



**KERN HEALTH  
SYSTEMS**

**PUBLIC POLICY/COMMUNITY  
ADVISORY COMMITTEE**

**Tuesday, June 29, 2021**

**at**

**11:00 A.M.**

**At**

**Kern Health Systems  
2900 Buck Owens Boulevard  
Bakersfield, CA 93308**

**The public is invited.**

**For more information - please call (661) 664-5536.**



## AGENDA

### PUBLIC POLICY/COMMUNITY ADVISORY COMMITTEE

KERN HEALTH SYSTEMS  
**2900 Buck Owens Boulevard**  
Bakersfield, California 93308

Regular Meeting  
Tuesday, June 29, 2021

11:00 A.M.

All agenda item supporting documentation is available for public review on the Kern Health Systems website: <https://www.kernfamilyhealthcare.com/about-us/committees/> 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 on the KHS website.

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

#### COMMITTEE TO RECONVENE

Members: Janet Hefner, Jennifer Wood, Jasmine Ochoa, Mark McAlister, Cecilia Hernandez-Colin, Beatriz Basulto, Jose Sanchez, Tammy Torres, Yadira Ramirez, Caitlin Criswell, Michelle Bravo, Alex Garcia, Quon Louey

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

STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

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

COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Committee members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a])
- CA-3) Minutes for Public Policy/Community Advisory Committee meeting on March 30, 2021  
APPROVE
- CA-4) Report on June 2021 Medi-Cal Membership Enrollment  
RECEIVE AND FILE
- CA-5) Report on Disease Management for first quarter ending March 31, 2021  
RECEIVE AND FILE
- CA-6) Report on Case Management for first quarter ending March 31, 2021  
RECEIVE AND FILE
- CA-7) Report on KFHC Grievance Summary for first quarter ending March 31, 2021  
RECEIVE AND FILE
- 8) Report on KFHC Grievances for first quarter ending March 31, 2021  
RECEIVE AND FILE
- 9) Report on COVID-19 Vaccination Communications and KFHC 25<sup>th</sup> Anniversary Campaign

RECEIVE AND FILE

- 10) Report on Managed Care Accountability Set and Member Engagement & Rewards Program  
RECEIVE AND FILE
- 11) Report on Health Education for first quarter ending March 31, 2021  
RECEIVE AND FILE

ADJOURN TO TUESDAY, SEPTEMBER 28, 2021 AT 11:00 A.M.

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

The meeting facilities at Kern Health Systems are accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a Committee meeting may request assistance at the Kern Health Systems office, 2900 Buck Owens Boulevard, Bakersfield, California 93308 or by calling (661) 664-5000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting material available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.



## SUMMARY OF PROCEEDINGS

### PUBLIC POLICY/COMMUNITY ADVISORY COMMITTEE

KERN HEALTH SYSTEMS  
2900 Buck Owens Boulevard  
Bakersfield, California 93308

Regular Meeting  
Tuesday, March 30, 2021

11:00 A.M.

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#### COMMITTEE RECONVENED

Members Present: Janet Hefner, Jennifer Wood, Cecilia Hernandez-Colin, Jasmine Ochoa, Mark McAlister, Beatriz Basulto, Jose Sanchez, Tammy Torres, Caitlin Criswell, Michelle Bravo, Alex Garcia, Quon Louey, Yadira Ramirez

Members Absent: None

Meeting called to order at 11:00 A.M. by Louie Iturriria, Director of Marketing and Public Relations

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- CA-3) Minutes for Public Policy/Community Advisory Committee meeting on December 15, 2020  
**APPROVED**
- CA-4) Report on March 2021 Medi-Cal Membership Enrollment  
**RECEIVED AND FILED**
- CA-5) Report on Health Education for fourth quarter ending December 31, 2020  
**RECEIVED AND FILED**
- CA-6) Report on Disease Management for fourth quarter ending December 31, 2020  
**RECEIVED AND FILED**
- CA-7) Report on KFHC Grievance Summary for fourth quarter ending December 31, 2020  
**RECEIVED AND FILED**

**All Consent Agenda Items Approved (CA-3 through CA-7)  
Hefner-Garcia: All Ayes**

- 8) Report on KFHC Grievances for fourth quarter ending December 31, 2020 and 2020 Member Satisfaction Survey  
**RECEIVED AND FILED  
Hernandez Colin-Wood: All Ayes**



- 9) Report on KFHC COVID-19 Vaccine Communication Plan  
RECEIVED AND FILED  
**Wood-Hernandez Colin: All Ayes**
- **COVID Communication Plan overview was provided along with latest available updates. The 2nd mailing is now in progress; to members ages 50+ and members ages 16-49 with qualifying health conditions. A 3rd mailing to all member households was planned when all residents ages 16+ became eligible. Robocalls were planned to begin in mid-April. Committee members shared ideas to communicate with members including billboards, utilizing member testimonials in print, sharing Myths vs Facts flyer from Kern County Public Health Services Department, locations for outreach, and partnering with community organizations targeting the hard-to-reach population.**
- 10) Report on KFHC Spring and Fall 2021 Member Newsletters  
RECEIVED AND FILED  
**Louey-Bravo: All Ayes**
- **Bernardo Ochoa gave a presentation to the committee and shared the upcoming topics and layout for the 2021 Spring & Fall newsletters. He also asked the committee to submit their suggestions for new topics, changes/additions to himself or Isabel Silva.**
- 11) Report on Case Management for fourth quarter ending December 31, 2020  
RECEIVED AND FILED  
**Garcia-Ochoa: All Ayes**

MEETING ADJOURNED BY LOUIE ITURRIRIA,  
DIRECTOR OF MARKETING AND PUBLIC RELATIONS @ 12:03 P.M.  
TO TUESDAY, JUNE 29, 2021 AT 11:00 A.M

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**KHS JUNE 2021 ENROLLMENT:**

**Medi-Cal Enrollment**

As of June 1, 2021, Medi-Cal enrollment is 198,715 which represents an increase of 0.6% from May enrollment.

**Seniors and Persons with Disabilities (SPDs)**

As of June 1, 2021, SPD enrollment is 14,067 which represents an increase of 0.04% from May enrollment.

**Expanded Eligible Enrollment**

As of June 1, 2021, Expansion enrollment is 76,674 which represents an increase of 1.4% from May enrollment.

**Kaiser Permanente (KP)**

As of June 1, 2021, Kaiser enrollment is 11,866 which represents an increase of 1.5% from May enrollment.

**Total KHS Medi-Cal Managed Care Enrollment**

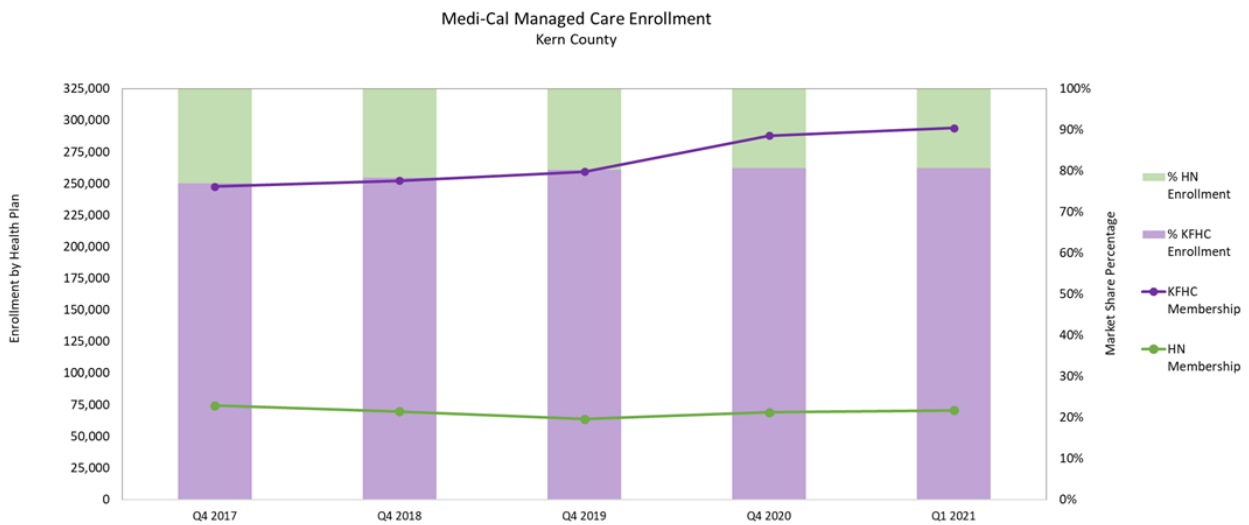
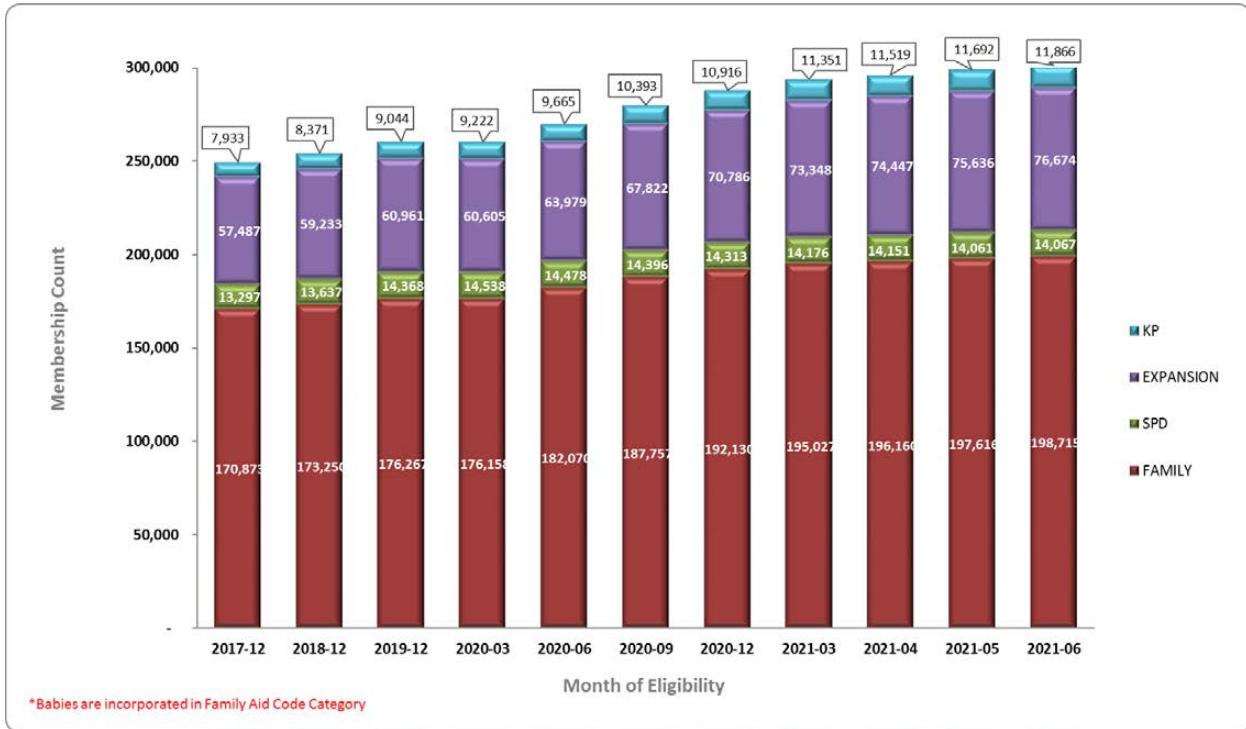
As of June 1, 2021, total Medi-Cal enrollment is 301,322 which represents an increase of 0.8% from May enrollment.

Membership as of Month of Eligibility	FAMILY	SPD	EXPANSION	KP	BABIES	Member Total
2017-12	170,426	13,297	57,487	7,933	447	249,590
2018-12	172,772	13,637	59,233	8,371	478	254,491
2019-12	175,838	14,368	60,961	9,044	429	260,640
2020-03	175,729	14,538	60,605	9,222	429	260,523
2020-06	181,648	14,478	63,979	9,665	422	270,192
2020-09	187,291	14,396	67,822	10,393	466	280,368
2020-12	191,724	14,313	70,786	10,916	406	288,145
2021-03	194,643	14,176	73,348	11,351	384	293,902
2021-04	195,748	14,151	74,447	11,519	412	296,277
2021-05	197,221	14,061	75,636	11,692	395	299,005
2021-06	198,347	14,067	76,674	11,866	368	301,322

**Enrollment Update:**

The U.S. Department of Health & Human Services’ public health emergency order remains in place. As a result, the Department of Health Care Services continues to freeze Medi-Cal redeterminations. Thus, the Kern County Department of Human Services’ suspension of their “automated discontinuance process” for Medi-Cal Redeterminations continues. The automated discontinuance process was in place locally prior to the public health emergency order when Medi-Cal beneficiaries did not complete the Annual Eligibility Redetermination process. However, Kern DHS continues working new Medi-Cal applications, reenrollments, successful renewals, additions, etc. (anything with a positive outcome).

*Market Share* – 4 of every 5 Medi-Cal managed care enrollees are KFHC members (as per Medi-Cal Managed Care Enrollment Kern County chart).



**Disease Management Quarterly Report**

**1st Quarter, 2021**

**DISEASE MANAGEMENT DEPARTMENT OVERVIEW:**

The Disease Management Department conducts outreach calls to members to assist and educate them in the self-management of their medical condition. The four nurses and four diabetes paraprofessionals perform assessments, coordinate care, monitor and evaluates medical services for members with an emphasis on quality of care, continuity of services, and cost-effectiveness. The two program areas of focus in the Disease Management Department are on Diabetics with Hypertension and members with Asthma.

**EXECUTIVE SUMMARY:**

During the 1<sup>st</sup> quarter 2021, the Disease Management Department conducted 7,731 telephone calls to members, successfully completing a total of 4,381.

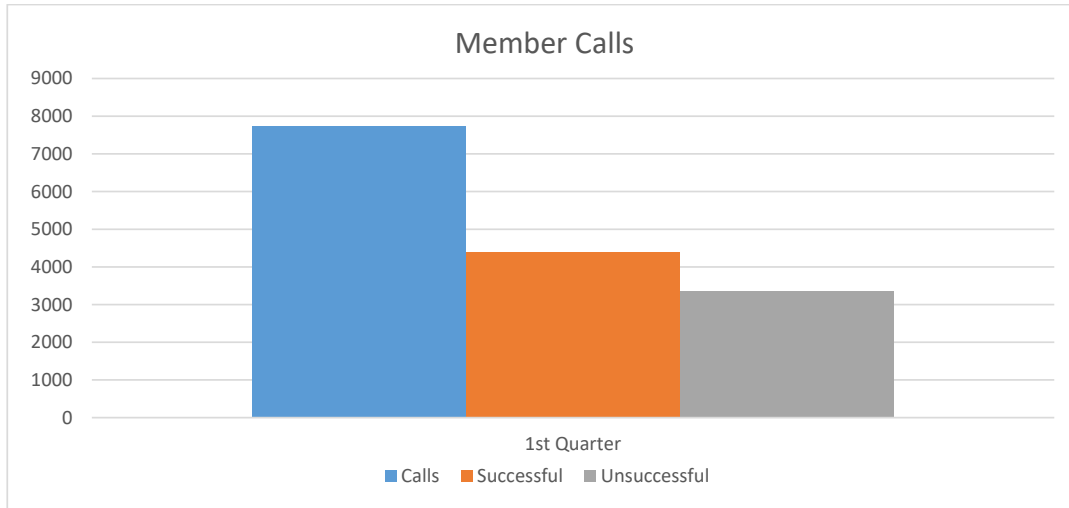
Of the 4,381 members reached, 866 were new and a Diabetes and/or Asthma assessment was completed. 59 of the members who accepted the Disease Management program successfully completed their goals and their Plans of Care were closed.

Diabetes eye exams were scheduled for 92 members and 50 members were referred to the Kern Medical Diabetes clinic. Educational material was mailed to 64 members who declined any of the offered services.

The remote Diabetes Prevention Program was launched in early February and at the end of March, 38 members remain enrolled in the year-long program.

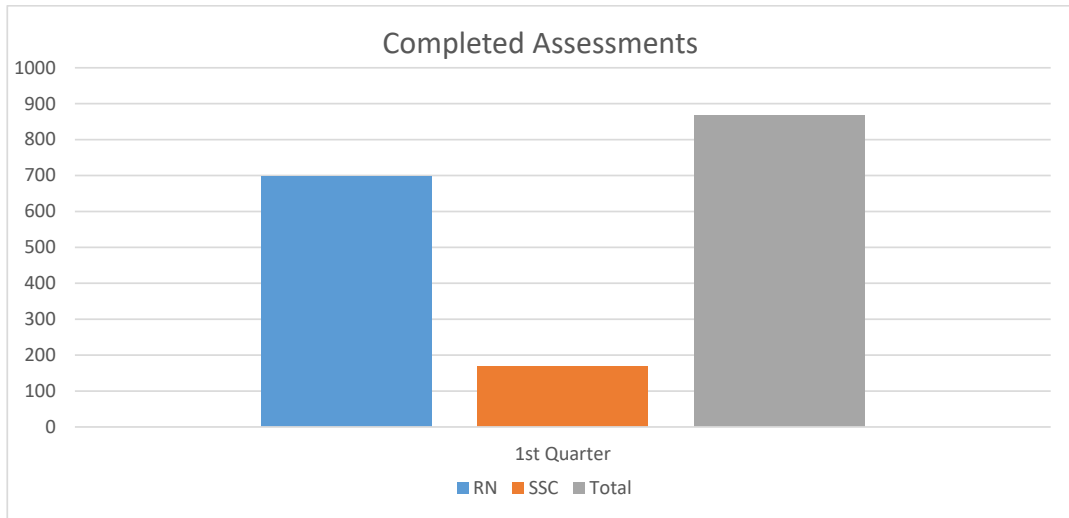
**Telephone Calls:** A total of 7,731 calls were made by the DM staff during the 4th Quarter, 2020.

Member Calls Attempted	Successful Calls	Unsuccessful Calls	Total Member Calls	% Contacted
<b>RN</b>	2,321	2,052	4,373	53%
<b>SSC</b>	2,060	1,298	3,358	61%
<b>Total</b>	<b>4,381</b>	<b>3,350</b>	<b>7,731</b>	<b>57%</b>



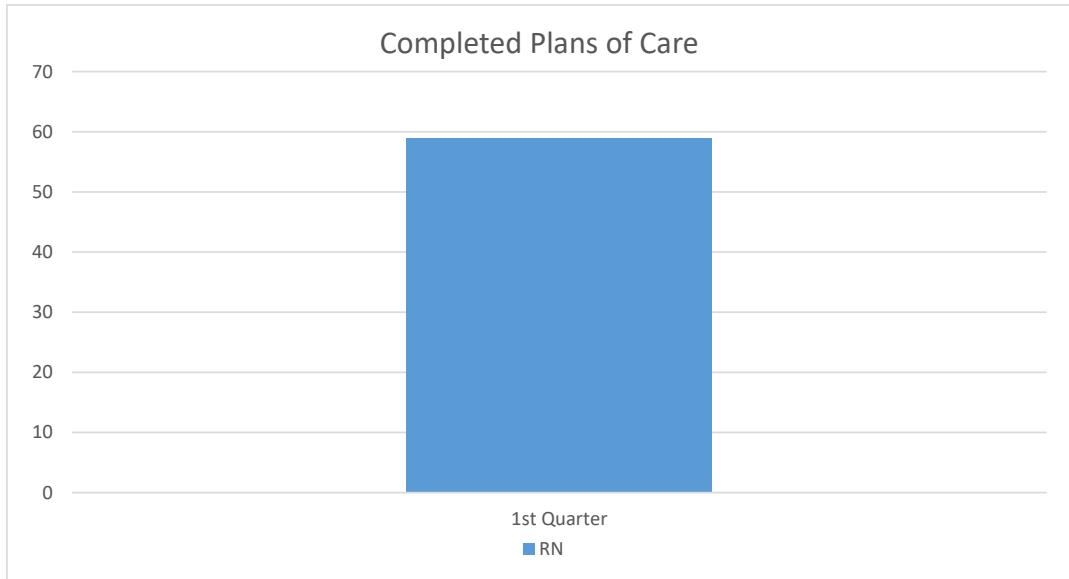
**New Assessments Completed.**

RN	SSC	Total
697	169	866



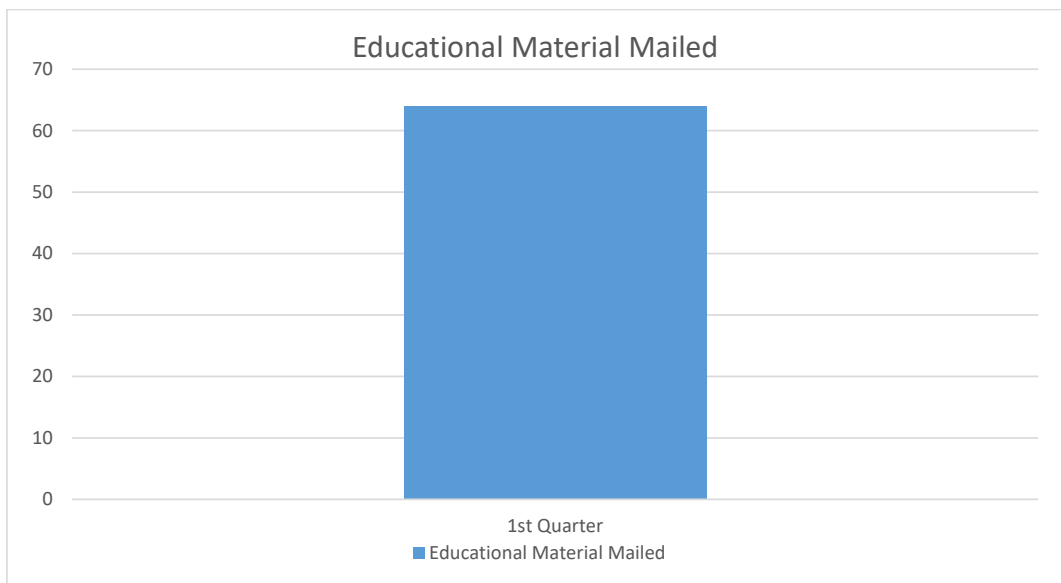
**Plans of Care Completed & Closed.**

<b>RN</b>
<b>59</b>



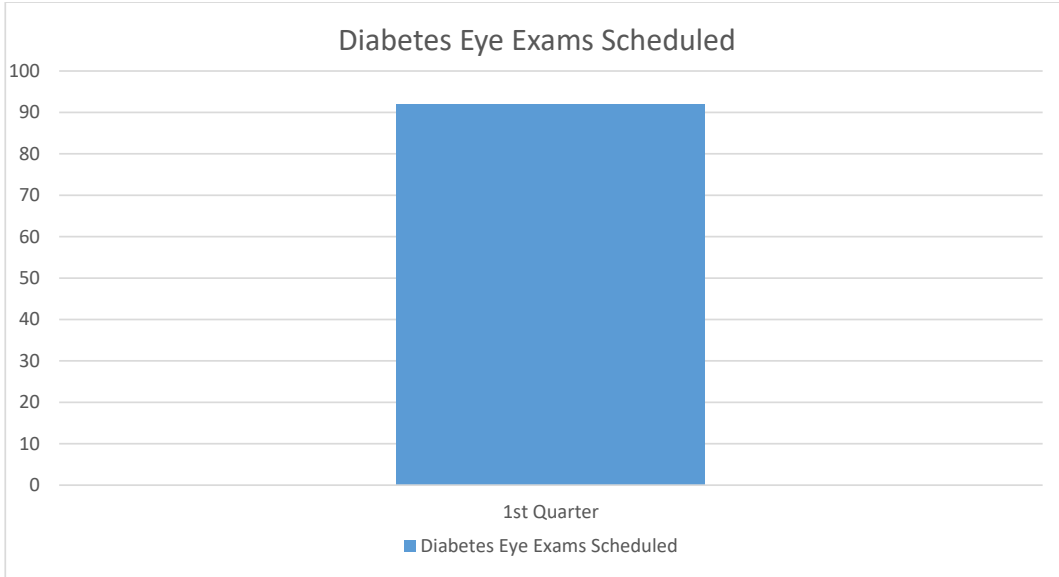
**Educational Material Mailed.** Mailing of educational material resumed in March, 2021.

<b>64</b>
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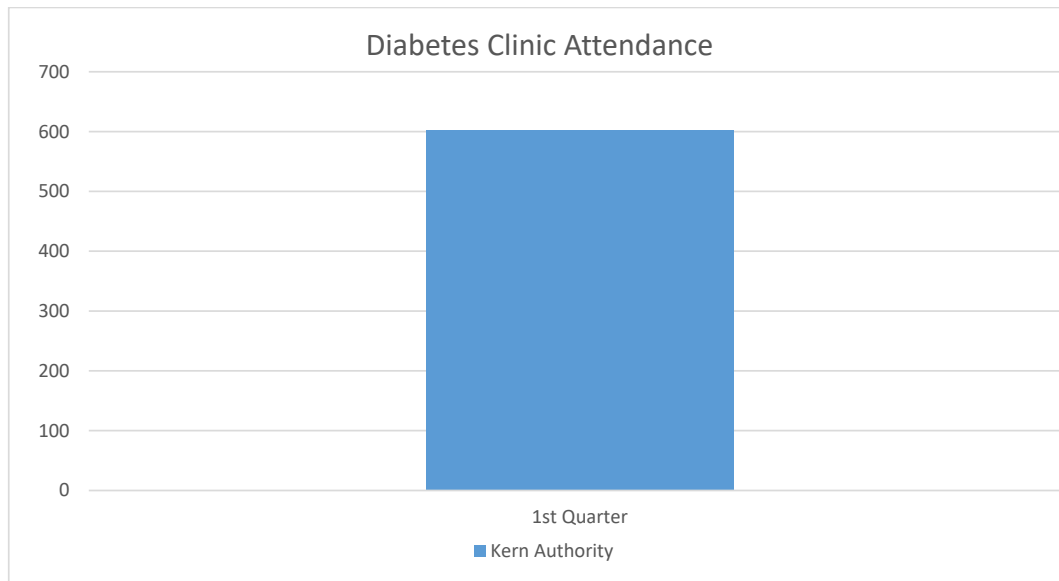
**Diabetes Eye Exams Scheduled.**

92
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**Diabetes Clinic Attendance.**

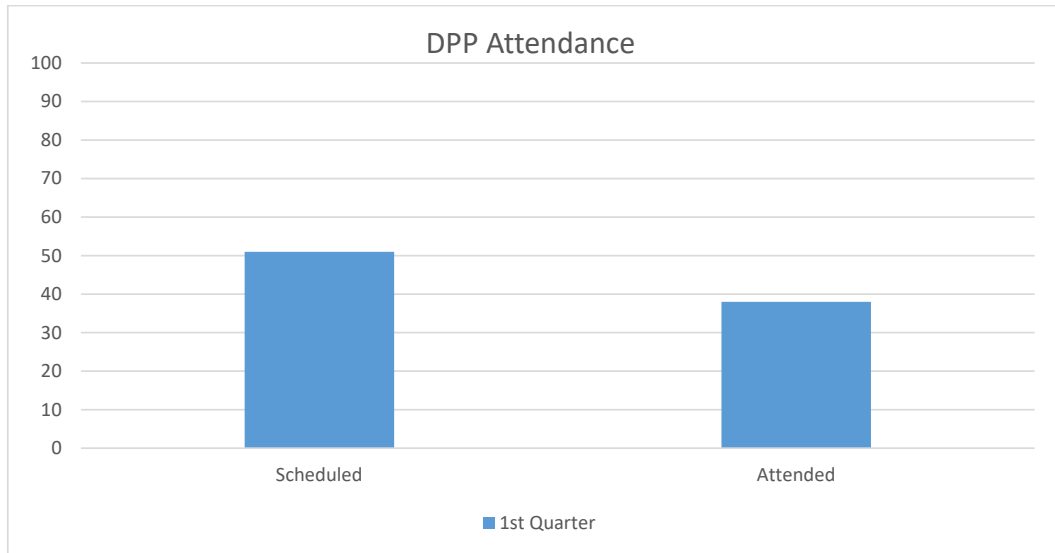
<b>Kern Authority</b>
603





**Diabetes Prevention Program:** The Disease Management Department launched their 2<sup>nd</sup> DPP cohort on February, 2<sup>nd</sup>, 2021. These classes are held remotely until such time that we are able to resume face-to-face meetings. A total of 90 members accepted the invitation to participate and 51 members attended the first session. At the end of March, 2021, 38 members remained enrolled in the program.

Sessions Scheduled to Attend (Feb & Mar)	Remaining Participants (End Mar)
51	38





**Kern Health Systems  
Case Management Department  
Executive Summary  
1st Quarter 2021**

**CM Staffing**

- 9 Registered Nurses
- 7 Social Workers
- 7 Certified Nursing Assistants

**Covid 19 Impact**

- All staff working remotely
- Moderate increase in member answer rates
- Increased mental health issues now returning to pre-pandemic levels
- Participated in company wide effort promoting Covid related services which now includes information on vaccinations
- Case Management of high-risk members after discharge for Covid related admissions

**2022 CalAIM State Initiatives**

- Enhanced Care Management (ECM)
- In Lieu of Services (ILOS)
- Major Organ Transplant (MOT)

**Population Health**

- KHS has started work for this 2023 CalAIM initiative
- Focus is on stratifying the entire KHS population and ensuring members are receiving the right level of care.
- Care will be provided through defined departments and special program.
- Includes an emphasis on Social Determinants of Health (SDoH)

Please see the following report for statistical measures for the Case Management department during Q1 2021.

Thank you,



Michael Pitts, RN

Director of Case and Disease Management

Kern Health Systems

**KERN HEALTH SYSTEMS  
CASE MANAGEMENT DEPARTMENT QUARTERLY REPORT**

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**Report Date:** April 9<sup>th</sup>, 2021

**Reporting Period:** January 1<sup>st</sup>, 2021- March 31<sup>st</sup>, 2021

During the months of January thru March 2021, a total of 1,951 members were managed by the Case Management Department.

<b>Episode Type (including previous members)</b>	<b>Closed Episodes</b>	<b>Open Episodes</b>	<b>Referral Episodes</b>	<b>Total</b>
Case Management	1,028	231	3	1,262
Behavioral Health Case Management	545	143	1	689

<b>Episode Type assigned for January thru March 2021</b>	<b>Closed Episodes</b>	<b>Open Episodes</b>	<b>Referral Episodes</b>	<b>Total</b>
Case Management	1,073	134	73	1,280
Behavioral Health Case Management	436	75	12	523

<b>High ER Utilizers Outcomes</b>	<b>Contacted</b>	<b>Unable to Contact</b>	<b>Total</b>
CMA	79	70	149
Social Workers	50	20	70

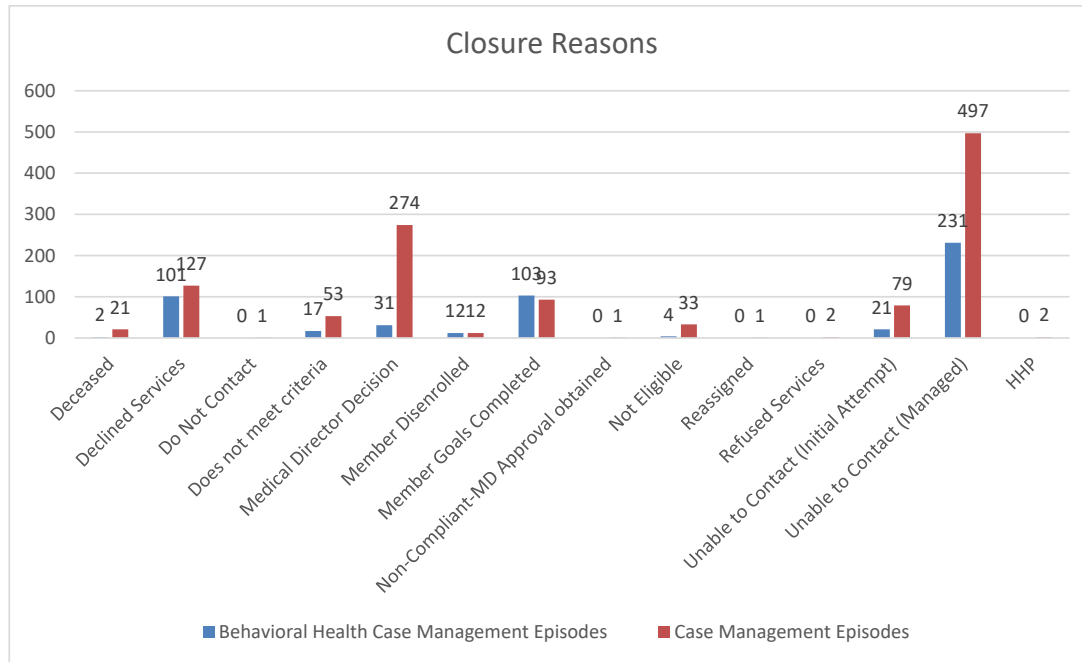
<b>High ER Utilizers Closure Reasons for those Managed by Social Workers</b>	<b>Total</b>
<b>Member Goals Completed</b>	50
<b>Does Not Meet Criteria</b>	4
<b>Unable to Contact</b>	16

Severity Levels for Managed Episodes in Open or Closed Status

Episode Severity Level	Severity-Critical	Severity-High	Severity-Medium	Severity-Low
Case Management	0	70	310	100
Behavioral Health Case Management	0	10	230	61

Episode Source	Behavioral Health Management Episodes	Percentage	Case Management Episodes	Percentage
ACG Modeler	276	40.1%	980	77.7%
All Internally Generated Complex Case Management	13	1.9%	139	11.0%
All Internally Generated Disease Management	1	0.1%	0	0.0%
All Internally Generated Grievance	1	0.1%	2	0.2%
All Internally Generated Hospital Discharge	0	0.0%	34	2.7%
All Internally Generated Medical Director	1	0.1%	20	1.6%
All Internally Generated Member Request	6	0.9%	11	0.9%
All Internally Generated UM Generated	14	2.0%	10	0.8%
BH Mental Health	35	5.1%	0	0.0%
CM DM HE Facility Based Social Worker	1	0.1%	1	0.1%
CM DM HE Health Education	5	0.7%	1	0.1%
CM DM HE Member Services	14	2.0%	9	0.7%
CM DM HE Provider	5	0.7%	11	0.9%
CM DM High ER Utilizer	152	22.1%	0	0.0%
Critical High Risk SPD	1	0.1%	1	0.1%
DM Facility Nurse	3	0.4%	0	0.0%
DM HE Social Worker Case Management	3	0.4%	7	0.6%
HE Postpartum Claim	20	2.9%	0	0.0%
HE Prenatal Claim	33	4.8%	0	0.0%
High Risk SPD	105	15.2%	36	2.9%

A total of 1,718 Episodes were closed during the months of January thru March 2021. With 522 BH-CM Episode Type closed and 1,196 CM Episode Type closed.



Members Closed and Referred to HHP	Behavioral Health Case Management Episodes	Case Management Episodes
HHP	31	10

Closed Episodes with Admits within 30 days after Closure	Total
Behavioral Health Case Management	26
Case Management	65
Percentage of closed cases Readmitted	3%

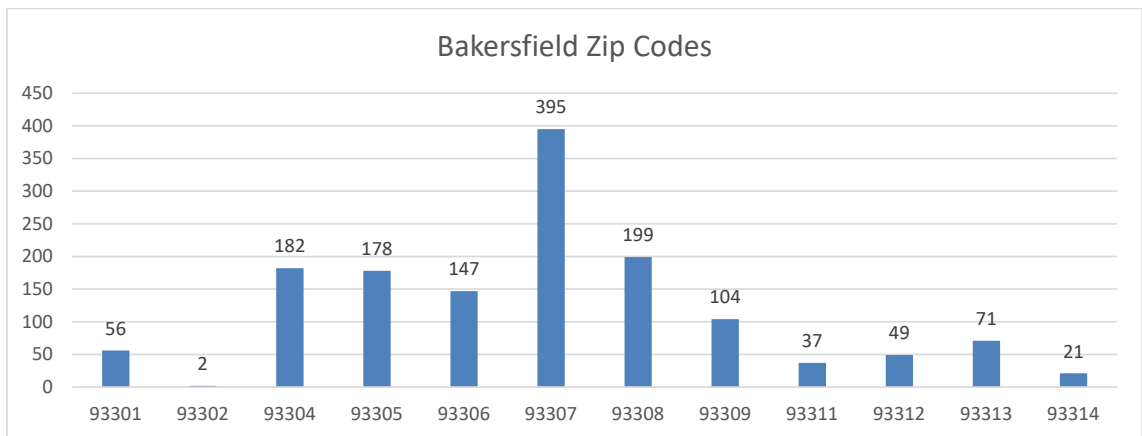
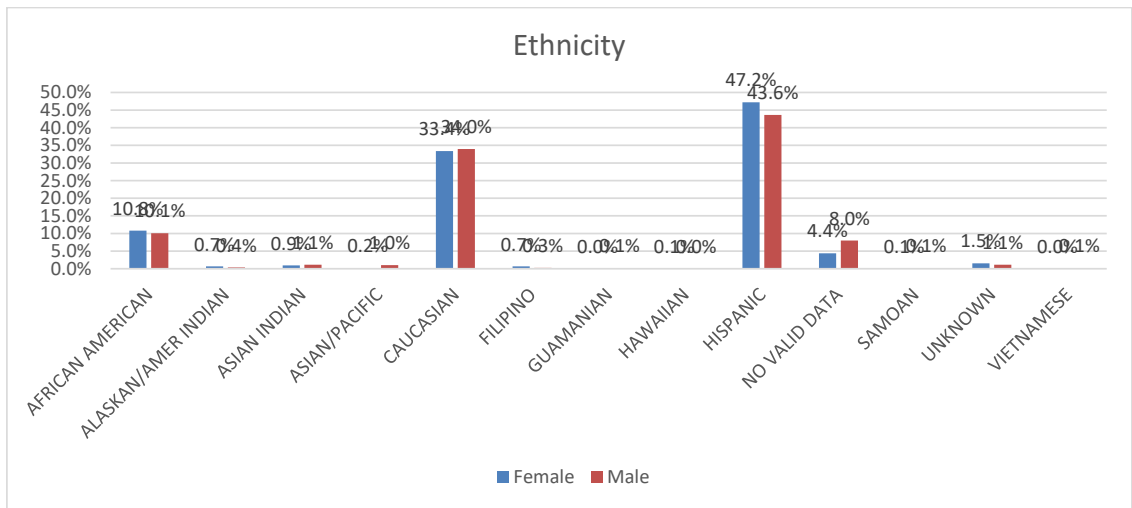
Assessments/Plan of Care	Behavioral Health Case Management Episodes	Case Management Episodes	Total
Assessments	119	233	352

Plan of Care	120	205	325
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During the months of January thru March, 95% of the members managed were 65 years of age or younger.

Age	<18	18-40	41-65	>65	Total
Case Management	12	237	937	76	1,262
Behavioral Case Management	27	287	348	27	689

Of the 1,951 members managed during the months of January thru March, the majority of members were female at 60%. The majority of members' ethnicity was Hispanic at 45%.



### Outlying Areas

City	Total
ARVIN	44
BEAR VLY SPGS	1
BISHOP	1
BODFISH	9
BORON	5
BUTTONWILLOW	1
CALIENTE	2
CALIF CITY	25
CALIFORNIA CITY	1
DELANO	65
FELLOWS	1
FRAZIER PARK	9
INYOKERN	2
KERVILLE	1
LAKE ISABELLA	18
LAMONT	32
LANCASTER	1
LEBEC	3
LODI	1
LONG BEACH	1
LOS ANGELES	2
LOST HILLS	2
MARICOPA	6
MC FARLAND	30
MCALLEN	1
MOJAVE	15
N/A	18
ONYX	3
RANDBURG	1
ROSAMOND	7
SAN DIEGO	1
SHAFTER	39
STOCKTON	1
TAFT	51
TEHACHAPI	57
TERRA BELLA	1
TUPMAN	1
WASCO	41
WELDON	4
WOFFORD HTS	6



**Notes Completed**

Note Source	Behavioral Case Management Episodes	Case Management Episodes
Activity Note	1692	2026
Add Episode Note	106	99
Care Plan Problem Note	372	775
Change Status Note	1541	3097
Edit Episode Note	72	253
Episode Note	72	243
Goals	245	439
Interventions	830	537

**Letters**

Letter Template	Behavioral Health Case Management Episodes	Case Management Episodes
Appointment Letter English	61	72
Appointment Letter Spanish	8	38
Consent Form English	2	25
Consent Form Spanish	1	12
Discharge English	37	107
Discharge Spanish	4	29
Educational Material	32	26
Mental Health Alert to PCP	1	0
Unable to Contact	440	844
Welcome Letter Bilingual	116	245

**Activities Completed**

Activities Completed	Total
CMA's	2,915
Nurses	1,606
Social Workers	728

**Activity Type**

Activity Type	Behavioral Health Case Management Episodes	Case Management Episodes
Clinical Engagement	0	61

Education	0	22
Fax	129	171
Letter Contact	296	575
Member Services	61	69
Phone Call	1405	2741

**Activity Name**

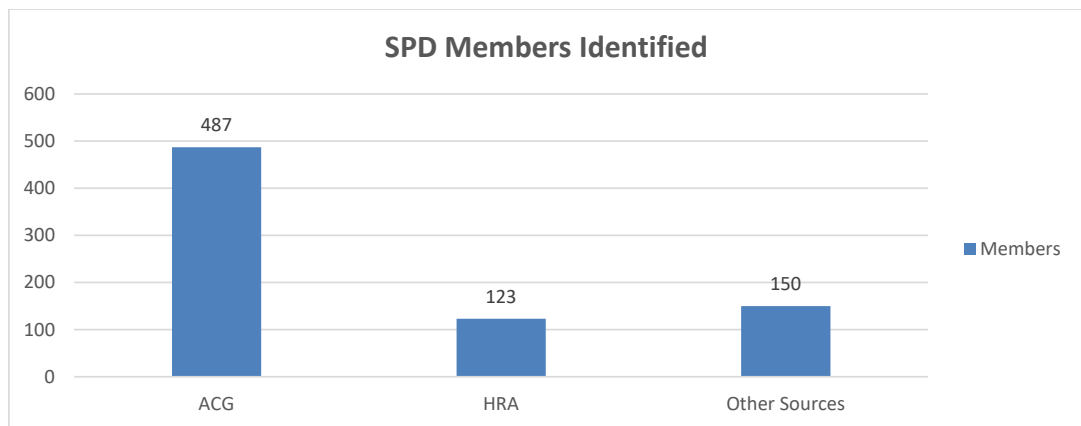
Activity Name	Behavioral Health Case Management Episodes	Case Management Episodes
Appointment Reminder Calls	56	96
CEG CM Referral	0	1
Close Episode for CEG	0	53
Close Episode for UTC	29	47
Community Resources	4	14
Contact Member	337	330
Contact Pharmacy	0	28
Contact Provider	122	393
COVID-19 Education	0	21
COVID-19 Vaccine Education	3	53
Create Work Item	75	74
HHP	0	2
Homeless	1	1
ICT	28	54
Incoming Call	0	20
Inpatient Discharge Follow Up	48	156
Language Line	107	201
Mail Appointment Letter	68	48
Mail Authorization	0	2
Mail Consent Letter	6	25
Mail Discharge Letter	56	185
Mail Educational Material	31	27
Mail Pill Box	3	18
Mail Provider Directory	3	7
Mail Unable to contact letter	83	217
Mail Welcome Letter	4	3
Medication Review	0	15
Mental Health Alert to PCP	1	0
Palliative Care	4	0
Plan of care	120	103
Request Medical Records	36	162
Return Mail	0	4
Schedule Physician Appointment	84	90
Transportation	2	27
Verbal consent to be received	495	966

**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 39 percent (760) of the Complex Group during the months of January thru March 2021.

The John Hopkins Predictive Modeler identified SPD's represent 64% percent of the SPD's identified in the Complex Group during the months of January thru March 2021. HRA identified SPD members represent 16% and other sources of SPD members represent 19%.



**SPD Health Risk Assessment Information:**

During the months of January thru March 2021, a total of 1,458 members were identified for an outside vendor to contact for completion of a Health Risk Assessment.

HRA Summary	Metric	Count	Percentage	Per Day
	Completed (or 2 calls attempted)	1,455	100%	24
	Partial HRA	107	7%	2
	Full HRA	193	13%	3
	Opted out	37	3%	1
	High Risk members	98	7%	2
	Critical Members	13	1%	0
	Members Contacted	1,429	98%	23
	Call Attempts	3,500		
	Total Surveys Attempted	300		
	Avg # of Calls Per Member	2		
	Avg # Calls per Day	57		
	Avg # of Questions Answered	24		
Sent: 1458; Received: 1455				





**To: Public Policy/Community Advisory Committee**

**From: Nate Scott**

**Date: June 29, 2021**

**Re: Executive Summary for 1<sup>st</sup> Quarter 2021 Grievance Summary Report**

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**Background**

**Executive Summary for the Grievance Summary Report:**

The Grievance Summary Report supports the high-level information provided on the Operation Report and provides a little more detail as to the type of grievances the Plan receives. It also provides insight into the grievance and appeals received by KFHC members assigned to Kaiser Permanente.

**Kaiser Permanente Grievances and Appeals**

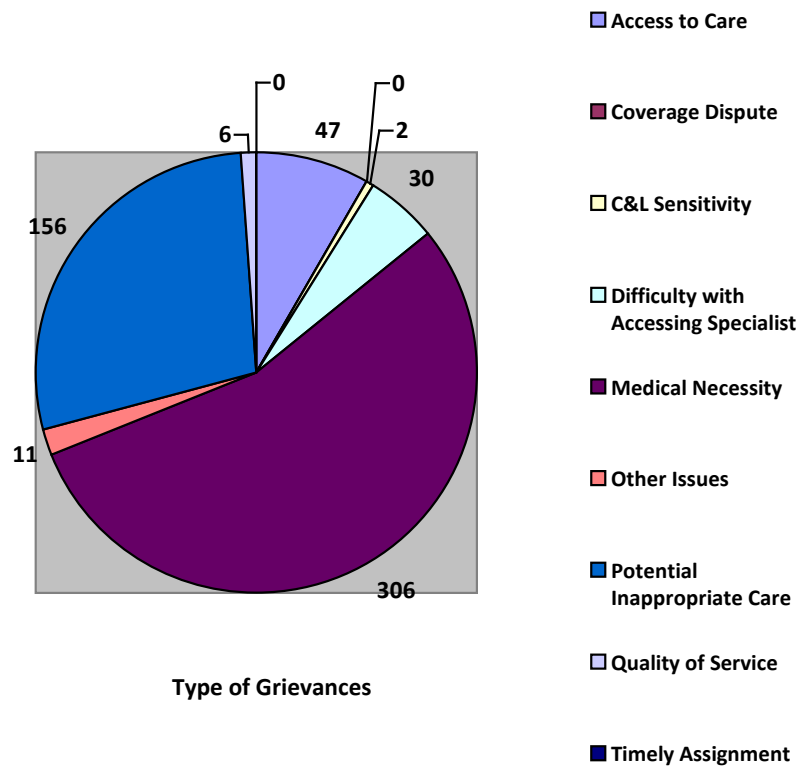
During the first quarter of 2021, there were forty-two grievances and appeals received by KFHC members who were assigned to Kaiser Permanente. Seven cases closed in favor of the Plan. Thirty cases were closed in favor of the Enrollee. Five cases are still open, pending investigation and resolution.

**Requested Action**

Receive and File

### 1st Quarter 2021 Grievance Summary

Issue	Number	In Favor of Health Plan	Under Review by Q.I	In favor of Enrollee	Still under review
Access to care	47	30	0	17	0
Coverage dispute	0	0	0	0	0
Cultural and Linguistic Sensitivity	2	1	0	1	0
Difficulty with accessing specialists	30	17	0	13	0
Medical necessity	306	230	0	76	0
Other issues	11	9	0	2	0
Potential Inappropriate care	156	90	65	1	0
Quality of service	6	5	0	1	0
Timely assignment to provider	0	0	0	0	0



Grievances per 1,000 Members =1.97

During the first quarter of 2021, there were five hundred and fifty-eight formal grievances and appeals received. One hundred and eleven cases were closed in favor of the Enrollee. Three hundred and eighty-two cases were closed in favor of the Plan. Sixty-five cases have closed and are under review by Quality Improvement. Of the five hundred and fifty-eight cases, five hundred and forty-nine cases closed within thirty days; nine cases were pending and closed after thirty days.

## **1st Quarter 2021 Grievance Summary**

### **Access to Care**

There were forty-seven grievances pertaining to access to care. Thirty closed in favor of the Plan. Seventeen cases closed in favor of the Enrollee. The following is a summary of these issues:

Eighteen members complained about the lack of available appointments with their Primary Care Provider (PCP). Twelve cases closed in favor of the Plan after the responses indicated the offices provided appropriate access to care based on Access to Care standards. Six cases closed in favor of the Enrollee after the responses indicated the offices may not have provided appropriate access to care based on Access to Care standards.

Eighteen members complained about the wait time to be seen for a Primary Care Provider (PCP) appointment. Eleven cases closed in favor of the Plan after the responses indicated the members were seen within the appropriate wait time for a scheduled appointment or the members were at the offices to be seen as a walk-in, which are not held to Access to Care standards. Seven cases closed in favor of the Enrollee after the responses indicated the members were not seen within the appropriate wait time for a scheduled appointment.

Ten members complained about the telephone access availability with their Primary Care Provider (PCP). Six cases closed in favor of the Plan after the responses indicated the members were provided with the appropriate telephone access availability. Four cases closed in favor of the Enrollee after the responses indicated the members may not have been provided with the appropriate telephone access availability.

One member complained about a provider not submitting a referral authorization request in a timely manner. This case closed in favor of the Plan after it was determined the referral authorization request had been submitted in a timely manner.

### **Coverage Dispute**

There were no grievances pertaining to a Coverage Dispute issue.

### **Cultural and Linguistic Sensitivity**

Two members complained about the lack of available interpreting services to assist during their appointments. One case closed in favor of the Plan after the response indicated the member was provided with the appropriate access to interpreting services. One case closed in favor of the Enrollee as a response was not received from the provider indicating the member was provided with the appropriate access to interpreting services.

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

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

## **1st Quarter 2021 Grievance Summary**

Eighteen members complained about the lack of available appointments with a specialist. Twelve cases closed in favor of the Plan after the responses indicated the members were provided the appropriate access to specialty care based on Access to Care Standards. Six cases closed in favor of the Enrollee after the responses indicated the members may not have been provided with the appropriate access to care based on the Access to Care Standards for specialty appointments.

Four members complained about the wait time to be seen for a specialist appointment. Two cases closed in favor of the Plan after the responses indicated the offices provided appropriate wait time for an appointment based on Access to Care Standards. Two cases closed in favor of the Enrollee after the responses indicated the members may not have been provided with the appropriate wait time for a scheduled appointment based on Access to Care Standards.

Eight members complained about the telephone access availability with a specialist office. Three cases closed in favor of the Plan after the responses indicated the members were provided with the appropriate telephone access availability. Five cases closed in favor of the Enrollee after the responses indicated the members may not have been provided with the appropriate telephone access availability.

### **Medical Necessity**

There were three hundred and six appeals pertaining to Medical Necessity. Two hundred and thirty cases were closed in favor of the Plan. Seventy-six cases closed in favor of the Enrollee. The following is a summary of these issues:

Two hundred and sixty members complained about the denial or modification of a referral authorization request. One hundred and eighty-six 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 for the requested specialist or DME item; therefore, the denials were upheld. One case closed in favor of the Plan and was modified. Seventy-three cases were closed in favor of the Enrollee as it was determined medical necessity was met and the denials were overturned and approved.

Forty-six members complained about the denial or modification of a TAR. Forty-three 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; therefore, 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 and approved.

### **Other Issues**

There were eleven grievances pertaining to Other Issues that are not otherwise classified in the other categories. Nine cases were closed in favor of the Plan after the responses indicated appropriate service was provided. Two cases closed in favor of the Enrollee after the responses indicated appropriate service may not have been provided.



## **1st Quarter 2021 Grievance Summary**

### **Potential Inappropriate Care**

There were one hundred and fifty-six grievances involving Potential Inappropriate Care issues. These cases were forwarded to the Quality Improvement (QI) Department for their due process. Upon review, ninety cases were closed in favor of the Plan, as it was determined a quality of care issue could not be identified. One case was closed in favor of the Enrollee as a potential quality of care issue was identified and appropriate tracking or action was initiated by the QI team. Sixty-five cases are still pending further review with QI.

### **Quality of Service**

There were six grievances involving Quality of Service issues. Five cases were closed in favor of the Plan. One case closed in favor of the Enrollee. The following is a summary of these issues:

Three members complained about the service they received from their providers. All cases closed in favor of the Plan after the responses determined the members received the appropriate service from their providers.

Three members complained about the services they received from a transportation vendor and their staff. Two of the cases closed in favor of the Plan after the responses determined the member received the appropriate service from the transportation staff. One case closed in favor of the Enrollee after the response indicated the member may not have been provided with the appropriate service from the transportation employee.

### **Timely Assignment to Provider**

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

### **Kaiser Permanente Grievances and Appeals**

During the first quarter of 2021, there were forty-two grievances and appeals received by KFHC members who were assigned to Kaiser Permanente. Seven cases closed in favor of the Plan. Thirty cases were closed in favor of the Enrollee. Five cases are still open, pending investigation and resolution.

### **Access to Care**

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

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

One member complained about the lack of an available appointment with their primary care provider. This case closed in favor of the Enrollee.

## **1st Quarter 2021 Grievance Summary**

One member complained about the lack of an available appointment with a specialist. This case closed in favor of the Enrollee.

### **Coverage Dispute**

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

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

### **Medical Necessity**

There were no cases pertaining to Medical Necessity.

### **Quality of Care**

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

Three members complained about the quality of care they received from a hospital. All cases closed in favor of the Enrollee.

Eight members complained about the quality of care they received from a provider. Six of the cases closed in favor of the Enrollee. Two of the cases are still open, pending investigation and resolution.

One member complained about the Plan denying treatment. The case closed in favor of the Enrollee.

Two members complained about a provider denying treatment. One case closed in favor of the Enrollee. One case is still open, pending investigation and resolution.

### **Quality of Service**

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

Eleven members complained about the services being inadequate at a facility. All cases closed in favor of the Enrollee.

Two members complained about the poor attitude they received from provider/staff. One case closed in favor of the Enrollee. One case is still open, pending investigation and resolution.



**To: Public Policy/Community Advisory Committee**

**From: Nate Scott**

**Date: June 29, 2021**

**Re: Executive Summary for 1st Quarter 2021 Grievance Report**

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**Background**

**Executive Summary for 1st Quarter 2021 Operational Board Update - Grievance Report:**

When compared to the previous three quarters, there were no significant trends identified as they relate to the Grievances during the 1st Quarter of 2021.

We cannot predict how many Grievances we will receive on any given day. However, we can assess if a certain event may lead to an increase or decrease in the receipt of grievances. For example, during the beginning of the COVID-19 Pandemic, we saw a decrease in Access related grievances. We can theorize that members were scared to leave their homes during this time and therefore, not wanting to make appointments to go to their doctors during the 2nd quarter, 2020.

The decrease in Potential Inappropriate Care (PIC) grievances during the 1st quarter of 2021, can be attributed to not as many care concerns being identified during initial RN review of the grievance cases sent out to the Grievance Committee. Again, we cannot predict when or how many grievances we will receive that are determined to be a PIC; therefore, this number may fluctuate from quarter to quarter.

**Requested Action**

Receive and File

# 1<sup>st</sup> Quarter 2021 Grievance Report

Category	1st Quarter 2021	Status	Issue	Q4 2020	Q3 2020	Q2 2020	Q1 2020
Access to Care	76		Appointment Availability	72	52	33	53
Coverage Dispute	0		Authorizations and Pharmacy	0	0	0	0
Medical Necessity	308		Questioning denial of service	317	288	246	225
Other Issues	11		Miscellaneous	14	10	11	36
Potential Inappropriate Care	156		Questioning services provided. All cases forwarded to Quality Dept.	200	263	207	273
Quality of Service	8		Questioning the professionalism, courtesy and attitude of the office staff. All cases forwarded to PR Department	7	5	8	2
<b>Total Formal Grievances</b>	<b>559</b>			610	618	505	589
Exempt**	1179		Exempt Grievances-	1050	1041	989	1620
<b>Total Grievances (Formal &amp; Exempt)</b>	<b>1738</b>			1660	1659	1494	2209

## Additional Insights-Formal Grievance Detail

Issue	1 <sup>st</sup> Quarter Grievances	Upheld Plan Decision	Further Review by Quality	Overtured Ruled for Member	Still Under Review
Access to Care	48	20	0	12	16
Coverage Dispute	0	0	0	0	0
Specialist Access	28	8	0	9	11
Medical Necessity	308	167	0	67	74
Other Issues	11	6	0	1	4
Potential Inappropriate Care	156	90	65	1	0
Quality of Service	8	4	0	2	2
<b>Total</b>	<b>559</b>	<b>295</b>	<b>65</b>	<b>92</b>	<b>107</b>



# COVID Vaccine Communications & KFHC 25<sup>th</sup> Anniversary Campaign



## COVID-19 Vaccine Communication Update

- **Digital (Website, Member Portal, Social Media)**
  - Maintain a COVID Vaccine page and a Vaccination Sites List on KFHC website
  - Link to website information available on the KFHC Member Portal
  - Facebook posts
- **IVR Messages**
  - Created a non-bypass general message heard by all callers
  - Added vaccine information to COVID menu option on KFHC phone tree
  - Recorded a hold message
- **Staff Education** - Provided phone scripts to KHS staff who speak to members to inform members about how they can get the vaccine
- **Robocalls** – 46,000 calls to members ages 65 and older and members ages 16-64 with medical conditions





## COVID-19 Vaccine Communication Update (cont.)

- **Direct Mail**

- 3 mailings to members ages 65 and older (first mailing in February, 2 mailings in April)
- 2 mailings to members ages 16-49 with medical conditions and members ages 50+ (early & mid April)
- 1 mailing to all KFHC members – included KC Public Health Myths and Facts Flyer (mid April)
- Article in Spring 2021 KFHC Family Health Member Newsletter (end of April)

- **Community Outreach**

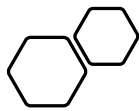
- KHS Leadership met with leaders of Kern County's African American community. It was recommended we support community organizations, cultural events and other venues such as churches. We partnered with Bakersfield College and Clinica Sierra Vista to offer COVID vaccinations at NAACP's Juneteenth Celebration at Yokuts Park.
- KHS Leadership is also in contact with the Kern County Hispanic Chamber of Commerce to learn how we can support their Latino COVID Task Force vaccination efforts – which include vaccination events throughout the county along with their Mental Health and Help Lines.



## KFHC Advertising Campaign Update

- As part of our 2021 Marketing Plan, we will celebrate our 25<sup>th</sup> Anniversary (July 2021 – June 2022) through a multi-media advertising campaign.
- The vision for our “25 Years Caring for You” ad campaign includes: protect our positive reputation/brand image; reinforce our brand of being a local, responsive and caring health plan; leverage our 25 year foundation and commitment to our community.
- The media campaign will be in English and Spanish.
- Advertising mediums will include: Television, Outdoor (Billboards and Transit), Print and Digital





## KFHC Advertising Campaign Update (cont.)

- **Billboard/Outdoor Advertisements in English and Spanish**
  - We will feature member photos we've used over the years – focusing on member faces





## MANAGED CARE ACCOUNTABILITY SET AND MEMBER ENGAGEMENT & REWARDS PROGRAM



*Presented by Jane Daughenbaugh  
KHS Director of Quality Improvement  
June 2021*



## AGENDA



What is MCAS, or  
**Managed Care  
Accountability Set?**



Why is MCAS  
important?



What is Kern Health  
Systems' plan for  
MCAS?



In summary...



## MANAGED CARE ACCOUNTABILITY SET

### What is it?

A set of performance measures that California's Department of Health Care Services (DHCS) selects for yearly reporting.

DHCS sets benchmarks that need to be met. If these targets are not met, financial penalties may be issued to KHS.

### Why is it important?

MCAS looks at areas that **promote good health** such as:

- ♥ Preventive care
  - Cancer Screening
  - Immunizations
- ♥ Well-care visits
- ♥ Chronic illness management
  - Asthma
  - Diabetes
  - High blood pressure
- ♥ Medication management



## MEMBER ENGAGEMENT & REWARDS PROGRAM



### Our plan for MCAS!

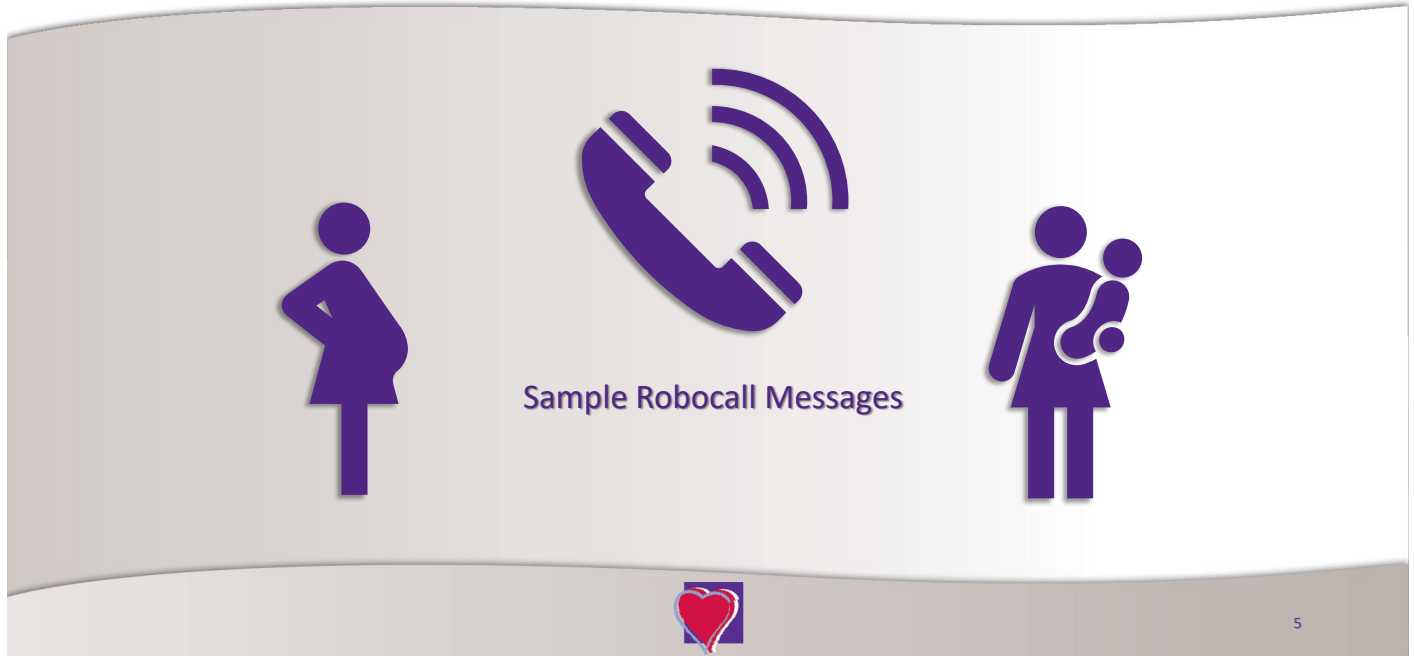
MERP uses robocalls, text messages, and mailers to motivate our members to see their doctor and be healthy.

Members receive gift card rewards after completing certain well-care visits.





## MEMBER ENGAGEMENT & REWARDS PROGRAM



# MEMBER ENGAGEMENT & REWARDS PROGRAM

**Rewards For Being Healthy!**  
Kern Family Health Care wants to thank you for taking care of your health and the health of your family by offering rewards programs for our members.



<b>\$40</b>	<b>New Members</b>	Visit your doctor for an Initial Health Assessment within 120 days of enrolling with KFHIC.
<b>\$30</b>	<b>Prenatal</b>	Visit your doctor within the 1 <sup>st</sup> three months of becoming pregnant and submit the Prenatal Reward Form.*
<b>\$30</b>	<b>Postpartum</b>	Visit your doctor for a postpartum visit within 1-12 weeks after giving birth.
<b>\$80</b>	<b>Baby Well Care</b>	Complete well baby visits between 0-30 months. Babies 0-15 months will receive a \$10 gift card per visit, for up to six visits. Babies 15-30 months will receive a \$10 gift card per visit, for up to two visits.
<b>\$45</b>	<b>Annual Well Care</b>	Complete a yearly wellness exam between 3 and 21 years of age.**

All rewards are in the form of gift cards. \*Limit 1 reward per pregnancy. \*\*Limit 1 reward per year.

**Kern Family Health Care**  
800-391-2000  
kernfamilyhealthcare.com

Kern Family Health Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AT 10/2020. If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-391-2000 (TTY: 711). 注意：如蒙您使用繁體中文，您可以免費獲得服務。



Sample Mailers

**¡Premios por estar saludable!**  
Kern Family Health Care quiere agradecerle por cuidar su salud y la salud de su familia, ofreciendo programas de premios para nuestros miembros.



<b>\$40</b>	<b>Nuevos Miembros</b>	Visite a su doctor para una Evaluación Inicial de Salud dentro de los primeros 120 días de haberse inscrito en KFHIC.
<b>\$30</b>	<b>Prenatal</b>	Visite a su doctor dentro de los primeros tres meses de quedar embarazada y envíe el Formulario Prenatal de Premios.*
<b>\$30</b>	<b>Posparto</b>	Visite a su doctor para una consulta de posparto entre la semana 1 y 12 después de dar a luz.
<b>\$80</b>	<b>Bienestar para el Bebé</b>	Complete las visitas de bienestar para el bebé entre los 0 y 30 meses de edad. Los bebés de 0 a 15 meses de edad recibirán una tarjeta de regalo de \$10 por cada visita, hasta para seis visitas. Los bebés de 15 a 30 meses de edad recibirán una tarjeta de regalo de \$10 por cada visita, hasta para dos visitas.
<b>\$45</b>	<b>Cuidado Anual de Bienestar</b>	Complete un examen anual de bienestar entre los 3 y 21 años de edad.**

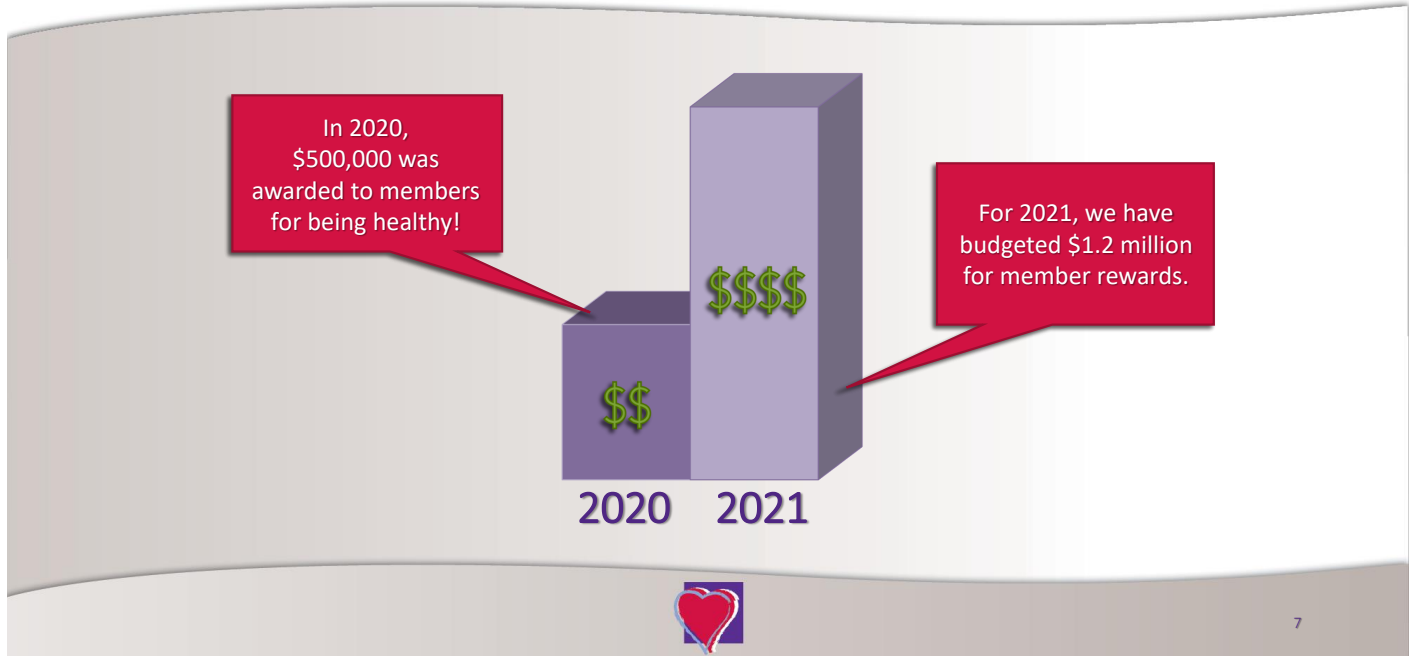
Todos los premios se dan en forma de tarjetas de regalo. \*Límite de 1 premio por embarazo. \*\*Límite de 1 premio por año.

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Kern Family Health Care cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad de origen, edad, discapacidad o sexo. AT 10/2020. Si habla español, tiene su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-391-2000. 注意：如蒙您使用繁體中文，您可以免費獲得服務。

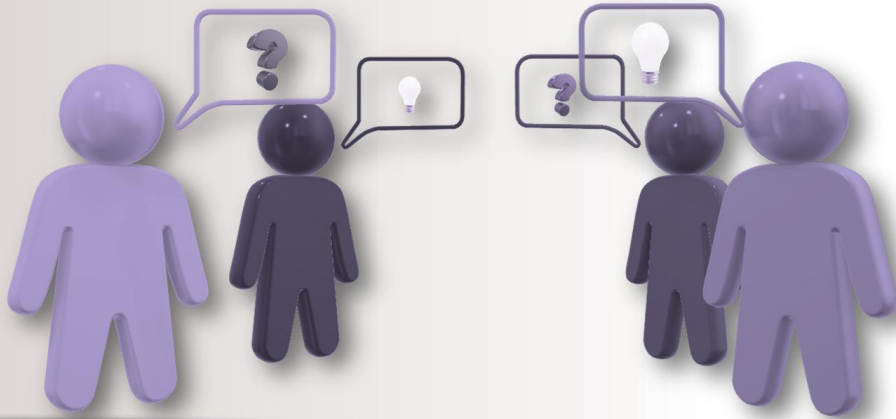


## IN SUMMARY...





THOUGHTS  
&  
QUESTIONS



KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
1st Quarter 2021

**Report Date: April 17, 2021**

**OVERVIEW**

Kern Health Systems' Health Education (HE) 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.

The Executive Summary below highlights the larger efforts currently being implemented by the HE department. Following this summary reflects the statistical measurements for the Health Education department detailing the ongoing activity for Q1 2021.

- **Asthma Mitigation Project** – Outreach efforts began in March and are underway to enroll up to 230 members into the program in collaboration with the Central California Asthma Collaborative. Eligible members who participate in this program receive ongoing education and asthma management counseling and up to \$140 in gift cards.
- **Baby Steps Program** – The HE department presented this program to the DHCS Women's Health Quality Improvement Collaborative in Q1 2021. Distribution of the member specific perinatal health guides commenced at the end of Q1 2021. An annual survey on member satisfaction with pregnancy care was completed during Q1 2021 and a mid-year follow up survey is planned for Q3 2021. The purpose of the surveys is to obtain member feedback on satisfaction with accessing pregnancy care, the pregnancy rewards program, distribution of the individualized perinatal health guides and to identify areas of opportunity for improvement.
- **Fresh Start Tobacco Cessation Program** – New 4-class series that starts in June and is offered to KFHC members through a virtual platform. Members who participate are eligible to receive up to \$130 in gift cards. Classes are available in English and Spanish.
- **2021 Population Needs Assessment** – Updated report and action plan are under development and are due to the DHCS by 6/30/21. Upon approval by DHCS, the HE department will share new findings, the progress made on the 2020-21 action plan and new objectives under the 2021-22 action plan.
- **Member Newsletter** - Fall issue is scheduled to include articles on cancer screenings, childhood development milestones, behavioral health, diabetes, heart health, indoor air quality, COVID-19, pain management, and lead poisoning prevention. The newsletter is scheduled to be delivered to member homes in September/October.
- **School Wellness Grant Program** – The 2019-2020 School Wellness Grant period was extended through June 2021 due to the COVID-19 pandemic and premature closure of the schools. Seven (7) school sites were awarded up to \$35,000 in grant funds to implement programs that would address nutrition, physical activity and social and emotional learning. End of Program Evaluation Reports are currently being reviewed for each of the schools and a presentation on the outcomes of this program will be presented in Q4 2021.

KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
1st Quarter 2021

- **Cultural & Linguistic (C&L) Services** – The annual cultural competency staff in-service was initiated in Q2 2021 and the Interpreting Ethics staff in-service for bilingual staff is scheduled for Q4 2021. A new All Plan Policy Letter on Language Thresholds for Medi-Cal Managed Care Health Plans was released by DHCS in Q2 2021 which includes updated requirements for nondiscrimination notices, language access taglines and alternative formats. KHS is currently updating its policies and procedures to ensure alignment by October 2021. The C&L Team is also revising its provider training on effective communication with Limited English Speaking patients and will be starting staff in-services with KHS departments who generate member informing documents in Spanish in an effort to strengthen grammar, spelling and punctuation accuracy and terminology consistency.

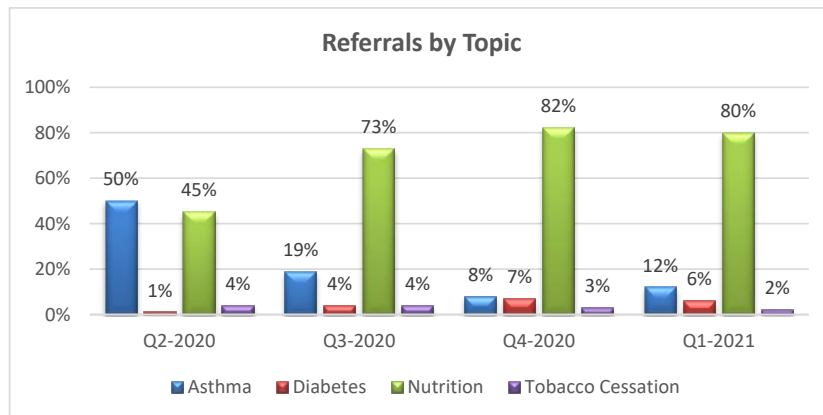
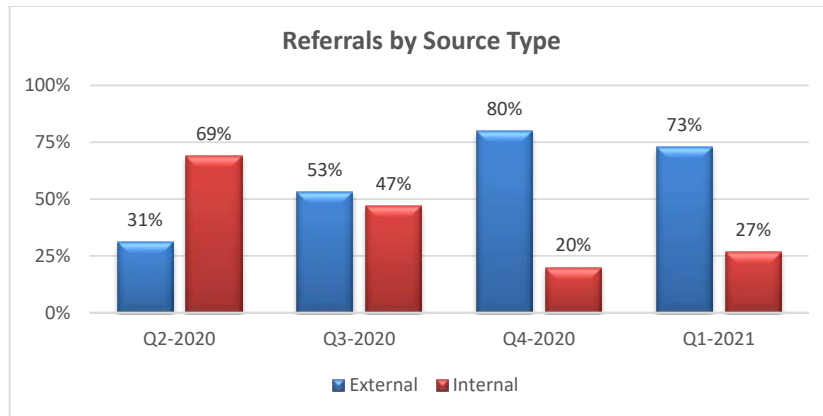
Respectfully submitted,

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

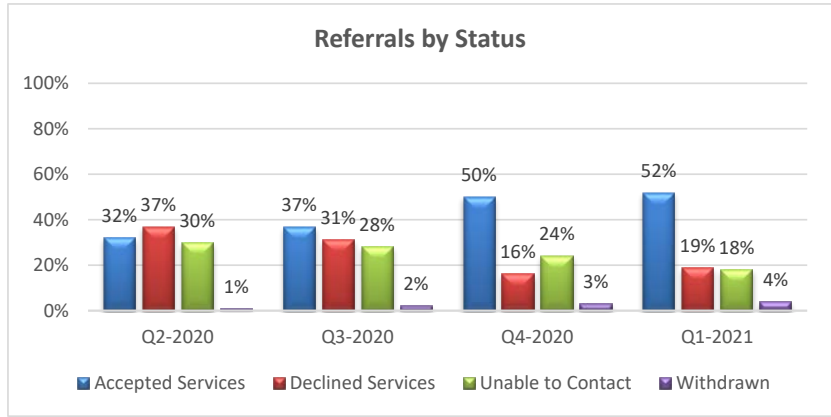
**KERN HEALTH SYSTEMS**  
**HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT**  
 1st Quarter 2021

**Referrals for Health Education Services:**

Kern Health Systems (KHS) Health Education Department (HE) receives referrals from both internal and external sources. Internal referrals are received from KHS’ member facing departments such as Utilization Management, Member Services and Case Management. Externally, KHS providers, members and community partners can request health education services by calling KHS or submitting requests through the member or provider portals. During Q1 2021, there were 924 referrals for health education services which is a 31% increase in comparison to the previous quarter. Requests for Nutrition Education continues to be the primary reason for health education services and referrals for Asthma Education increased from 8% to 12% due to the Central California Asthma Collaborative’s (CCAC) Asthma Mitigation Project. Additionally, the rate of members who accepted to receive health education services increased from 50% in Q4 2020 to 52% in Q1 2021.

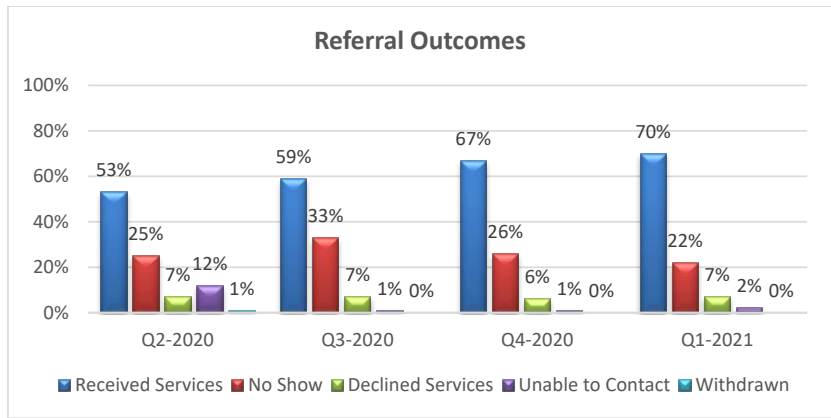


**KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
1st Quarter 2021**



**Health Education Referral Outcomes**

KHS offers various types of services directly through the KHS HE department or through community partnerships. Due to COVID-19, services through Dignity Health’s Bakersfield Memorial Hospital (BMH) and Clinica Sierra Vista (CSV) WIC were placed on hold whereas Kern Family Health Care (KFHC) provided services in a virtual setting, the California Smokers Helpline (CSH) continued to offer services by phone and enrollment into the Central California Asthma Collaborative (CCAC) Asthma Mitigation Project commenced. Services through KFHC continues to be the largest share of referral outcomes at 97% for Q1 2021. The rate of members who received health education services increased from 67% in Q4 2020 to 70% in Q1 2021. The rate of members who do not show for services continues to average between a quarter to a third of registrants.

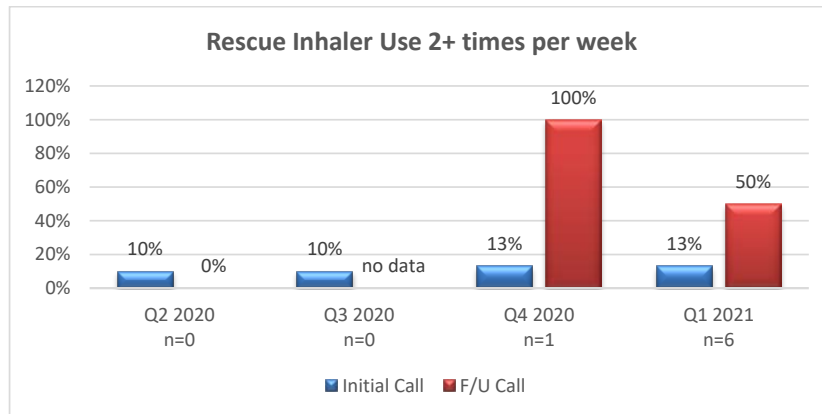
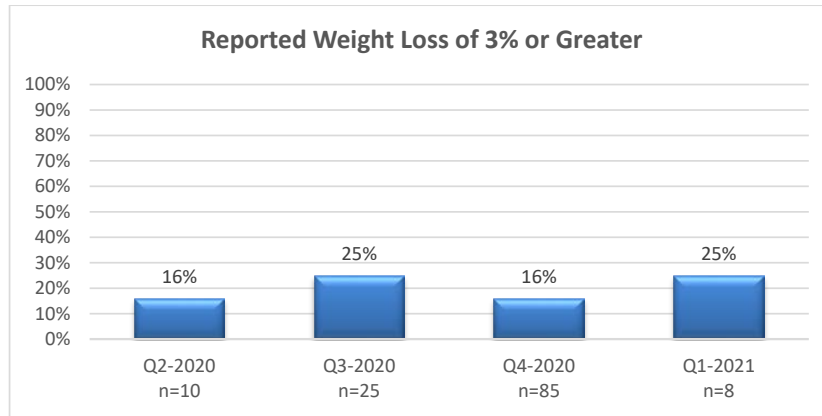




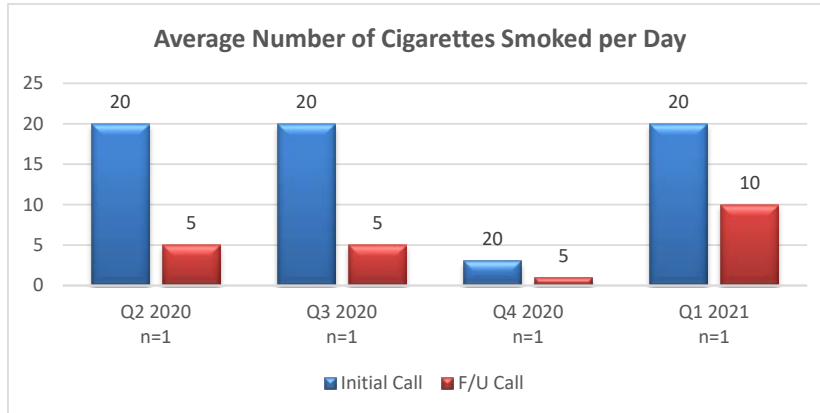
**KERN HEALTH SYSTEMS**  
**HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT**  
 1st Quarter 2021

**Effectiveness of Health Education Services**

To evaluate the effectiveness of the health education services provided to members, a 3-month follow up call is conducted on members who received services during the prior quarter. Of the 15 members who participated in the 3-month follow up call, 8 received Nutrition Education, 1 received Tobacco Cessation and 6 received Asthma Education. All findings are based on self-reported data from the member.

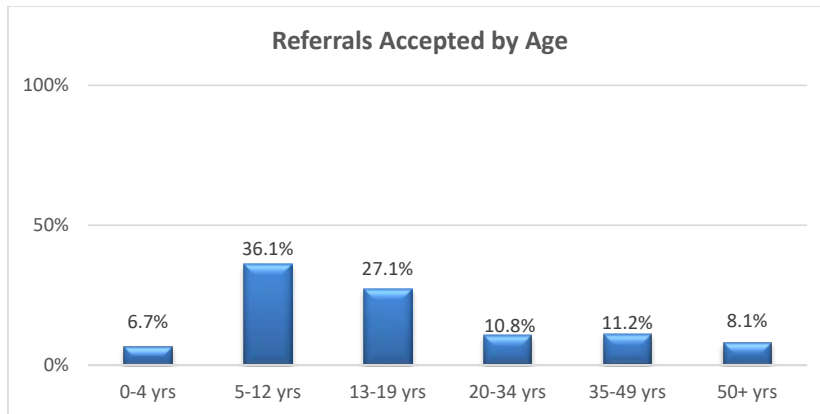


**KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
1st Quarter 2021**

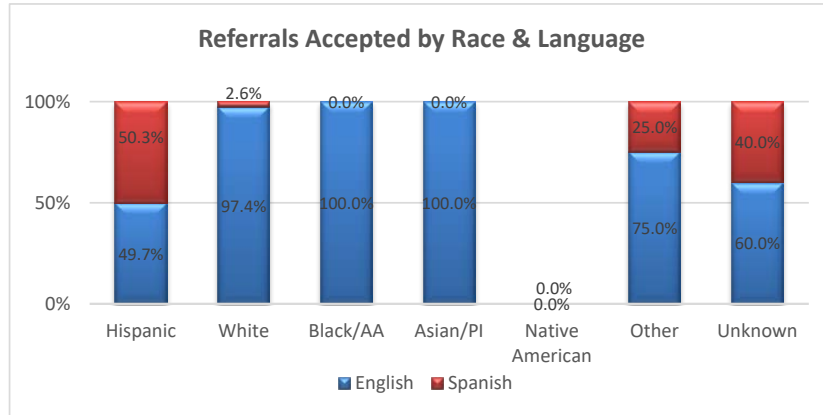


**Demographics of Members**

KHS’ provides services to a culturally and linguistically diverse member population in Kern County. KHS’ language threshold is English and Spanish and all services and materials are available in these languages. When non-threshold language requests are received, KHS utilizes professional interpreters to reduce language communication barriers among members. Out of the members who accepted health education services, the largest age groups were 5-12 years followed by 13-19 years. A breakdown of member classifications by race and language preferences revealed that the majority of members who accepted services are Hispanic and preferred to services in Spanish. During this quarter, 79% of the members who accepted services reside in Bakersfield with the highest concentration in the 93307 area. Additionally, 21% of the members who accepted services reside in the outlying areas of Kern County with the highest concentration in Arvin.



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<b>Referrals Accepted by Top Bakersfield Zip Codes</b>				
<b>Q2-2020</b>	<b>Q3-2020</b>	<b>Q4-2020</b>	<b>Q1-2021</b>	
93307	93307	93307	93307	
93306	93306	93304	93306	
93304	93305	93306	93305	
Delano	Delano	Arvin	Arvin	
Lamont	Wasco	Delano	Lamont	
Arvin	Arvin	Lamont	Delano	

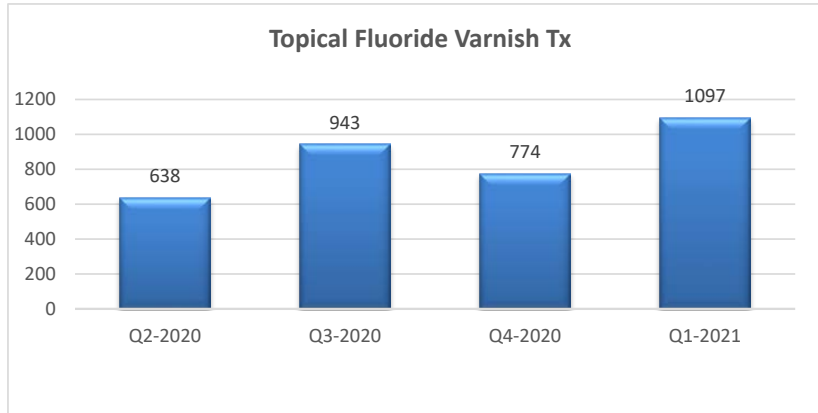
**Health Education Mailings**

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 continued to place educational mailings on hold due to COVID-19 limitations. Members were directed to access digital information available on the Kern Family Health Care website.

**Topical Fluoride Varnish Treatments**

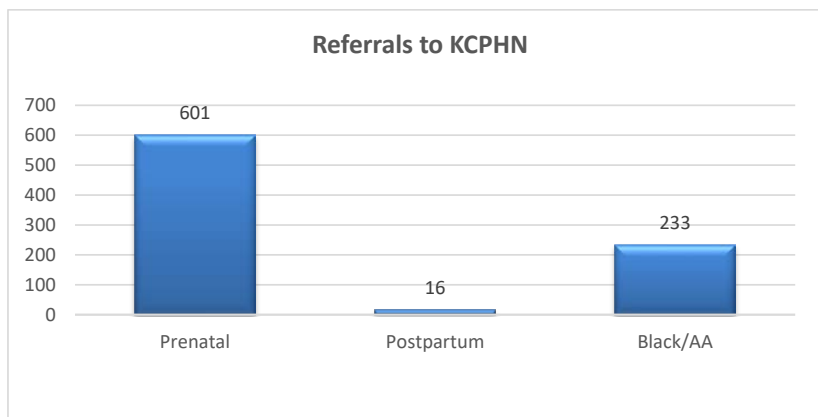
Fluoride varnish treatments are effective in preventing tooth decay and more practical and safer to use with young children. KHS covers up to three topical fluoride varnish treatments in a 12-month period for all members younger than 6 years.

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**Perinatal Outreach and Education**

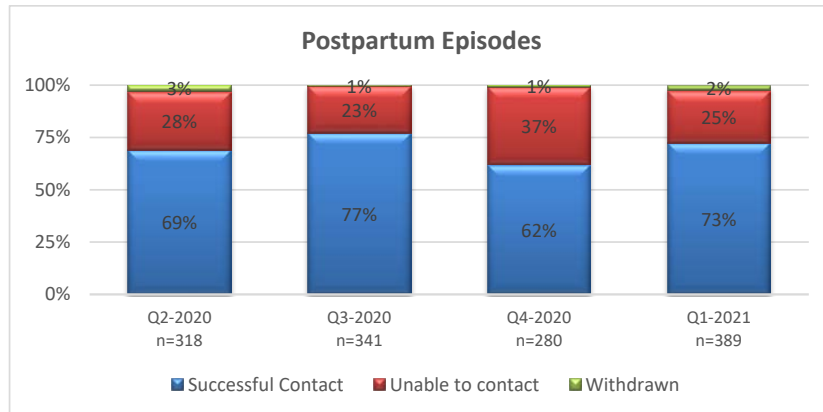
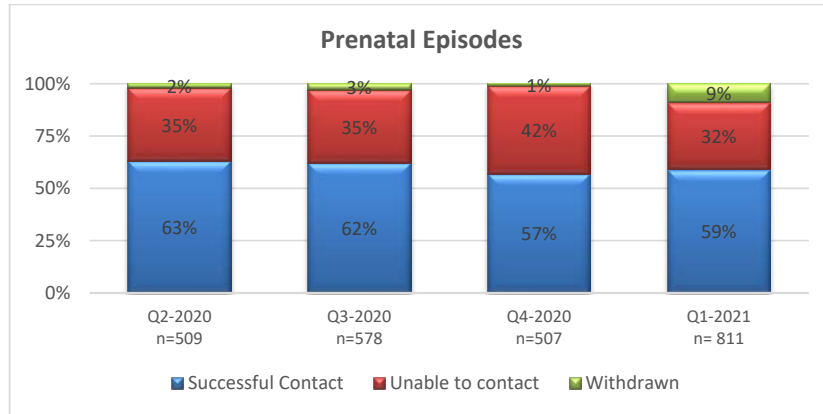
KHS partners with the Kern County Public Health Nursing (KCPHN) division to perform outreach to members residing in the 93308 and 93305 zip codes along with pregnant Black/African American members to encourage timely prenatal and postpartum care. Members who are successfully reached are educated on the importance of timely care and offered enrollment into the KCPHN pregnancy programs such as Black Infant Health. During Q1 2021, KHS referred 233 pregnant and postpartum members to KCPHN; however, due to the staff reassignment to focus on COVID-19 efforts in the county, KCPHN were unable to perform outreach. Outreach efforts are expected to resume in Q2 2021.



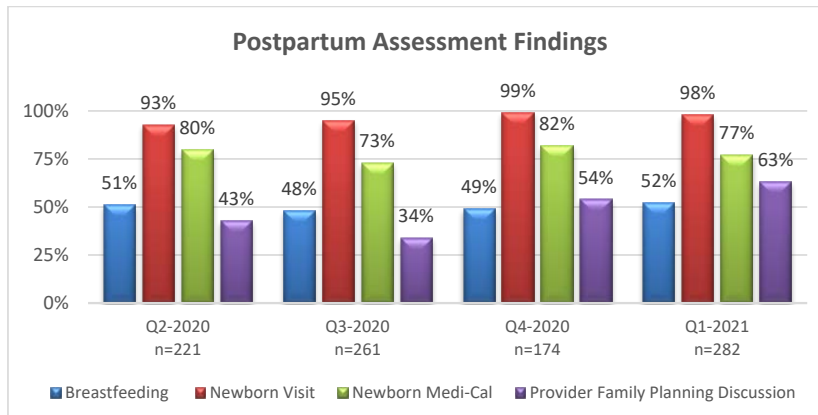
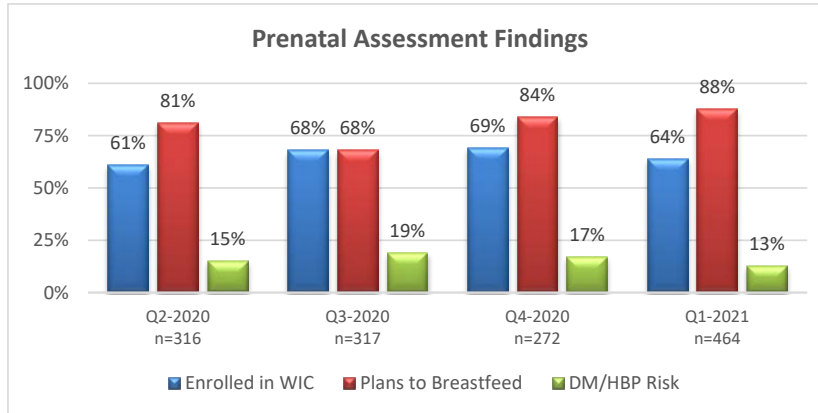
The HE department performs outreach education calls to members with a positive pregnancy test claim, pregnant teens (under age 18), and postpartum members with a Cesarean delivery or teen pregnancy delivery. During the Q1 2021, 811 episodes for pregnant members were completed and the rate of successful contacts increased from 57% to 59%. For postpartum members, 389 episodes were completed, and the rate of successful contacts increased from 62% to 73%. Prenatal assessment findings revealed a 32% increase in members

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identified with diabetes or high blood pressure or were at-risk for diabetes or high blood pressure during pregnancy. Postpartum assessment findings revealed an 88% increase in members reporting that they had already discussed their family planning and birth control options with their provider.



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**Interpreter Requests**

During this quarter, there were 166 requests for Face-to-Face Interpreting, 360 requests for Telephonic Interpreting, no requests for Video Remote Interpreting (VRI) and 126 requests for an American Sign Language (ASL) interpreter.

<b>Top Face-to-Face Interpreting Languages Requested</b>			
<b>Q2-2020</b>	<b>Q3-2020</b>	<b>Q4-2020</b>	<b>Q1-2021</b>
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Arabic	Cantonese	Cantonese	Mandarin

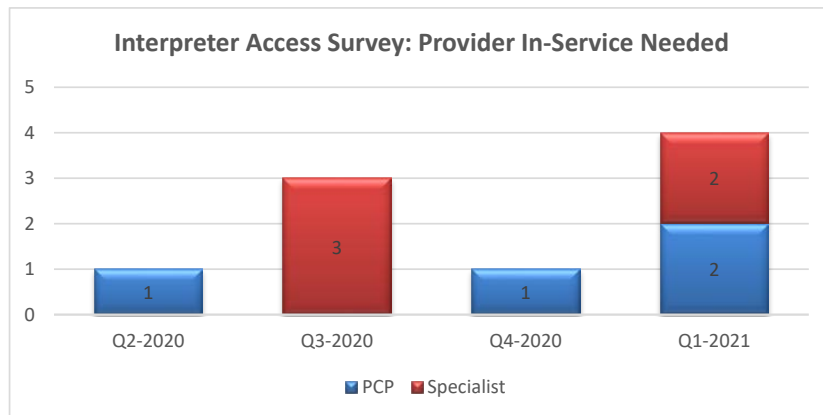
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<b>Top Telephonic Interpreting Languages Requested</b>			
<b>Q2-2020</b>	<b>Q3-2020</b>	<b>Q4-2020</b>	<b>Q1-2021</b>
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Arabic	Arabic	Arabic	Arabic



**Interpreter Access Survey Calls**

KHS conducts a quarterly Interpreter Access Survey with PCPs and Specialists. A total of 30 providers are contacted of which 15 are PCPs and 15 are Specialists. Of the 30 provider calls conducted in Q1 2021, 2 PCPs and 2 Specialists needed an in-service on accessing appropriate interpreting services for members.



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**Written Translations**

The HE 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, 1,820 requests for written translations were received of which 98% were Notice of Action letters translated in-house into Spanish for the UM and Pharmacy departments.

