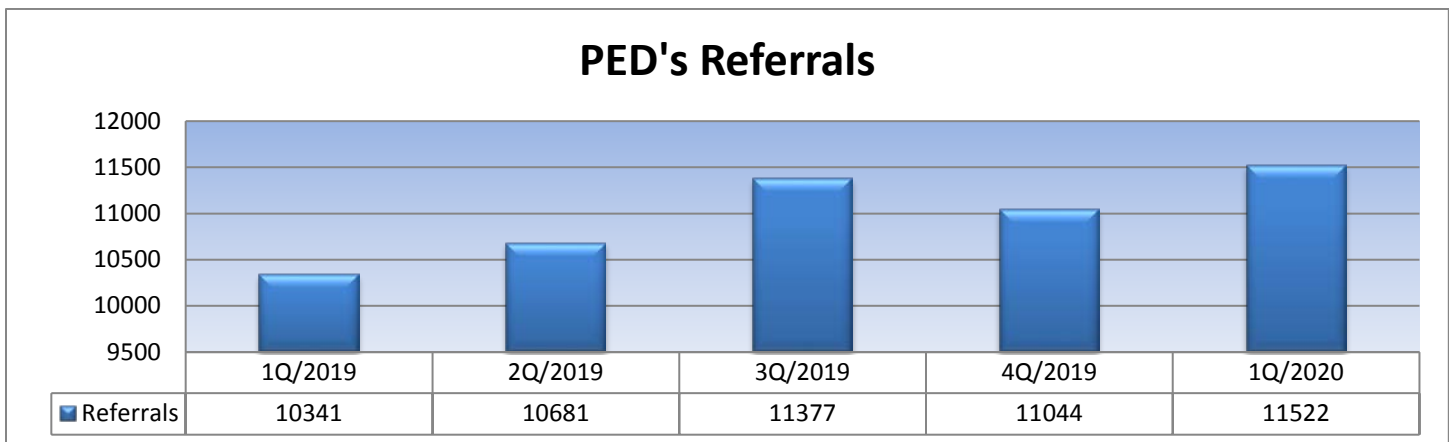
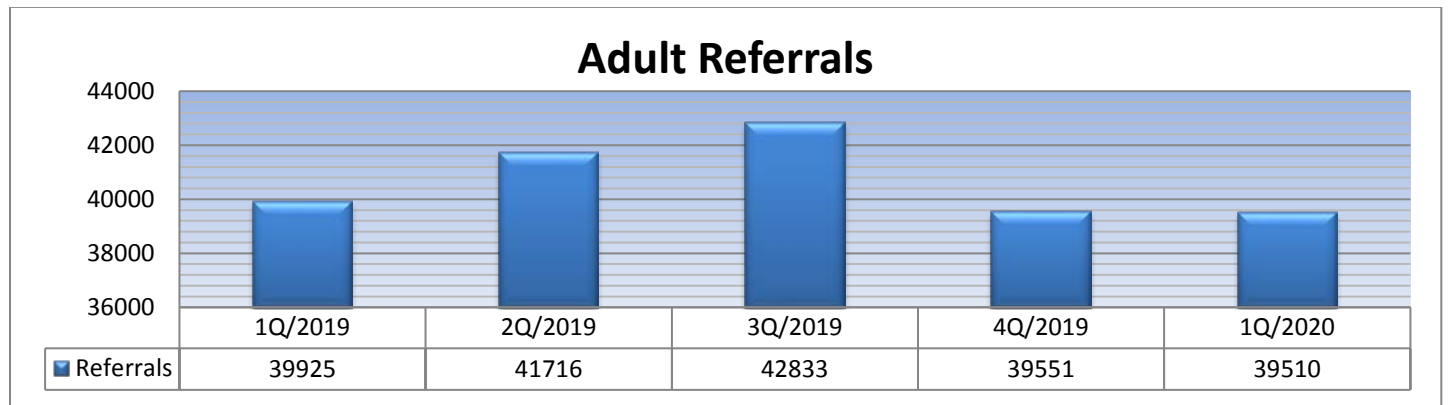
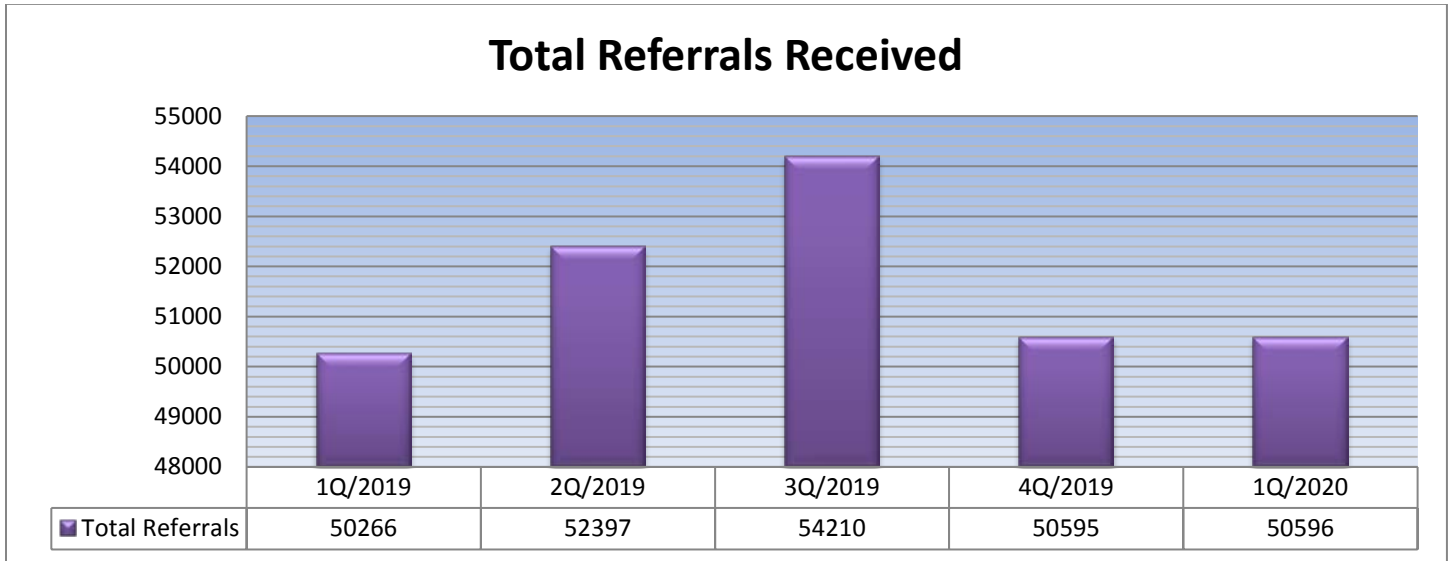
## UM - Referral Notification Compliance



	1Q/19	2Q/19	3Q/19	4Q/19	1Q/20
Member Notification	92.0%	95.0%	96.0%	96.0%	98.0%
Provider Notification	100.0%	100.0%	100.0%	100.0%	100.0%
Criteria Included	96.0%	95.0%	95.0%	75.0%	93.0%
MD Signature Included	99.0%	99.0%	100.0%	97.0%	98.0%

Summary: Overall compliance rate from the 1st Qtr. of 2020 is 97% which increased from the 4th Qtr. 2019 which was 92%.

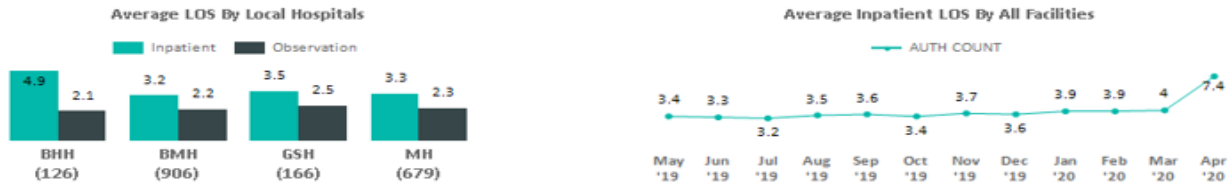
**Outpatient Referral Statistics**



# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020

## 1st Quarter Inpatient and LOS Report

Adult Admission(Inpatient#Observation)



### Participating Providers

Provider Name	Admit Count	LOS	Avg LOS
	4	12	3.00
ADVENTIST HEALTH BAKERSFIELD S	591	2068	3.50
ADVENTIST HEALTH COMMUNITY CAR	7	18	2.57
ADVENTIST HEALTH MEDICAL CENTE	35	93	2.66
ANTELOPE VALLEY HOSPITAL	8	48	6.00
BAKERSFIELD HEART HOSPITAL	126	576	4.57
BAKERSFIELD MEMORIAL HOSPITAL	906	2682	2.96
CAPRI IN THE DESERT	1	7	7.00
DELANO POSTACUTE CARE	2	75	37.50
DELANO REGIONAL MEDICAL CENTER	70	227	3.24
ENCOMPASS HEALTH REHABILITATIO	1	11	11.00
GGNSC SHAFTER LP	5	69	13.80
GOOD SAMARITAN HOSPITAL	165	548	3.32
HOFFMANN HOSPICE OF THE VALLEY	12	39	3.25
KECK HOSPITAL OF USC	64	311	4.86
KERN COUNTY MEDICAL AUTHORITY	657	1967	2.99
KERN VALLEY HEALTHCARE DISTRIC	11	39	3.55
MERCY HOSPITAL	679	2020	2.97
NAPOLI IN THE DESERT	1	7	7.00
PETERSEN	2	5	2.50
RIDGECREST REGIONAL HOSPITAL	2	6	3.00
SANTA MONICA UCLA MC AND ORTHO	5	41	8.20
SORRENTO IN THE DESERT	1	47	47.00
UCLA MEDICAL CENTER	17	110	6.47
UNITED CARE FACILITIES	8	90	11.25
USC NORRIS CANCERHOSPITAL	4	16	4.00
USC VERDUGO HILLS HOSPITAL	1	4	4.00
VALLEY CHILDREN'S HOSPITAL	1	4	4.00
VENTURA COUNTY MEDICAL CENTER	3	6	2.00

# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020

VFP HOMES 1 17 17.00

**Total** **3390** **11163** **3.29**

**Non-Participating Providers**

Provider Name	Admit Count	LOS	Avg LOS
	1	2	2.00
ADVENTIST MEDICAL CENTER	2	9	4.50
ADVENTIST SIMI VALLEY HOSPITAL	3	17	5.67
ANTELOPE VALLEY HOSPITAL	45	240	5.33
ARROWHEAD REGIONAL	2	12	6.00
ARROWHEAD REGIONAL MED	1	8	8.00
BAPTIST EMERGENCY HOSPITAL	1	2	2.00
BARLOW RESPIRATORY	1	38	38.00
CALIFORNIA HOSPITAL MEDICAL CE	1	1	1.00
CEDARS SINAI MEDICAL CENTER	1	11	11.00
CITRUS VALLEY HEALTH PARTNERS	1	6	6.00
COMMUNITY MEMORIAL HOSPITAL OF	1	4	4.00
DESERT VALLEY HOSPITAL INC	1	10	10.00
FOUNTAIN REGIONAL HOSPITAL	1	4	4.00
FRESNO COMMUNITY HOSPITAL AND	6	87	14.50
GLENDALE ADVENTIST	1	5	5.00
GOOD SAMARITAN HOSPITAL	1	1	1.00
GOOD SAMARITAN HOSPITAL, L.P.	1	4	4.00
HENRY MAYO NEWHALL	10	55	5.50
HOLLYWOOD PRESBYTERIAN MEDICAL	1	18	18.00
KAISER FOUNDATION	1	1	1.00
KAWEAH DELTA MEDICAL CENTER	3	7	2.33
KINDRED HOSPITAL SAN GABRIEL	4	126	31.50
KND DEVELOPEMENT	3	122	40.67
LAC HARBOR-UCLA MED CTR -HUMC	2	4	2.00
LAC USC MEDICAL CENTER	4	9	2.25
LAC/USC MEDICAL CENTER	1	2	2.00
LANCASTER HOSPITAL CORPORATION	9	71	7.89
LEGACY SALMON CREEK HOSPITAL	1	4	4.00
LOMA LINDA UNIVERSITY MEDICAL	5	30	6.00
LOMPOC VALLEY MEDICAL CENTER	1	3	3.00
LOS ROBLES HOSPITAL & MC	2	5	2.50
MARIAN REGIONAL MEDICAL CENTER	2	4	2.00
MARTIN LUTHER KING JR COMMUNIT	1	5	5.00
MCALLEN HOSPITALS LP	1	3	3.00
MEMORIAL HOSPITAL OF GARDENA	1	1	1.00
MHHS HERMAN HOSPITAL	1	4	4.00

# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020

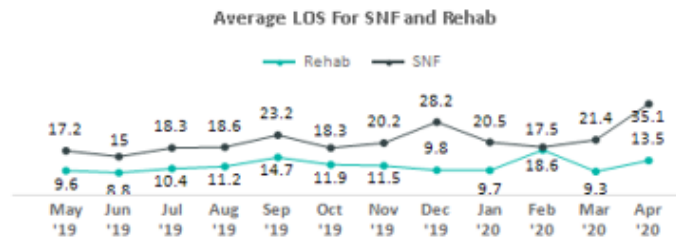
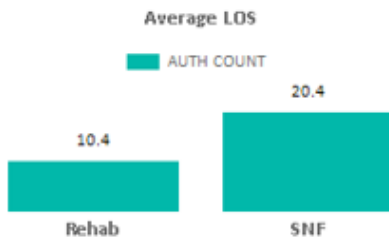
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MIAMI VALLEY HOSPITAL	1	12	12.00
NORTHRIDGE HOSPITAL MEDICAL CE	2	11	5.50
ONE AND ONLY CONGREGATE LIVING	3	147	49.00
ORANGE COUNTY	1	2	2.00
PACIFICA HOSPITAL OF THE VALLE	3	77	25.67
PARADISE VALLEY HOSPITAL	1	3	3.00
PARKSIDE CONGREGATE LIVING, IN	5	104	20.80
PIONEERS MEMORIAL	1	1	1.00
POMERADO HOSPITAL PALOMAR HEAL	1	2	2.00
POMONA VALLEY HOSPITAL	1	1	1.00
PRESBYTERIAN INTERCOMMUNITY HO	1	2	2.00
PRIME HEALTHCARE SERVICES, INC	1	8	8.00
PROMEDICA TOLEDO HOSPITAL	1	20	20.00
PROVIDENCE HEALTH	1	2	2.00
PROVIDENCE HOLY CROSS MEDICAL	1	2	2.00
PROVIDENCE SAINT JOSEPH	3	20	6.67
PROVIDENCE TARZANA	1	4	4.00
RIDEOUT MEMORIAL HOSPITAL	1	3	3.00
RIVERSIDE COMMUNITY HOSPITAL	4	50	12.50
SACRED HEART - RIVERBEND	1	1	1.00
SADDLEBACK MEMORIAL MEDICAL CE	2	11	5.50
SALINAS VALLEY HOSPITAL	2	3	1.50
SAN DIMAS HOSPITAL	1	6	6.00
SAN JOAQUIN NURSING AND REHABI	1	29	29.00
SANFORD MEDICAL CENTER	1	8	8.00
SANTA ROSA MEMORIAL HOSPITAL	1	1	1.00
SCRIPPS MEMORIAL HOSPITAL	1	2	2.00
SCRIPPS MERCY	1	21	21.00
SHARP-CHULA VISTA	1	5	5.00
SIERRA VIEW MEDICAL CENTER	3	11	3.67
SOUTHERN CALIFORNIA HOSPITAL	1	5	5.00
SOUTHWEST HEALTHCARE	1	3	3.00
SOUTHWEST MED CTR	1	4	4.00
ST JOHNS REGIONAL MEDICAL CENT	1	3	3.00
ST JOSEPH HOSPITAL HUMBOLDT	1	6	6.00
ST JUDE HOSPITAL INC.	1	1	1.00
ST ROSE HOSPITAL	1	2	2.00
ST. JOHN'S PLEASANT VALLEY HOS	1	5	5.00
STANFORD MEDICAL CENTER	2	27	13.50
SUNRISE HOSPITAL AND MEDICAL	1	7	7.00
SUTTER HEALTH SACRAMENTO SIERR	1	4	4.00
TULARE REGIONAL MEDICAL CENTER	1	1	1.00
TWIN CITIES COMMUNITY HOSPITAL	1	4	4.00

# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020

UCSF MEDICAL CENTER	1	1	1.00
VALLEY HOSPITAL MEDICAL CENTER	1	1	1.00
VALLEY LIVING CENTER	1	32	32.00
VALLEY PRESBYTERIAN HOSPITAL	3	30	10.00
VALLEYWISE HEALTH	1	3	3.00
WASHINGTON HOSPITAL CENTER	1	3	3.00
WEST HILLS HOSPITAL	1	9	9.00
WHITE OAK CONGREGATE LIVING	1	56	56.00
<b>Total</b>	<b>196</b>	<b>1711</b>	<b>8.73</b>

**Adult Admissions (SNF/Rehab)**



## Participating Providers

Provider Name	Admit Count	LOS	Avg LOS
CAPRI IN THE DESERT	5	77	15.40
DELANO POSTACUTE CARE	8	118	14.75
DELANO REGIONAL MEDICAL CENTER	3	5	1.67
ENCOMPASS HEALTH REHABILITATIO	31	358	11.55
EVERLASTING HEALTHCARE	1	59	59.00
GGNSC SHAFTER LP	11	219	19.91
HOFFMANN HOSPICE OF THE VALLEY	6	17	2.83
KECK HOSPITAL OF USC	1	3	3.00
KERN VALLEY HEALTHCARE DISTRIC	2	62	31.00
NAPOLI IN THE DESERT	5	128	25.60
OPTIMAL HOSPICE	1	271	271.00
PARKVIEW JULIAN	4	70	17.50
ROSE DESERT CONGREGATE	6	116	19.33
SORRENTO IN THE DESERT	12	193	16.08
UNITED CARE FACILITIES	64	1117	17.45
VFP HOMES	9	257	28.56
<b>Total</b>	<b>169</b>	<b>3070</b>	<b>18.17</b>



# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020

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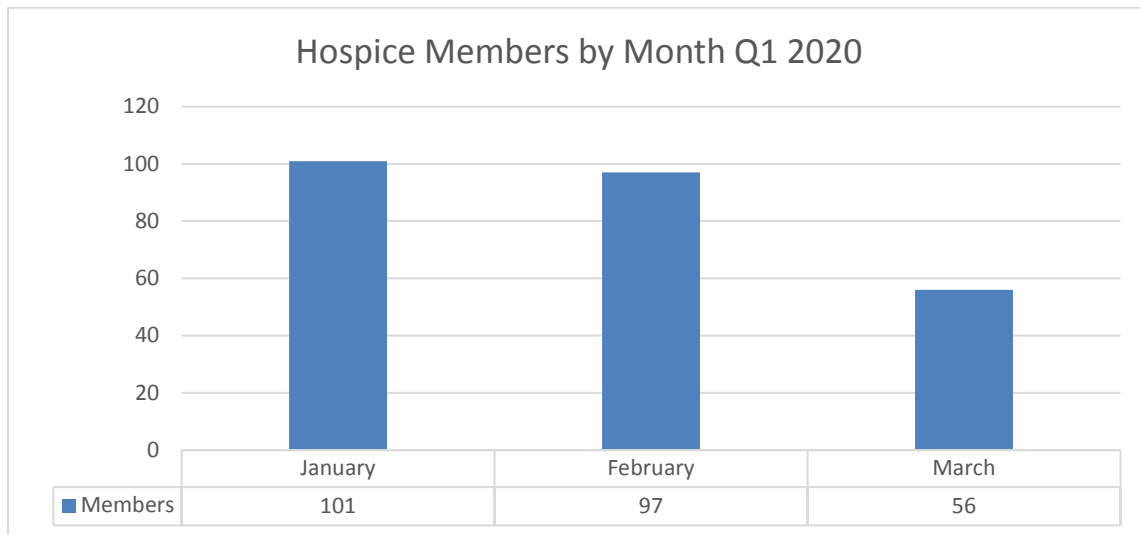
## Non-Participating

Provider Name	Admit Count	LOS	Avg LOS
EVERGREEN AT ARVIN HEALTHCARE	2	74	37.00
GLADSTONE CARE AND REHABILITAT	1	12	12.00
KINDRED HOSPITAL SAN GABRIEL	1	16	16.00
KINGSTON HEALTHCARE CENTER	7	136	19.43
NEW HAVEN CONGREGATE LIVING IN	1	4	4.00
ONE AND ONLY CONGREGATE LIVING	1	58	58.00
PACIFICA HOSPITAL OF THE VALLE	2	48	24.00
PARKSIDE CONGREGATE LIVING, IN	3	36	12.00
QUALITY CLHF, INC.	2	54	27.00
RIVERSIDE COMMUNITY HOSPITAL	1	10	10.00
SAN JOAQUIN NURSING AND REHABI	1	7	7.00
SHERMAN OAKS CONGREGATE LIVING	2	38	19.00
VALLEY CONVALESCENT HOSPITAL	1	34	34.00
VALLEY LIVING CENTER	1	23	23.00
<b>Total</b>	<b>26</b>	<b>550</b>	<b>21.15</b>

*Data analytics being conducted to ensure accurate capture of PAR vs. NPAR and Acute vs. SNF/LTC facilities and appropriate LOS.*

# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020

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## **Nursing Facility Services Report**

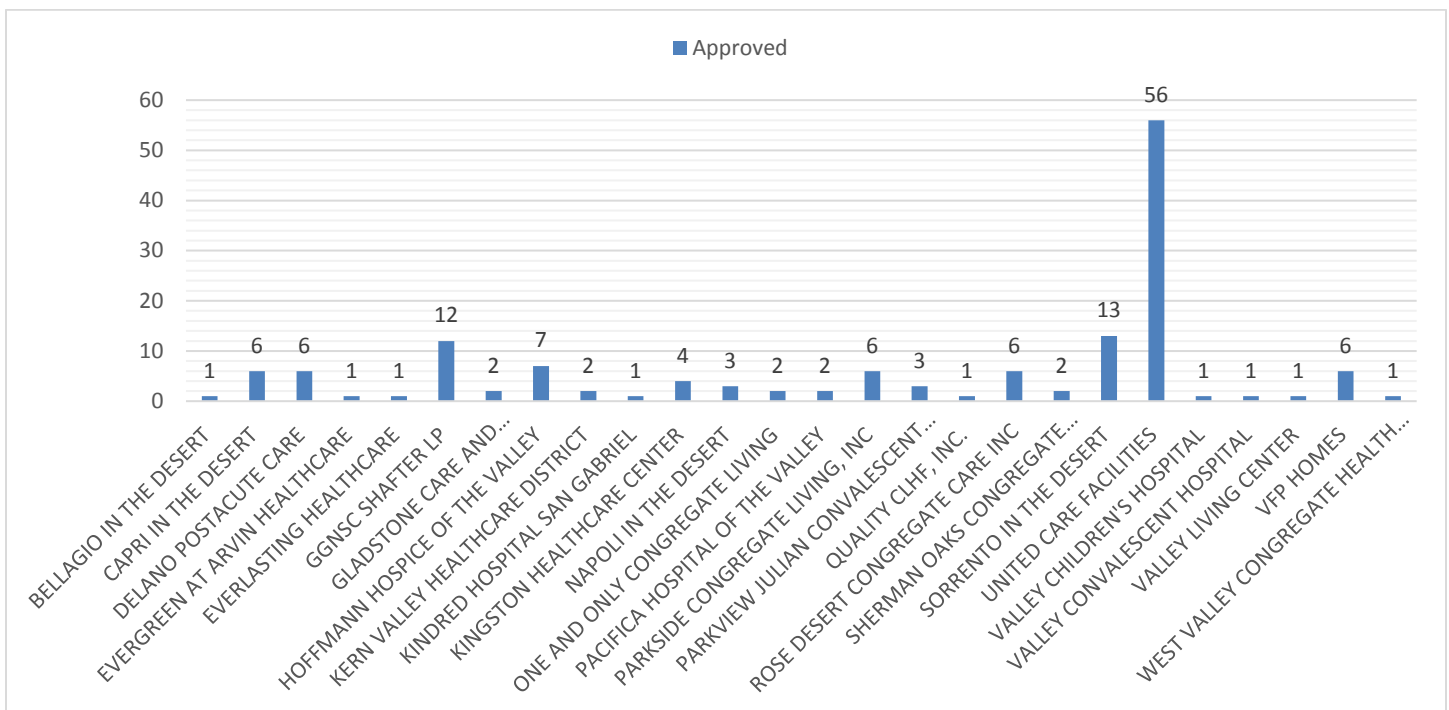
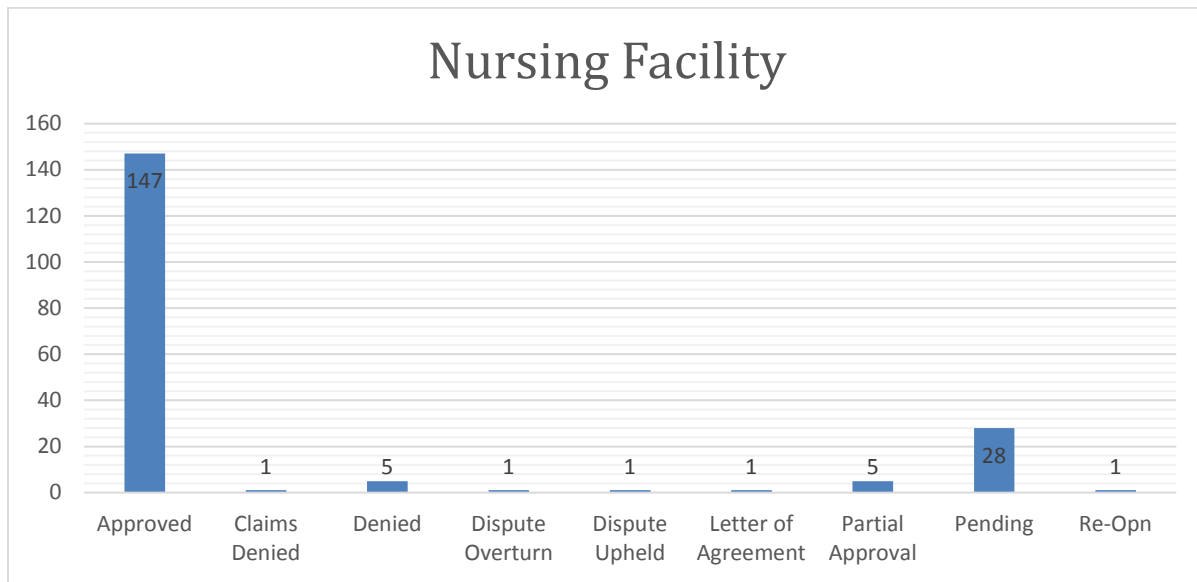
### **Purpose:**

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 2020, there were 190 referrals for Nursing Facility Services. The average length of stay was 27.3 days for these members. During the 4th quarter there was only 1 denial of the 167 referrals.

# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020



# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020

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## Health Dialog Report

### January:

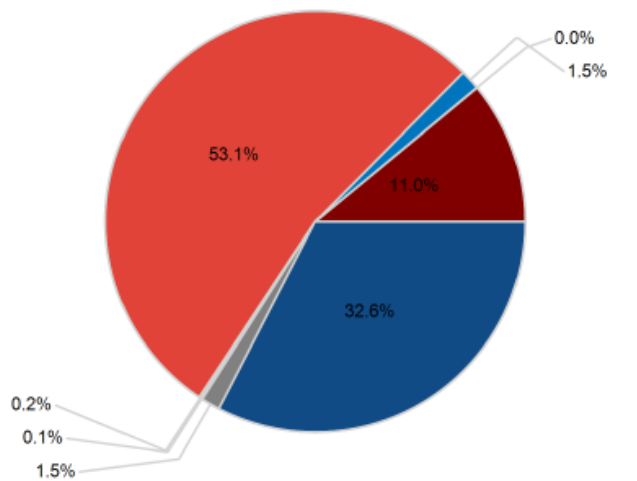
Name: Total Population

Reporting Period: Feb 2019 - Jan 2020

Individuals Eligible in Reporting Period: 297,716

Individuals Eligible in January 2020: 248,442

### Member Inbound Call Reasons (Rolling Twelve Months)



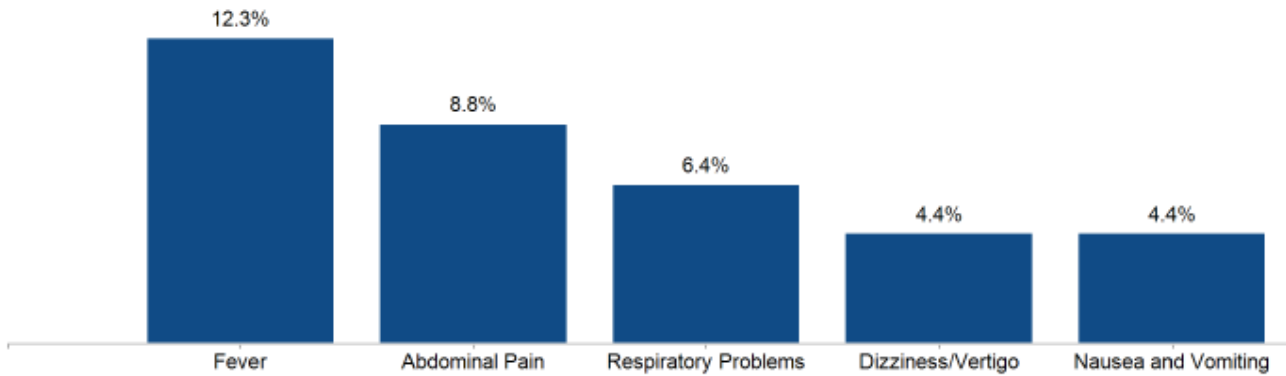
REASON	NUMBER
Symptom Check	2,580
Condition Support	115
Decision Support	7
Wellness Support	15
Health Plan	4,206
Mailing or Message Follow Up	122
Web Tools	2
Other	868

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

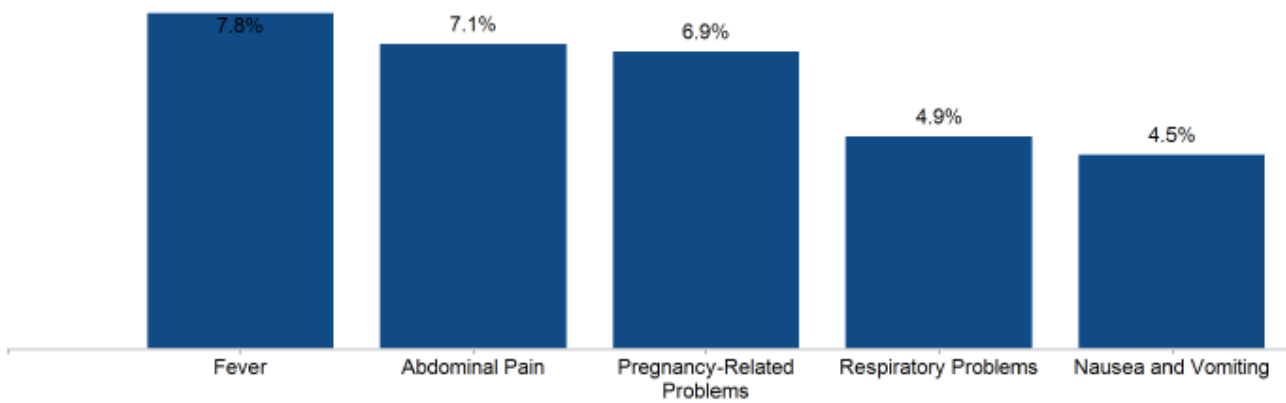
# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020

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## Most Frequent Symptoms - Inbound Symptom Check Calls (Jan-2020)



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



# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020

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## February:

Name: Total Population

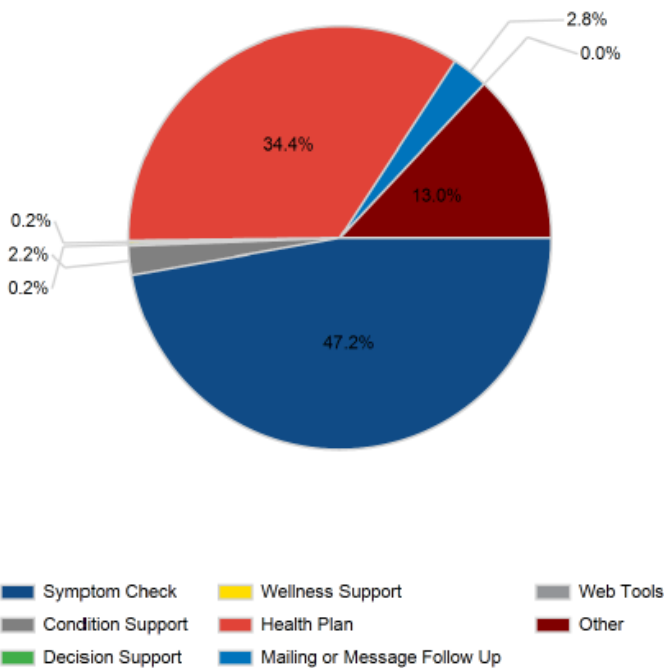
Reporting Period: Mar 2019 - Feb 2020

Individuals Eligible in Reporting Period: 297,986

Individuals Eligible in February 2020: 250,210

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### Member Inbound Call Reasons (Feb-2020)

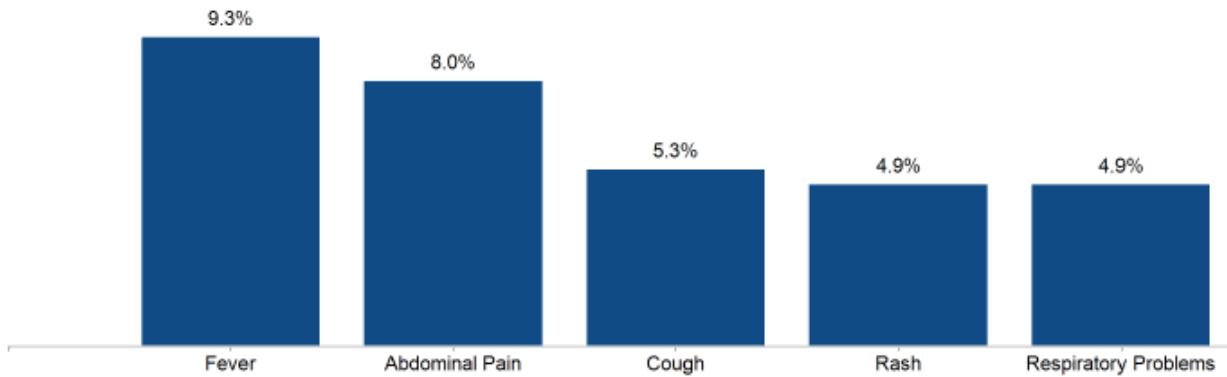


REASON	NUMBER
Symptom Check	236
Condition Support	11
Decision Support	1
Wellness Support	1
Health Plan	172
Mailing or Message Follow Up	14
Web Tools	0
Other	65

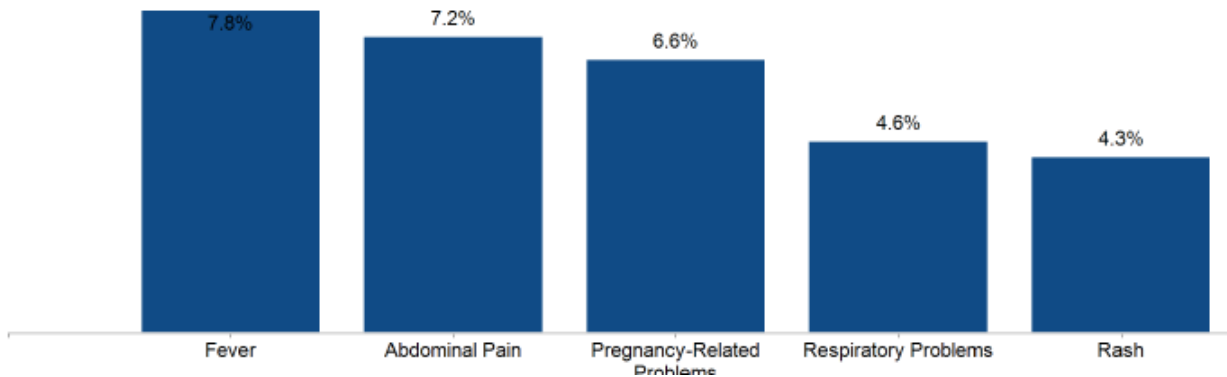
# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020

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## Most Frequent Symptoms - Inbound Symptom Check Calls (Feb-2020)



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



# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020

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## March:

Name: Total Population

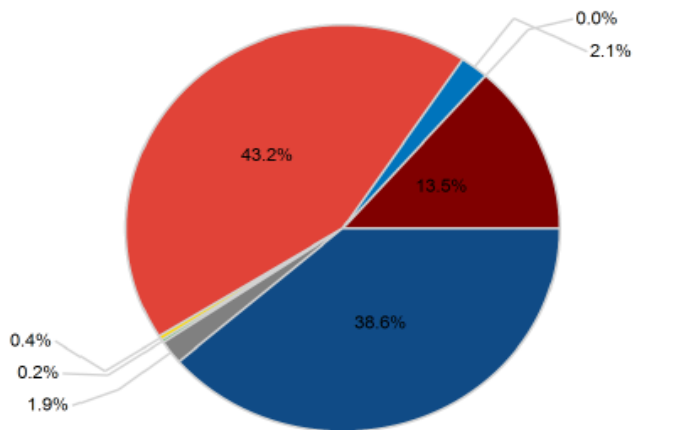
Reporting Period: Apr 2019 - Mar 2020

Individuals Eligible in Reporting Period: 297,732

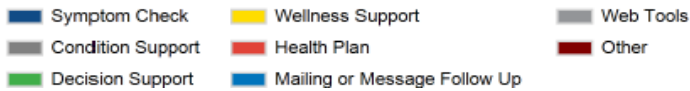
Individuals Eligible in March 2020: 249,600

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### Member Inbound Call Reasons (Mar-2020)



REASON	NUMBER
Symptom Check	328
Condition Support	16
Decision Support	2
Wellness Support	3
Health Plan	367
Mailing or Message Follow Up	18
Web Tools	0
Other	115

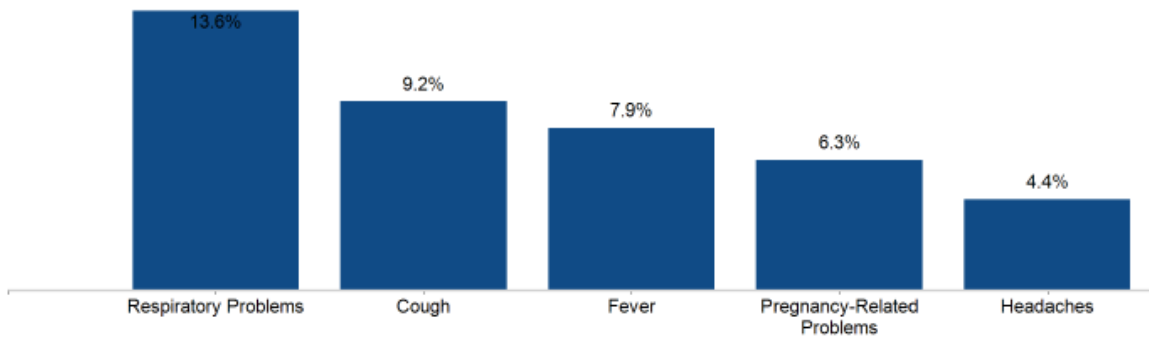




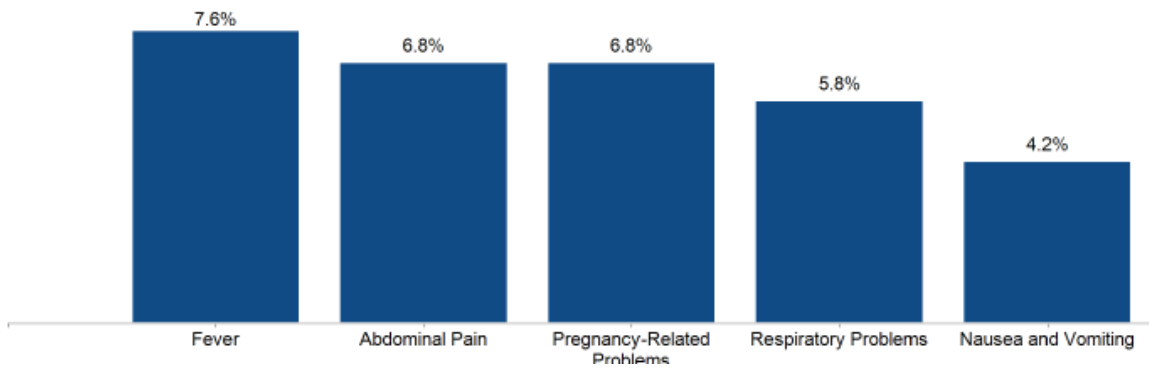
# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020

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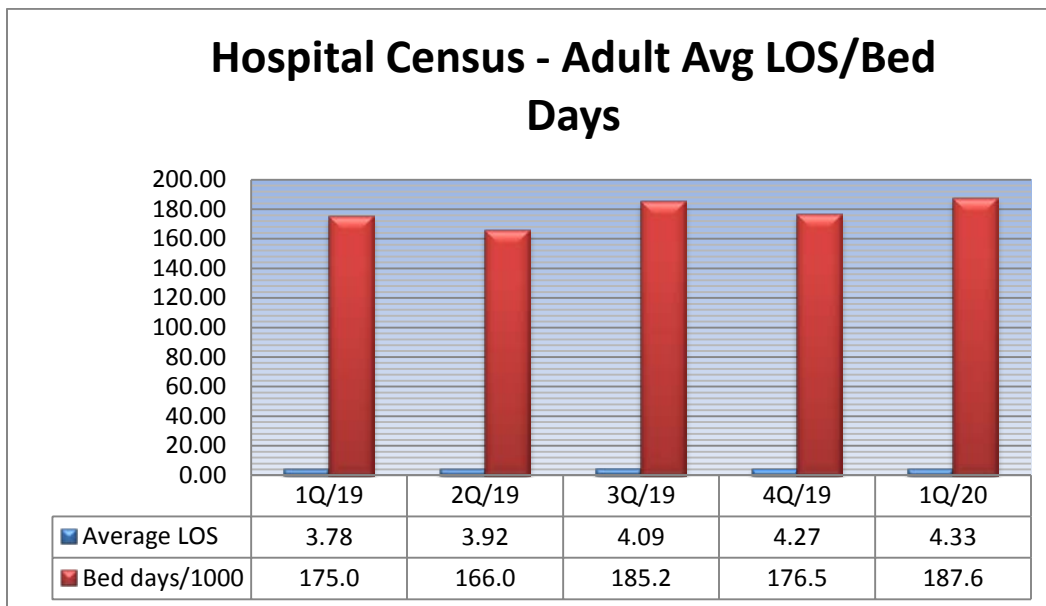
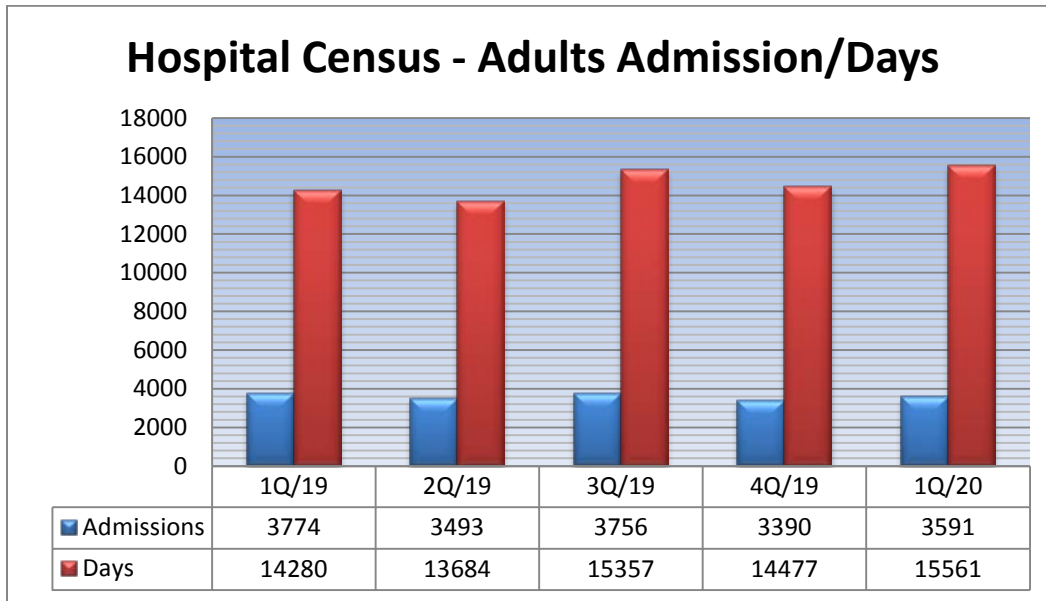
**Most Frequent Symptoms - Inbound Symptom Check Calls (Mar-2020)**



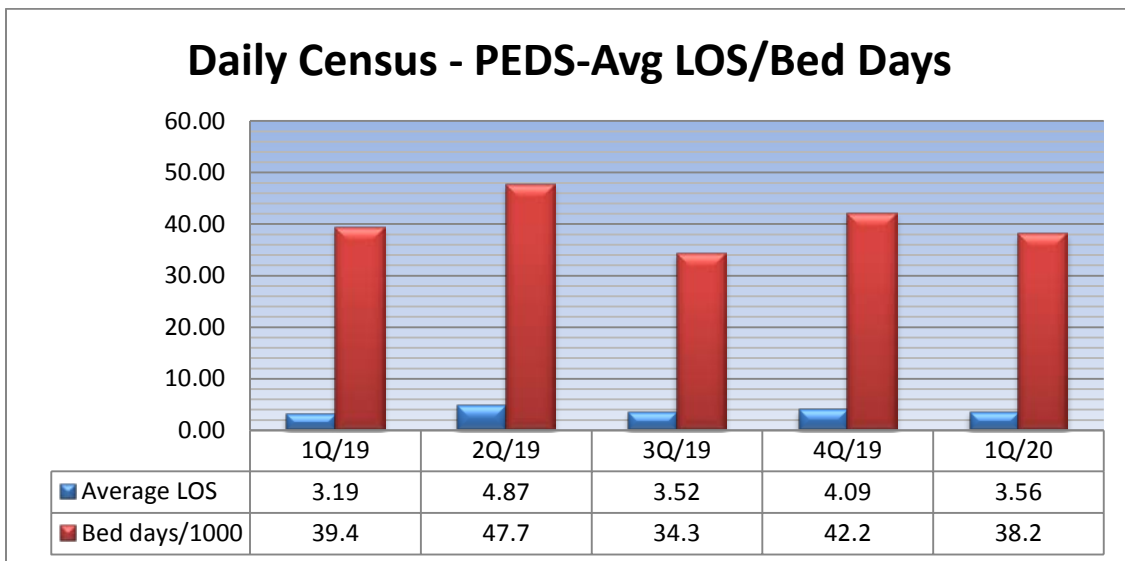
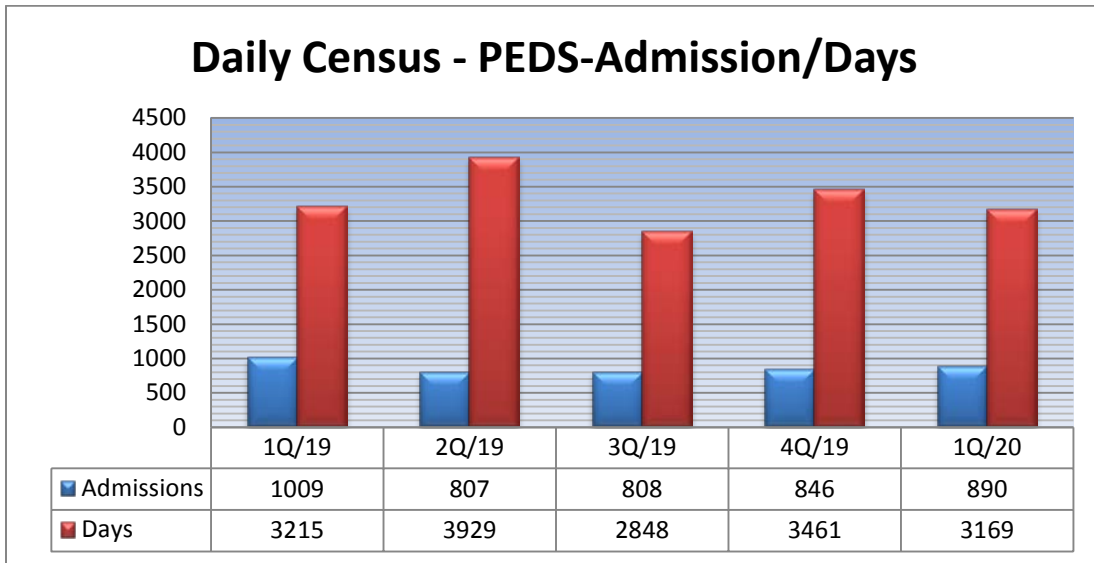
**Most Frequent Symptoms - Inbound Symptom Check Calls (Rolling Twelve Months)**



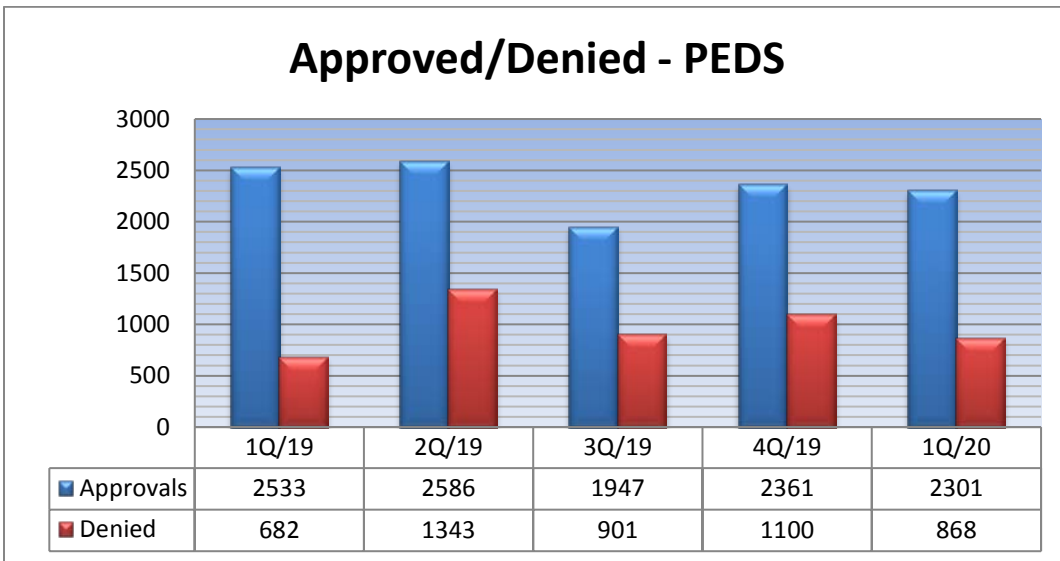
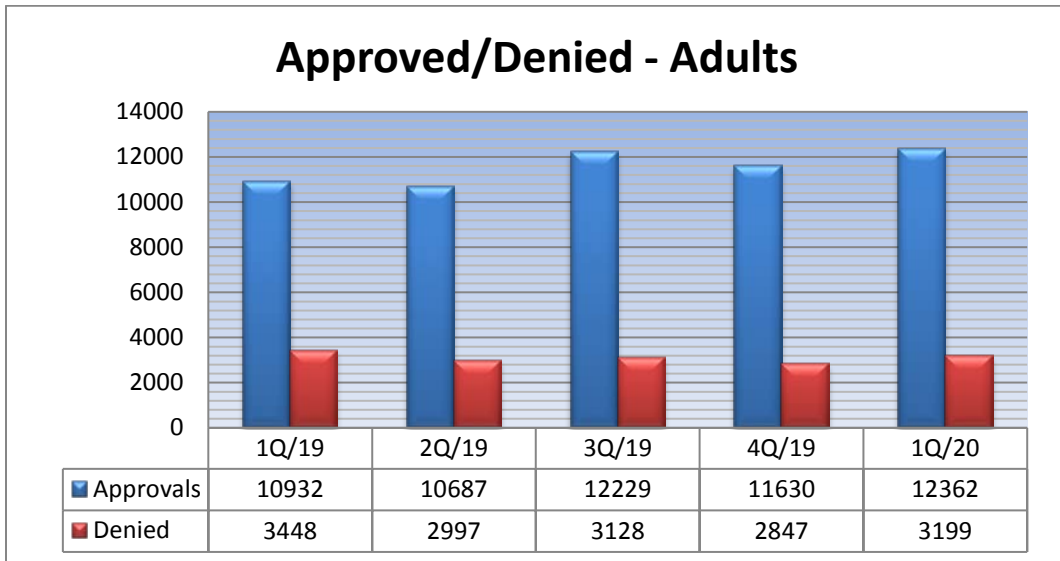
**Inpatient 1st Quarter Trending**



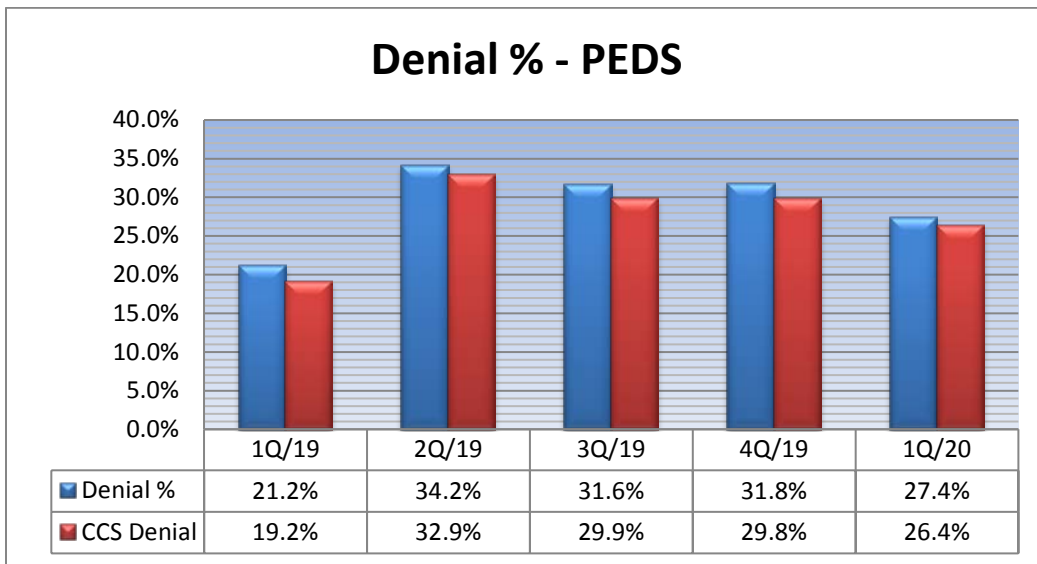
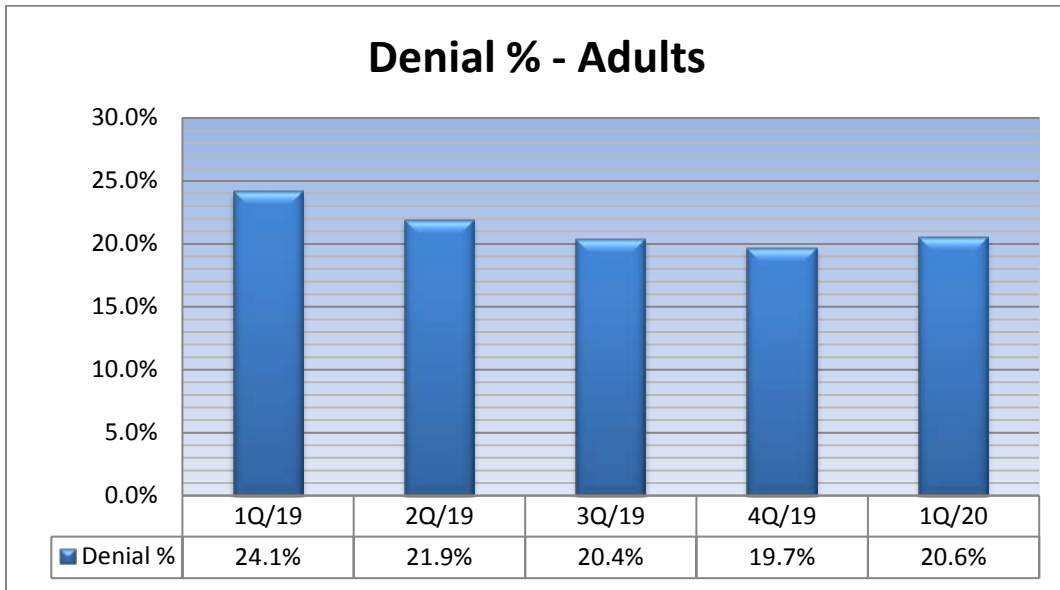
Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020



Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020



Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020



**Continuity of Care**

Total Referral – 3

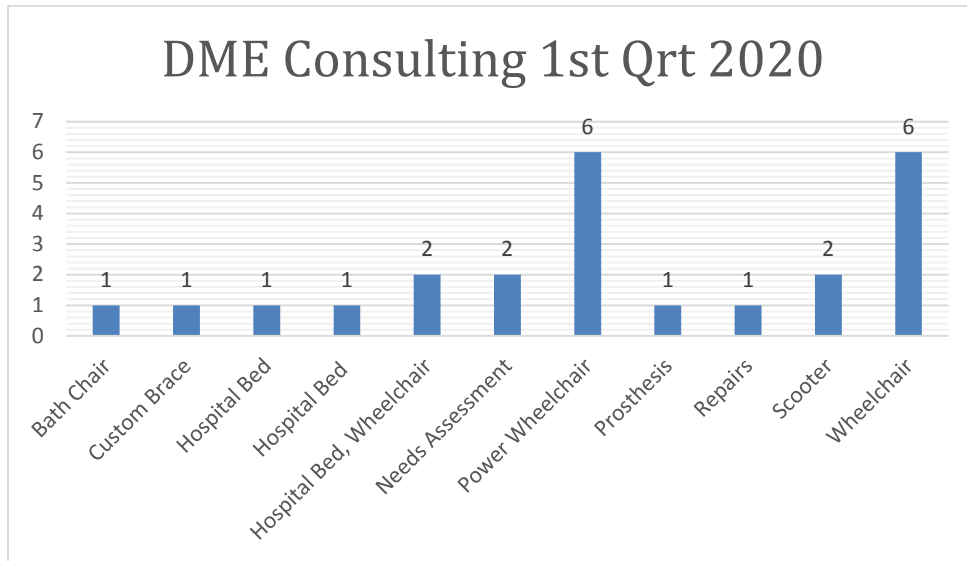
Total Approval – 3

Total Denial - 0

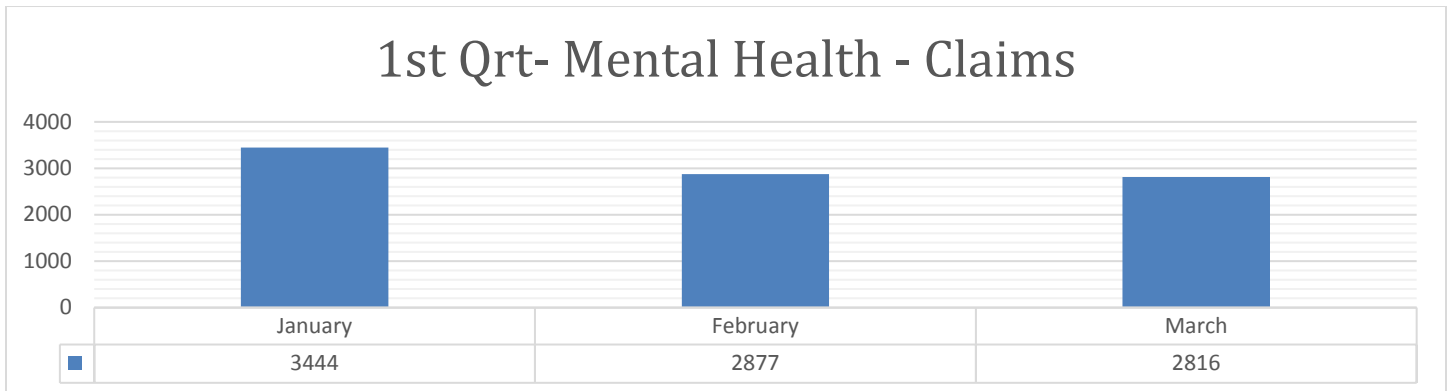
Total SPD COC -1

Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020

**DME Consulting**



**Mental Health**



Health Services Quarterly Committee Reporting- Reporting Period January 1,  
2020 to March 31, 2020

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ABA Services

UNIQUE CASES		Mild	Moderate	Severe	Pending Dx	Total
MEMBER COUNT		63	88	23	108	282
Severity %		22.34%	31.21%	8.16%	38%	
SEVERITY	Jan	Feb	Mar	Total		
MILD	22	19	22	63		
MODERATE	30	32	30	92		
SEVERE	5	11	7	23		
Approved FBA	60	65	56	181		
Approved Treatment	64	64	50	178		
PENDING DX	40	33	38	111		
	Jan	Feb	Mar	Total		
AGE 7 OR LESS	65	64	60	189		
AGE 8 OR GREATER	32	39	37	108		
TOTAL	97	103	97	297		
% < 7	67.01%	62.14%	61.86%	63.64%		
% > 8	32.99%	37.86%	38.14%	36.36%		

# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020



## 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
2019	April	1,012	63	50	113
	May	553	40	32	72
	June	730	60	29	89
	July	591	40	35	75
	August	541	40	25	65
	September	4,151	237	162	399
	October	525	50	25	75
	November	0	0	0	0
2020	December	1,916	137	2	139
	January	878	45	0	45
	February	503	15	0	15
	March	0	0	0	0
<b>Totals</b>		<b>11,400</b>	<b>727</b>	<b>360</b>	<b>1,087</b>

LTM Effectiveness\* : 10 %

12-Month Effectiveness (Oct 2018 - Sep 2019) : 9 %

\* 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:** March, 2019 through February, 2020  
**Prepared for:** KERN HEALTH SYSTEMS - (12049397)

### Reported Cases

	Members	
Received Eye Exam:	29,347	
Diabetes?:	1,586	5.4%
Diabetic Retinopathy:	212	.7%
Glaucoma:	319	1.1%
Hypertension:	1204	4.1%
High Cholesterol	461	1.6%
Macular Degeneration:	49	.2%

### Estimated Number of Cases

Total Members:	248,045	
Diabetes?:	5,827	2.3%
Diabetic Retinopathy:	515	.2%
Glaucoma:	977	.4%
Hypertension:	25,324	10.2%
High Cholesterol	37,571	15.1%
Macular Degeneration:	321	.1%



# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020

## KERN HEALTH SYSTEMS CASE MANAGEMENT DEPARTMENT MONTHLY REPORT

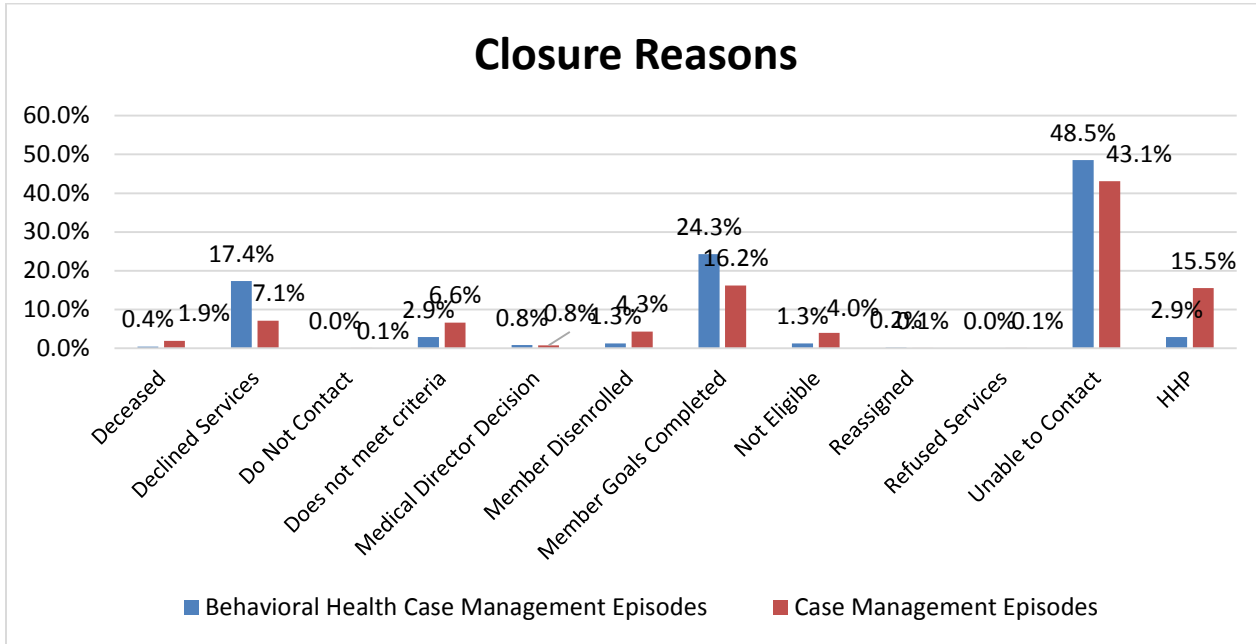
**Reporting Period:** January 1<sup>st</sup>, 2019- March 31<sup>st</sup>, 2019

During the months of January thru March, a total of 1,547 members were managed by the Case Management Department.

Episode Type	Closed Episodes	Open Episodes	Referral Episodes	Total
Case Management	611	243	68	922
Behavioral Health Case Management	467	142	16	625

Episode Source other than ACG Modeler	Behavioral Health Management Episodes	Percentage	Case Management Episodes	Percentage
All Internally Generated Complex Case Management	37	6.9%	157	33.2%
All Internally Generated Disease Management	2	0.4%	1	0.2%
All Internally Generated Grievance	2	0.4%	8	1.7%
All Internally Generated Hospital Discharge	0	0.0%	8	1.7%
All Internally Generated Medical Director	0	0.0%	8	1.7%
All Internally Generated Member Request	5	0.9%	15	3.2%
All Internally Generated UM Generated	15	2.8%	5	1.1%
BH Mental Health	37	6.9%	0	0.0%
CM DM HE Facility Based Social Worker	2	0.4%	0	0.0%
CM DM HE Health Education	5	0.9%	0	0.0%
CM DM HE Member Services	23	4.3%	1	0.2%
CM DM HE Provider	2	0.4%	3	0.6%
CM DM High ER Utilizer	153	28.7%	0	0.0%
Critical High Risk SPD	8	1.5%	0	0.0%
DM HE Social Worker Case Management	3	0.6%	3	0.6%
High Risk SPD	240	44.9%	264	55.8%

# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020



Members Closed and Referred to HHP	Behavioral Health Case Management Episodes	Case Management Episodes
HHP	14	120
<b>Closed Episodes with Admits within 30 days after Closure</b>		<b>Total</b>
Behavioral Health Case Management		31
Case Management		57
Percentage of closed cases Readmitted		4%

Assessments/Plan of Care	Behavioral Health Case Management Episodes	Case Management Episodes	Total
Assessments	136	235	371
Plan of Care	123	241	364

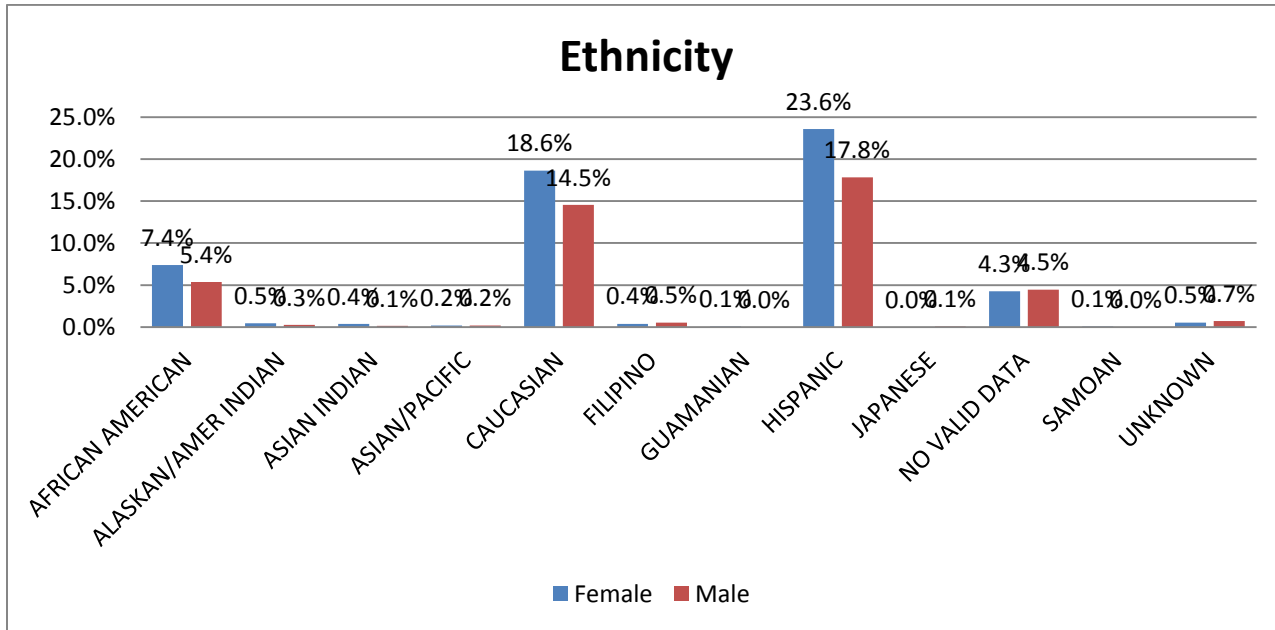
During the months of January thru March, 96% of the members managed were 65 years of age or younger.

Age	<18	18-40	41-65	>65	Total
Case Management	54	168	650	50	922

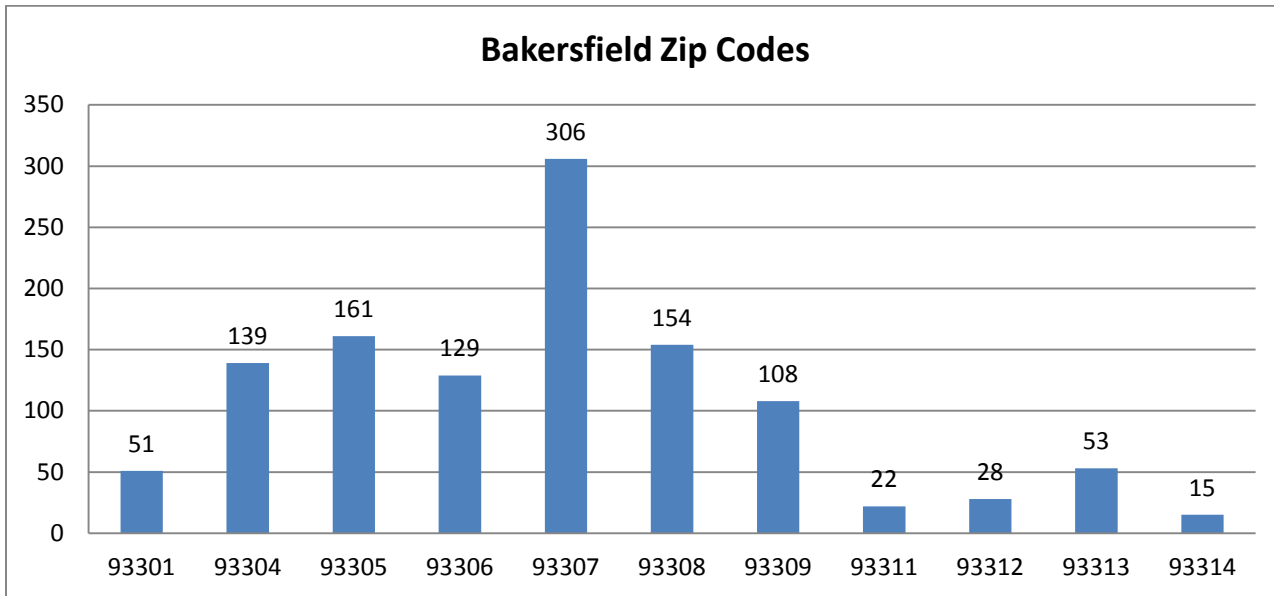
# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020

Behavioral Case Management	78	238	289	20	625
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Of the 1,547 members managed during the months of January thru March, the majority of members were female at 56%. The majority of members' ethnicity was Hispanic at 41%.



# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020



## Outlying Areas

City	Total
ARVIN	22
BODFISH	4
BORON	3
BUTTONWILLOW	3
CALIF CITY	23
CLARKSVILLE	1
DELANO	65
EDISON	1
FRAZIER PARK	8
INYOKERN	4
LAGUNA HILLS	1
LAKE ISABELLA	16
LAKESIDE	1
LAMONT	27
LOS ANGELES	2
LOST HILLS	1

## Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020

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MARICOPA	4
MC FARLAND	16
MC KITTRICK	1
MOJAVE	11
N/A	13
NORTH EDWARDS	3
ONYX	1
ROSAMOND	7
SHAFTER	31
SUN VALLEY	2
TAFT	29
TEHACHAPI	44
VICTORVILLE	1
WASCO	25
WELDON	7
WOFFORD HTS	4

### Notes Completed

Note Source	Behavioral Case Management Episodes	Case Management Episodes
Activity Note	1626	1822
Add Episode Note	214	99
Care Plan Problem Note	271	386
Change Status Note	1696	2111
Edit Episode Note	34	248
Episode Note	77	270
Goals	298	371
Interventions	440	469

# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020

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## Letters

Letter Template	Behavioral Health Case Management Episodes	Case Management Episodes
Appointment Letter English	46	64
Appointment Letter Spanish	6	13
Consent Form English	13	19
Consent Form Spanish	4	18
Discharge English	84	126
Discharge Spanish	11	30
Educational Material	231	268
Mental Health Alert to PCP	4	
Unable to Contact	435	662
Welcome Letter Bilingual	139	278

## Activities Completed

Activities Completed	Total
CMA's	3,825
Nurses	1,135
Social Workers	607

## Activity Type

Activity Type	Behavioral Health Case Management Episodes	Case Management Episodes
Fax	145	240
Letter Contact	705	1,071
Member Services	51	49
Phone Call	1,294	2,012

## Activity Name

## Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020

Activity Name	Behavioral Health Case Management Episodes	Case Management Episodes
Appointment Reminder Calls	45	73
Centric Appointment	5	18
Close Episode for UTC	16	18
Community Resources	53	21
Contact Member	285	337
Contact Pharmacy	4	6
Contact Provider	161	365
Create Work Item	61	53
Homeless	6	1
ICT	28	42
Incoming Call	1	11
Inpatient Discharge Follow Up	35	158
Language Line	75	140
Mail Appointment Letter	58	37
Mail Authorization	0	6
Mail Consent Letter	16	36
Mail Discharge Letter	94	155
Mail Educational Material	163	270
Mail Pill Box	48	80
Mail Pocket Calendars	94	142
Mail Provider Directory	10	13
Mail Unable to contact letter	106	218
Mail Urgent Care Pamphlet	27	9
Mail Welcome Letter	4	33
Mental Health Alert to PCP	4	0
Palliative Care	4	0
Plan of care	123	204
Provided Information	0	51
Public Health Nurse	0	1
Request Medical Records	66	143
Return Mail	22	1
Schedule Physician Appointment	62	43
Transportation	16	37
Verbal consent to be received	503	651

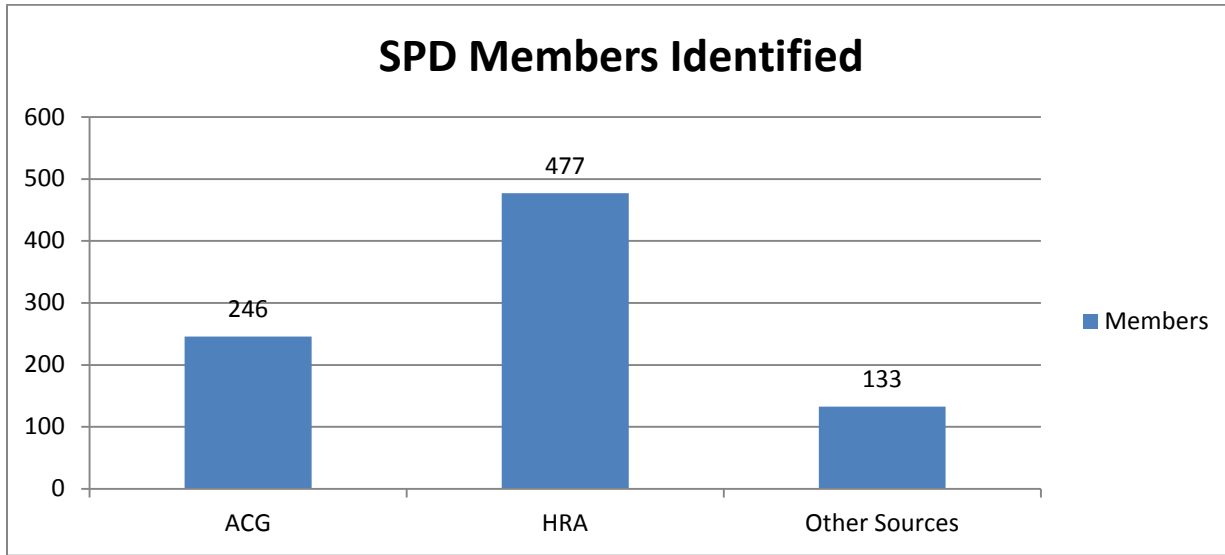
### Seniors and Persons with Disabilities (SPDs):

SPD Members are identified for Complex Case Management through use of the John Hopkins Predictive Modeler, through Health Risk Assessments and other sources including member requests and outside and internal requests. The SPD population represents a total of 55 percent of the Complex Group from January thru March 2020.

# Health Services Quarterly Committee Reporting- Reporting Period January 1, 2020 to March 31, 2020

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The John Hopkins Predictive Modeler identified SPD's represent 29% percent of the Complex Group from January thru March 2019. HRA identified SPD members represent 56% and other sources of SPD members represent 15%.







## EZIZ Update

Immunization Branch

[AAP](#) and [CDC](#) recommend that childhood [immunizations continue to be prioritized during the COVID-19 pandemic](#). But parents may be reluctant to bring their children in during the pandemic. To help reassure them, you may use the following messages, adapting them as needed to how your clinic is operating:

### 1. Emphasize steps your practice is taking to keep patients and clinic staff safe.

- “We are taking several precautions to help keep our patients safe, including scheduling baby shot visits in the morning and only seeing sick children in the afternoon.”
- “We’re screening everyone who comes into the office, including taking everyone’s temperature.”
- “We disinfect our clinic twice daily and exam rooms after each visit.”
- “We have designated areas of our offices to separate sick patients from healthy patients.”
- “We all wear masks at all times.”
- “We’re scheduling appointments so only one patient is at the clinic at a given time.”

### 2. Consider alternate ways to deliver care.

- “We can schedule a telehealth appointment, where I address your questions and concerns on your phone or computer, followed by a brief immunization visit to help keep your baby safe.”
- “Our clinic is offering ‘drive-thru’ immunizations, so you don’t even have to come inside the clinic!”

**3. Reinforce the fact that vaccine-preventable diseases will continue to be a threat to the child.**

- "As a parent, I would not wait to immunize my baby; as your doctor, I am strongly recommending we help protect your baby from diseases that could cause harm during or after the pandemic."

**4. Inform them that getting caught up later may not be so easy.**

- "When California 'reopens,' there may be many children who need to catch up on immunizations, increasing wait times for appointments. While waiting they could be exposed to dangerous vaccine-preventable diseases circulating in the community. Let's avoid that danger by keeping your child on track."

We can't thank you enough for serving our communities and protecting children during this difficult time. To help your vital work, we encourage you to check out CDC's [NIIW tools and resources](#) and our [on-demand webinar on guidance for immunizations during the pandemic](#). Thank you again for all that you do!



# RECOMMENDATIONS DURING COVID-19



## ASTHMA MANAGEMENT

People with asthma are at a higher risk of complications from COVID-19 such as pneumonia and *Acute Respiratory Disease Syndrome*. Visit the [CDC website](#) for more information.

### A REMINDER OF RESOURCES FOR MCPs



#### Medications and Telehealth

- ▶ **On-line Medication Availability:** Consider on-line ordering for members and informing them of its availability.
- ▶ **Refills:** Consider use of automatic refills and adjust refill limits.
- ▶ **Medication Delivery:** Consider home or mail delivery to members.
- ▶ **Telehealth Updates:** Review DHCS' [telehealth](#) guidelines and virtual communication guidance.



#### Helpful Reminders for Members

- ▶ **Provide Asthma Information:** Recognize and avoid asthma triggers, and learn the proper use of [asthma inhalers](#).
- ▶ **Navigating Health Resources:** Provide information on managing [stress](#), and steps to [prevent getting sick](#) including vital vaccinations.
- ▶ **Asthma Control Feedback:** Inform about "[Asthma Quicktake: Medications](#)".



**Key takeaways from this message include:**

Maintaining immunizations during pandemic:

- Prioritization of immunizations for children 0-24 months
- Considerations for adult immunizations
- Strategies for modifying clinic operations
- Links to AAP, CDC, ACP, AAFP and ACOG resources

**BACKGROUND**

The COVID-19 pandemic continues to affect communities across the United States. Maintaining immunizations during this period may not be feasible due to current impact of COVID-19 community transmission, staffing, and parental and patients' concerns. However, the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) have issued the following recommendations for prioritizing childhood immunizations during this pandemic period and strategies that can be implemented to slow the spread of disease.

**PRIORITIZING IMMUNIZATIONS OF YOUNG CHILDREN**

Because of personal, practice, or community circumstances related to COVID-19, some practices may have to limit well child visits or not offer them at all.

- If your practice can provide only limited well child visits, **prioritize newborn care and vaccination of infants and young children (through 24 months of age) when possible.**
- Reschedule well visits for older children and adolescents to a later date. Keep a list of rescheduled appointments to facilitate patient recall later on.

**AAP STRATEGIES TO MODIFY CLINIC STRUCTURE FOR DELIVERY OF PRIORITIZED CARE**

- Separate well visits from sick visits. Scheduling well visits in the morning and sick visits in the afternoon.
- Separate patients spatially (e.g., place sick patients in different areas of the clinic).

- Clinics with multiple practice sites may consider using one office location to see all well visits (staffed by those in higher risk categories) and another location for sick visits.
- Collaborate with nearby providers to identify separate locations for child well visits.
- If available, deliver telehealth and utilize “drive through” dedicated COVID-19 testing sites.

## **CONSIDERATIONS FOR IMMUNIZING ADULT PATIENTS**

CDC recommends that in areas with community transmission of SARS-CoV-2, immunizations should be postponed except when:

- An in-person visit must be scheduled for some other purpose and the clinical preventive service can be delivered during that visit with no additional risk; or
- An individual patient and their clinician believe that there is a compelling need to receive the service based on an assessment that the potential benefit outweighs the risk of exposure to the virus that causes COVID-19.

### **Other considerations**

- Some of the AAP strategies listed earlier may also apply to adult practices.
- Influenza and other vaccine-preventable diseases continue to circulate in our communities. If the patient is already in the clinic, use this opportunity to assess and administer any immunizations due, such as influenza and pneumococcal immunizations for those at higher risk for complications (e.g., those with chronic conditions and adults 65 years of age and older).
- Prenatal visits remain a good opportunity to continue delivering Tdap. ACOG encourages health care practitioners to group components of care together (e.g., vaccinations, glucose screenings, etc.) and continue offering influenza vaccine to their unvaccinated patients, particularly pregnant women.

## **ADDITIONAL INFORMATION**

- CDC Guidance for [adults](#) and [children](#)
- [AAP COVID-19 Clinical Guidance](#)
- [ACP Statement on Nonurgent In-Person Medical Care](#)
- [AAFP Guidance for Family Physicians on Preventive and Non-urgent Care](#)
- ACOG [Guidance During Novel Coronavirus \(COVID-19\)](#) and [FAQs](#)

**IMPORTANT:** Local Health Departments (LHDs) immunization clinics may be impacted by current COVID-19 response activities led by public health staff. As a result, some may have also reduced or closed immunization clinics and may not

be able to immunize patients at this time. Please check with your LHDs before making any referrals.

# RECOMMENDATIONS DURING COVID-19



## PRENATAL AND POSTPARTUM CARE VISITS

### (PART 1)

All pregnant women, including those with confirmed or suspected COVID-19 infections, have the right to high quality care before, during and after child-birth including mental health care.

- [World Health Organization](#)

## A REMINDER OF RESOURCES FOR MCPs (PROVIDER FOCUSED)

### Re-engineering Visits

#### ► Curbside Visits:

- Prenatal checks for BP, flu and Tdap immunizations, fetal heart rate and counseling.
- Postpartum checks for BP, wound checks, depression screening and reproductive counseling.

#### ► Multidisciplinary Approach:

- Use of [doulas and community health workers](#) as trusted communicators and part of case management teams.
- Use WIC partnership and referral assistance, [accessing WIC foods](#).

#### ► Home Prenatal BP Monitoring: Results and trend sharing with clinician/OB provider.

### Practice Re-design

- **Education:** Use of short educational video snippets for members while waiting for provider in the exam room or [wall posters](#) on importance of immunizations in pregnancy.
- **Share Stories/Testimonials:** Use of real life [stories](#) or linking with influential peers to reinforce the importance of immunization in pregnancy.
- **Practice Advisory during COVID 19:** ACOG advisory on practices regarding management of pregnant women: [assessment algorithm](#), and [FAQ for providers](#). A webinar on [COVID-19 Postnatal care](#). Assure members that they can safely continue to receive vital services.



## PRENATAL AND POSTPARTUM CARE VISITS (PART 2)

All pregnant women, including those with confirmed or suspected COVID-19 infections, have the right to high quality care before, during and after child-birth including mental health care.

- [World Health Organization](#)

### A REMINDER OF RESOURCES FOR MCPS (MEMBER FOCUSED)

#### Relevant Messaging

##### ► Strategic Outreach:

- Use data to identify high risk members for targeted messaging with prenatal/postpartum wellness tips and immunization reminders.
- Use [video communication](#) to assure members they can safely continue to receive vital prenatal and postpartum OB services.

##### ► Information Medium:

- [Use of flyers](#) to provide importance of immunizations such as [flu and Tdap](#).
- Share resources: [self-care guide and activities](#) for children to cope with COVID-19.

#### Member Education

##### ► Virtual Learning:

- Virtual prenatal classes and birthing classes
- Lactation consultant via telehealth

##### ► Share information from CDC:

- Ways to [prevent illness](#) during pregnancy amid COVID 19
- [Breastfeeding](#) if sick with COVID-19 and frequently asked questions after birth.
- Use member portal for educational messaging or for members to submit questions and encourage continuous conversation.





# RECOMMENDATIONS DURING COVID-19



Source: www.pexels.com

## WELL VISITS AND IMMUNIZATIONS

The continuity of immunization services, wherever services can be conducted under safe conditions, is imperative to prevent outbreaks of vaccine preventable diseases especially for vulnerable groups.

- [World Health Organization](#)

### A REMINDER OF RESOURCES FOR MCPs



#### Provider Tips

- ▶ **Prioritizing Vaccinations:** Under safe conditions, maintain [vaccination of infants and young children](#) (through 24 months of age).
- ▶ **Engineering Control:** Separate [well visits](#) in the mornings and sick visits in the afternoons or conduct visits at different clinic locations. Sanitize environment in between visits.
- ▶ **Drive Thru Visits:** Maximize screening using text messaging or phone calls while members await clinical services in their cars. Use drive thru for immunization by RNs.
- ▶ **Data Targeting:** Based on county [data](#), immunize vulnerable groups ([tier 1 population](#)).



#### Reminders for Members

- ▶ **Messaging:** Target messaging regarding [well-child immunization guidance](#) and tips to vulnerable groups. Assure members that they can safely continue to receive vital well visits and immunizations.
- ▶ **Respiratory Hygiene:** Inform caregivers attending well visits with their children about COVID-19 preventive measures, including the [use of respiratory hygiene](#) and the importance of social distancing.
- ▶ **Bundling of Visits:** Encourage members to attend bundled medical examination and vaccination services, as able.



# RECOMMENDATIONS DURING COVID-19

## MANAGING DIABETES (Part 1)

**P**eople with diabetes are more likely to experience severe symptoms and complications when infected with COVID-19.

- [California Department of Health Care Services](#)

### A REMINDER OF RESOURCES FOR MCPs



#### Provider Re-Engineering

- ▶ **Video Visits:** Staff provides [iPad](#) to the member, waiting in car, for a video visit and sanitizes iPad in between members' use.
- ▶ **Project Echo Diabetes Program:** [A hub team](#) of experts train primary care physicians on how to deliver subspecialty care in primary care settings about diabetes amid COVID-19.
- ▶ **Pharmacy Access:** Members call first before picking up medications curbside; consider reducing or waiving prescription delivery costs.
- ▶ **Telemedicine Application:** Using [Tidepool](#) and [CGMs](#), clinicians are able to access member glucometer and insulin pump data to adjust medications.

#### Support for Members

- ▶ **Medication Availability:** Ensure a minimum of 90 days supply of maintenance medications (both generic and brand name) and a week ahead supply of insulin; home delivery options.
- ▶ **Use of Quick Reference Guide:** Encourage members to use a [one-page resource](#) with local numbers and website links of pharmacy and community health support, and personal emergency contacts.
- ▶ **Diabetic Self Care Tips:** Gather [supplies](#) and important information, such as [diabetes meal planning](#); [plate method](#); [fitness](#) and [sample exercises](#); [physical activity recommendations](#) for different age groups; what to do [if sick](#) with COVID-19.



# RECOMMENDATIONS DURING COVID-19

## MANAGING DIABETES (Part 2)

**P**eople with diabetes are more likely to experience severe symptoms and complications when infected with COVID-19.

- [California Department of Health Care Services](#)

### MCP SPOTLIGHT

#### SUPPORTING PROVIDERS AND MEMBERS DURING COVID-19

- ▶ **Virtual Town Hall Meetings:** MCP facilitates provider meetings to share effective practices to improve and safely provide preventive services to members.
- ▶ **Community Partnerships:** MCP assists providers with SNAP referrals, food bank linkages, and endocrine specialty referrals.
- ▶ **Medication and Medical Equipment Assistance:** MCP facilitates prior authorization needs for medications to manage diabetes not on formulary.
- ▶ **Food Access Assistance:** MCP, in partnership with grocery stores, provided two weeks food supply using the food box program.
- ▶ **Transport Assistance:** MCP assists transport of members to shelter care or motel room for COVID-19 self-quarantine purpose.
- ▶ **Strategic Outreach:** MCP uses data to identify high risk members for targeted messaging with wellness tips and immunization reminders.
- ▶ **Messaging:** MCP assures members that they can continue to safely receive vital health services and needed immunizations to keep members healthy.