



KERN HEALTH SYSTEMS

PUBLIC POLICY/COMMUNITY ADVISORY COMMITTEE

Tuesday, March 28, 2023

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
1st Floor Board Room

Regular Meeting
Tuesday, March 28, 2023
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, Tammy Torres, Yadira Ramirez, Michelle Bravo, Alex Garcia, Quon Louey, Kaelsun Singh Tyiska, Rukiyah Polk

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 December 13, 2022
APPROVE
- CA-4) Report on March 2023 Medi-Cal Membership Enrollment
RECEIVE AND FILE
- CA-5) Report on Health Education for Q4 2022 -
RECEIVE AND FILE
- 6) Report on Member Services Grievance Operational Report and Grievance Summary for Q4 2022 -
APPROVE
- 7) Marketing Department New Branding Campaign and Medi-Cal Redetermination -
PRESENTATION

- 8) Health Education KFHC Winter 2023 Member Newsletter -
PRESENTATION

ADJOURN MEETING TO TUESDAY, JUNE 27, 2023 AT 11:00 A.M.

2023 PUBLIC POLICY/COMMUNITY ADVISORY COMMITTEE MEETING SCHEDULE

Tuesday, September 26, 2023

Tuesday, December 12, 2023

(This date may change due to the holiday schedules and the availability of the committee members.)

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

PUBLIC POLICY/COMMUNITY ADVISORY COMMITTEE

KERN HEALTH SYSTEMS
2900 Buck Owens Boulevard
Bakersfield, California 93308

Regular Meeting
Tuesday, December 13, 2022
11:00 A.M.

COMMITTEE RECONVENED

Members: Janet Hefner, Jennifer Wood, Jasmine Ochoa, Mark McAlister, Cecilia Hernandez-Colin, Beatriz Basulto, Tammy Torres, Yadira Ramirez, Michelle Bravo, Alex Garcia, Quon Louey, Kaelsun Singh Tyiska, Rukiyah Polk

ROLL CALL: 10 Present; 3 Absent – Jasmine Ochoa, Yadira Ramirez, Kaelsun Singh Tyiska

Meeting called to order by Louie Iturriria, Director of Marketing and Public Relations, at 11:20 AM.

NOTE: The vote is displayed in bold below each item. For example, Hefner-Wood denotes Member Hefner made the motion and Member Wood seconds the motion.

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: ALL ITEMS LISTED WITH A "CA" WERE CONSIDERED TO BE ROUTINE AND APPROVED BY ONE MOTION.

COMMITTEE ACTION SHOWN IN CAPS

- 1) Public Policy/Community Advisory Committee Resolution to Allow Virtual Committee Meeting Participation Pursuant to Government Code Section 54953 (Fiscal Impact: None)
- APPROVED
Hefner-Basulto: All Ayes

PUBLIC PRESENTATIONS

- 2) 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.
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COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

- 3) 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])

Nancy from Community Health Initiative asked Alan Avery, Chief Operating Officer at KHS, about how they should respond to a KHS member if they have Medicare insurance in addition to their Medi-Cal insurance. Alan stated that KHS encourages members to enroll in all benefits available to them, including one of the Managed Medicare Plans available in Kern County. Once they enroll in the Medicare plan they selected, they will also retain KHS as their Medi-Cal Plan. They will have double coverage and KHS will coordinate with their Medicare plan. Coming in January 2026, KHS will have a Medicare plan, making it possible for KHS members to have one combined Medicare/Medicaid plan. However, until that date, KHS members will need to select one of the Medicare plans offered in Kern County.

- CA-4) Minutes for Public Policy/Community Advisory Committee meeting on September 27, 2022
APPROVED
Hefner-Louey: 10 Ayes; 3 Absent – Ochoa, Ramirez, Singh-Tyiska
- CA-5) Report on third quarter 2022 Medi-Cal Membership Enrollment RECEIVED AND FILED
Hefner-Louey: 10 Ayes; 3 Absent – Ochoa, Ramirez, Singh-Tyiska
- CA-6) Report on Population Health Management for third quarter ending September 30, 2022
RECEIVED AND FILED
Hefner-Louey: 10 Ayes; 3 Absent – Ochoa, Ramirez, Singh-Tyiska
- CA-7) Report on Health Education for third quarter ending September 30, 2022
RECEIVED AND FILED
Hefner-Louey: 10 Ayes; 3 Absent – Ochoa, Ramirez, Singh-Tyiska
- 8) Report on Member Services Grievance Operational Report and Grievance Summary for third quarter ending September 30, 2022
APPROVED – **Torres-Hernandez Colin: All Ayes**
- 9) Marketing Department Report
PRESENTATION

Louie Iturriria, Director of Marketing and Public Relations presented the Marketing Reports to the committee and went over these highlights:

- **Community Support Services**
 - **Member Portal**
 - **Transportation Benefits**
 - **Member Rewards Program**
- 10) Health Education KFHC Winter 2022 and Spring 2023 Member Newsletter PRESENTATION
- **Betty Basulto, KHS Member, suggested an article on Alzheimer’s disease in a future newsletter. She stated the relatives or caregivers of the Alzheimer’s patient need to be aware of any help and/or services available for them and their loved one.**

**Meeting adjourned by Louie Iturriria, Director of Marketing and Public Relations,
at 11:54 AM to March 28, 2023 at 11:00 AM.**

KHS March 2023 ENROLLMENT:

Medi-Cal Enrollment

As of March 1, 2023, Medi-Cal enrollment is 236,066, which represents an increase of 0.4% from February enrollment.

Seniors and Persons with Disabilities (SPDs)

As of March 1, 2023, SPD enrollment is 17,952, which represents a decrease of 0.13% from February enrollment.

Expanded Eligible Enrollment

As of March 1, 2023, Expansion enrollment is 97,370, which represents an increase of 0.8% from February enrollment.

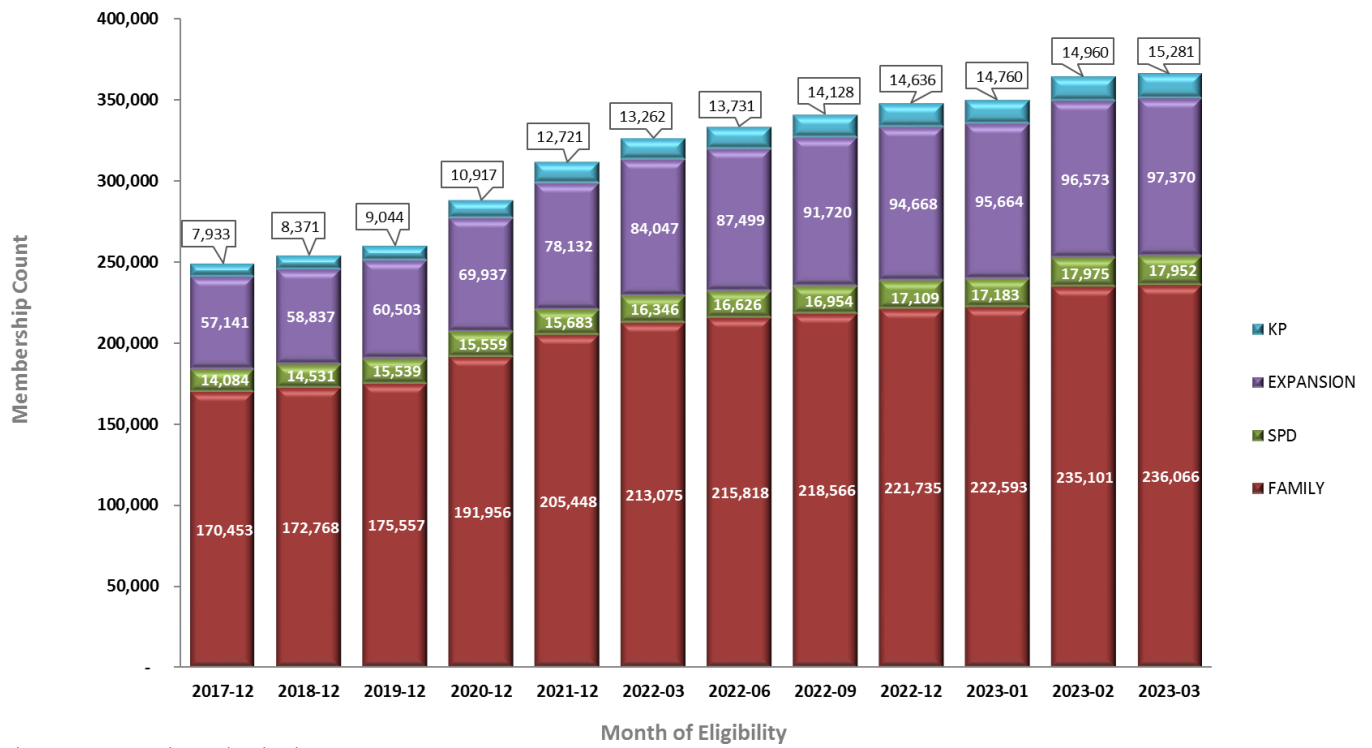
Kaiser Permanente (KP)

As of March 1, 2023, Kaiser enrollment is 15,281, which represents an increase of 2.1% from February enrollment.

Total KHS Medi-Cal Managed Care Enrollment

As of March 1, 2023, total Medi-Cal enrollment is 366,669, which represents an increase of 0.6% from February enrollment.

Membership as of Month of Eligibility	FAMILY	SPD	EXPANSION	KP	BABIES	Member Total
2017-12	170,006	14,084	57,141	7,933	447	249,611
2018-12	172,290	14,531	58,837	8,371	478	254,507
2019-12	175,128	15,539	60,503	9,044	429	260,643
2020-12	191,549	15,559	69,937	10,917	407	288,369
2021-12	204,999	15,683	78,132	12,721	449	311,984
2022-03	212,650	16,346	84,047	13,262	425	326,730
2022-06	215,353	16,626	87,499	13,731	465	333,674
2022-09	218,034	16,954	91,720	14,128	532	341,368
2022-12	221,237	17,109	94,668	14,636	498	348,148
2023-01	222,067	17,183	95,664	14,760	526	350,200
2023-02	234,620	17,975	96,573	14,960	481	364,609
2023-03	235,674	17,952	97,370	15,281	392	366,669



*Babies are incorporated in Family Aid Code Category



To: Public Policy/Community Advisory Committee

From: Isabel Silva, MPH

Date: March 28, 2023

Re: 2022 4th Quarter Health Education, Cultural & Linguistics Activities Report

Background

KFHC's contract with DHCS requires that it implements and maintains a health education system that includes programs, services, functions, and resources necessary to provide health education, health promotion and patient education for all members. The contract also requires that KFHC have a Cultural and Linguistic Services Program and that KFHC monitors, evaluates and takes effective action to address any needed improvement in the delivery of culturally and linguistically appropriate services.

Enclosed is the quarterly health education report summarizing all health education, cultural and linguistic activities performed during the 4th quarter of 2022.

Requested Action

Receive and File.



KERN HEALTH SYSTEMS

HEALTH EDUCATION, CULTURAL & LINGUISTIC
SERVICES DEPARTMENT

QUARTERLY REPORT

Q4 2022

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

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The purpose of this report is to provide a summary of the quarterly activities and outcomes of this department.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022
Executive Summary

Report Date: February 15,2023

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 HE department detailing the ongoing activity for Q4 2022.

- **Asthma Impact Model (AIM) Pilot and Asthma Mitigation Project (AMP) –**
These are home-base asthma education and remediation programs offered to members with signs of high-risk or poorly controlled asthma. The H&W Team completed in Q4 2022 an annual evaluation of these programs covering the previous 12 months. The average Asthma Control Test score improved from the initial home visit to the 6 month and 12-month home visits for both programs. Internal analyses have found participation in these programs to be linked to cost savings in emergency department and inpatient hospital services.
- **Asthma Medication Ratio Performance Improvement Project –**
The H&W Team began working the Quality Improvement Department on a project designed to improve member asthma management. H&W has supported this project by educating members on medication management and asthma action plans (AAPs). H&W has also coordinated steps leading to the completion of member AAPs by PCPs, such as AAP mailings, member doctor appointment scheduling and requests for medical records. Since H&W joined the project, 12 members have participated, and 8 AAPs have been completed by PCPs or the KHS Pharmacy Department. In the Q4 2022, 1 member participated, and 1 asthma action plan were completed. This project ended in December 2022.
- **Asthma Education Classes -** Asthma class attendance in 2022 was highest in the Q4. This occurred after an increase in asthma episodes and classes offered compared to the previous quarter. The HE department began offering to members in November 2022 a \$10 gift card for completing asthma follow up calls. The number of completed follow ups in 2022 reached its highest total in Q4.
- **Population Needs Assessment –** Findings of the focus groups completed with parents of African American and Black infants along with member and provider engagement strategies will be shared with stakeholders to gather feedback and buy-in from departments. MCAS member rewards program, communication plan, and materials were updated to reflect the incentive amount increase approved in October 2022.
- **Baby Steps Program --** Baby Steps materials were updated to align with the updates to the MCAS MERP updates in October 2022, including the prenatal reward form and Baby Steps

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HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
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web pages on the KFHC website and member portal. An article for the Provider Newsletter was produced to increase awareness about this program. In addition, an in-service was provided with Clinica Sierra Vista office managers in December 2022.

- **Diabetes Prevention Program** – Classes for the 2022 cohorts began in April (Spanish) and August (English). There are a total of 56 members enrolled in the program. This cohort has lost a combined total of 523 lbs.
- **Cultural and Linguistics Program** –The annual C&L Services trainings were completed this quarter with all KHS member facing departments. The C&L Material audit was also completed, and findings are currently being reviewed to determine if any changes will need to be made to future material. Outreach efforts are also underway to provide C&L services training for providers who were identified in the 3rd and 4th quarters of the Interpreter Access Survey conducted by PNM. There are a total of 16 provider specialists who will be receiving training on interpreter services provided by KFHC. The 2022 C&L Translation class series also ended in the 4th quarter with an 80% staff attendance rate.
- **Tobacco & Nicotine Cessation Classes** –An evaluation of the Fresh Start tobacco cessation classes was completed. Although some harm reduction occurred amongst participants, additional strategies are needed to encourage long term harm reduction and complete cessation of tobacco and nicotine products. Strategies for 2023 include researching curriculums or interventions for *quit* members who are at risk of relapsing; researching survey methods to conduct better in-class assessments; and reviewing and updating the incentive program.
- **School Wellness Grant Program** – Awarded schools were provided an orientation in August and have all launched their programs. hired and trained two student interns to work alongside the awarded schools and KHS liaisons through the end of the 2023-2024 academic year. The interns are responsible for tracking and monitoring the school's progress in implementing their workplans and helping with data collection, activity planning and implementation and evaluation of the wellness programs.
- **Student Behavioral Health Incentive Program** – KHS submitted the required needs assessment and project plan documents to DHCS the end of December. KHS will continue to coordinate workgroup and stakeholder meetings to allow for discussion, planning and feedback on implementation of the project plans.

Respectfully submitted,

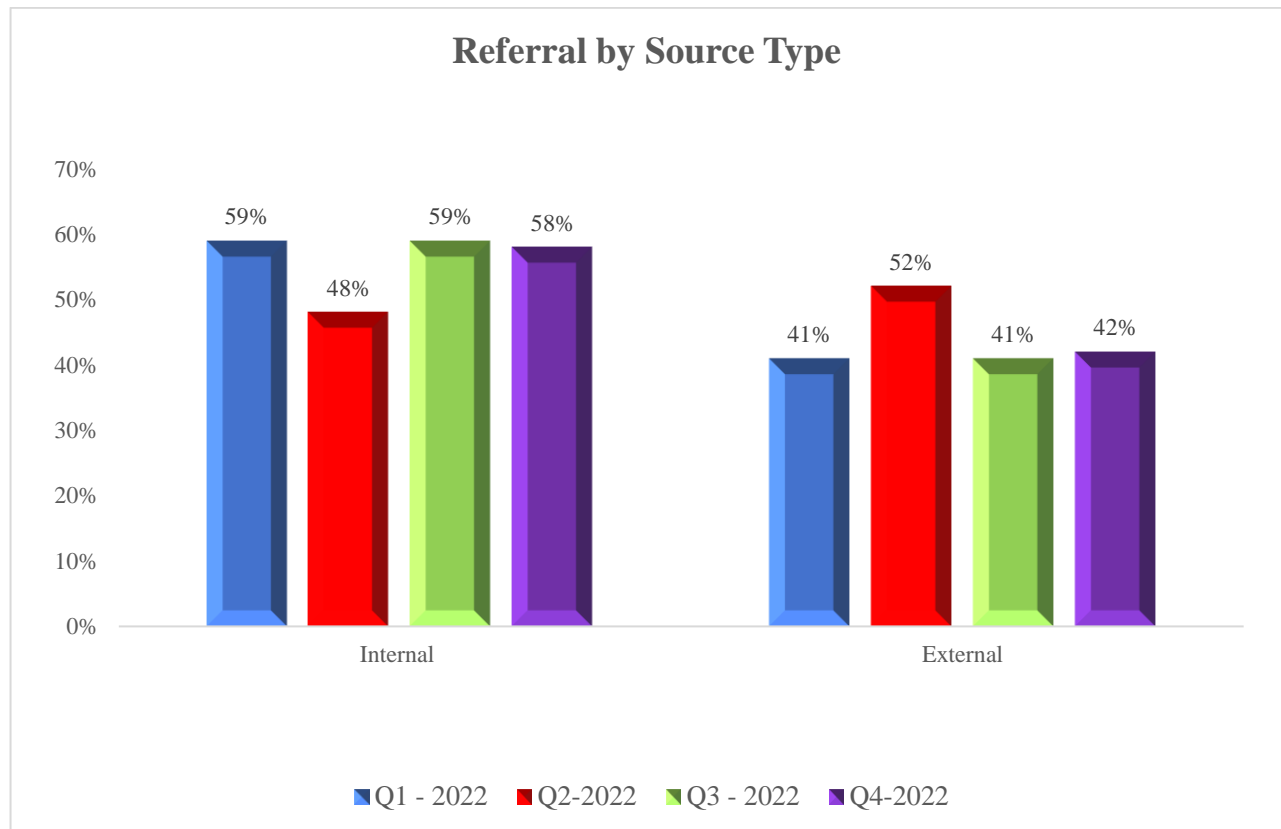
Isabel Silva, MPH, CHES
Director of Health Education, Cultural and Linguistic Services

Health Education Services

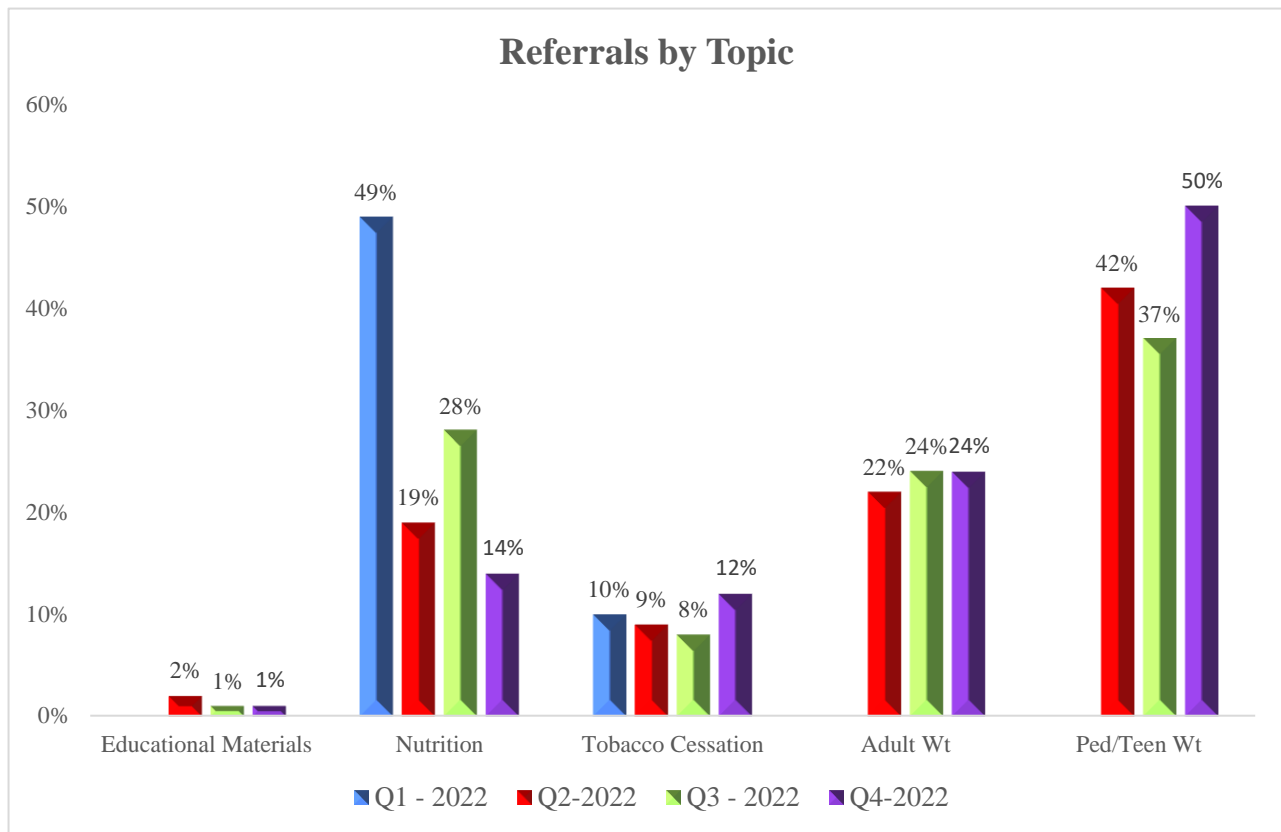
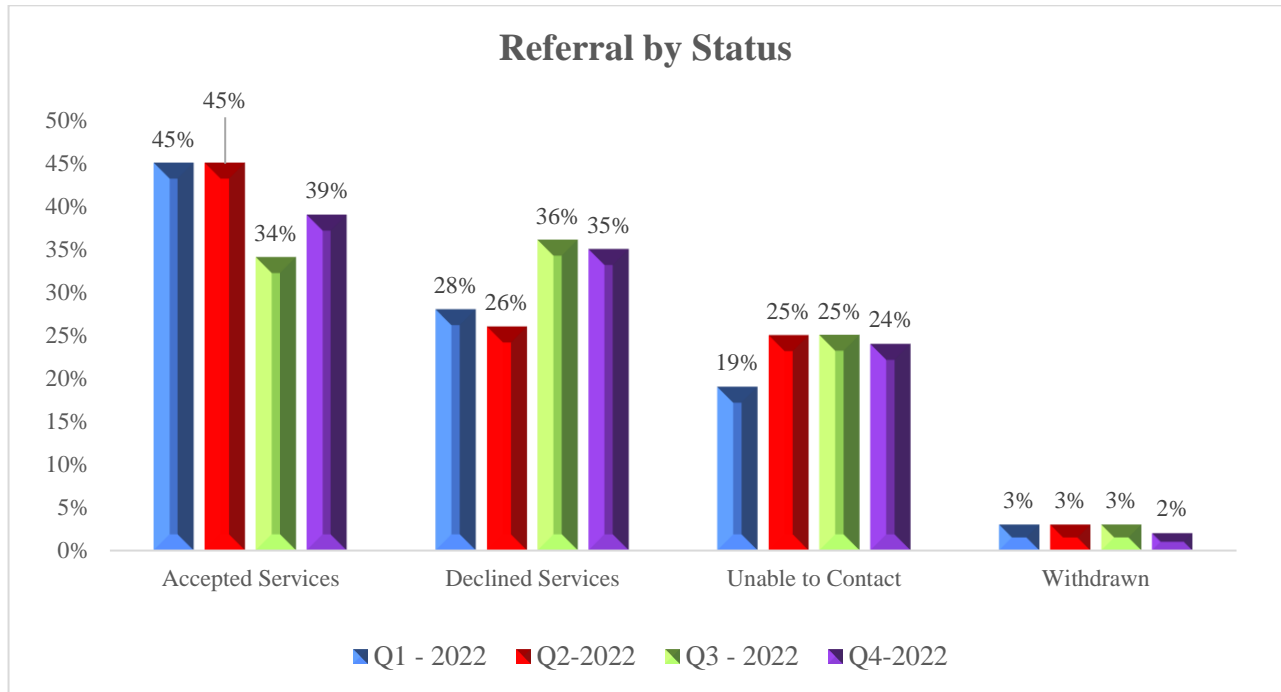
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HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
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Referrals for Health Education Services

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 Q4 2022, there were 531 referrals for health education services which is a 2% decrease in comparison to the previous quarter. Requests for Nutrition Education continues to be the primary reason for health education services. Additionally, the rate of members who accepted to receive health education services increased from 34% between Q3 2022 to 39% Q4 2022.



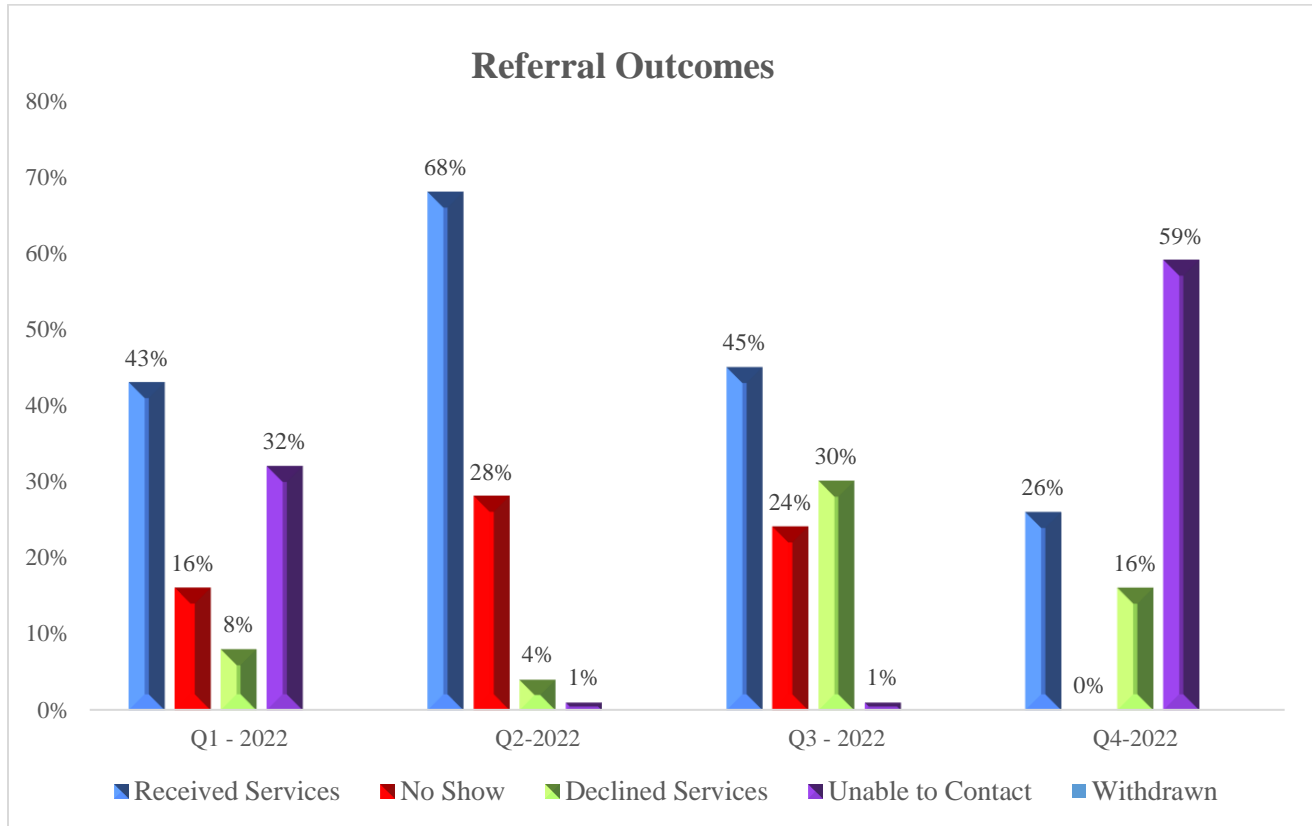
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Health Education Referral Outcomes

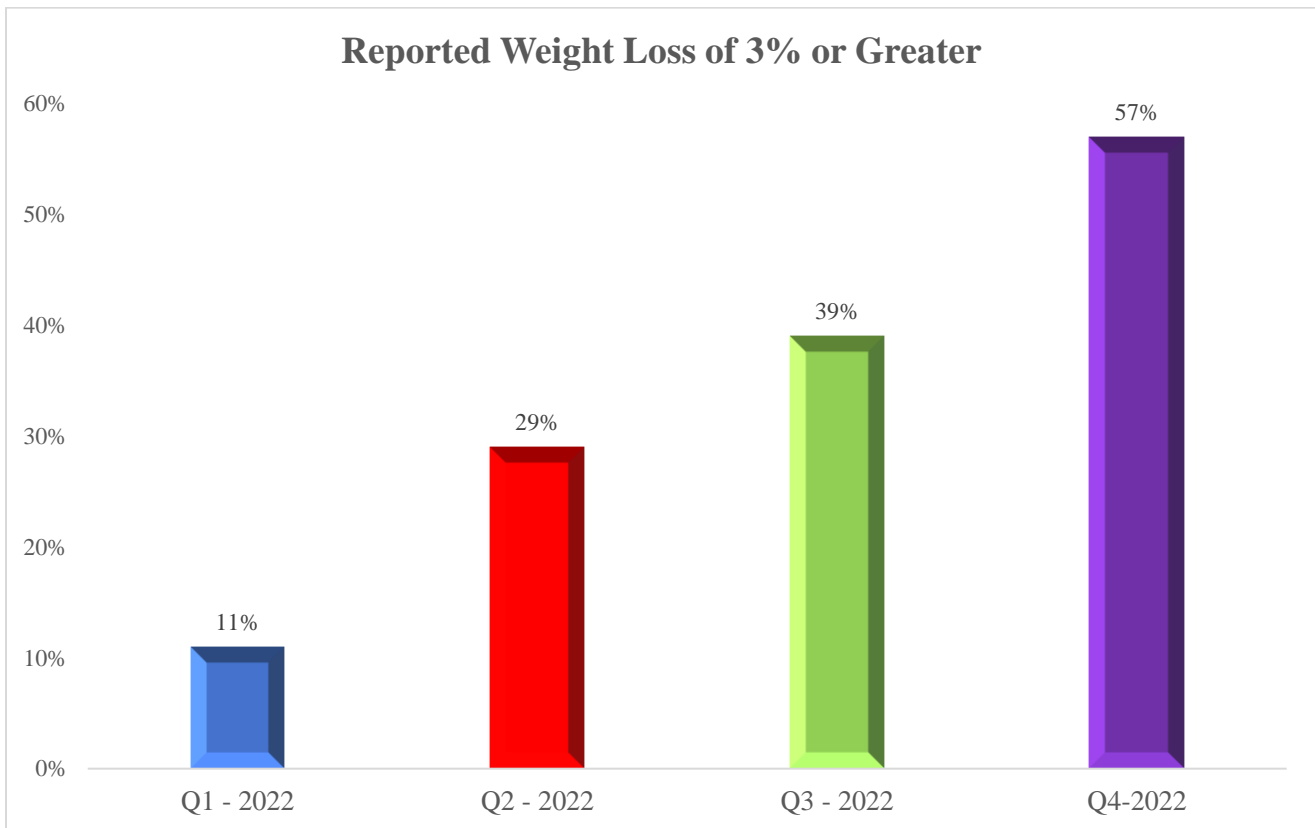
KHS offers various types of services directly through the KHS HE department or through community partnerships. Services through KHS continues to be the largest share of referral outcomes at 99% for Q3 2022. The rate of members who received health education services decreased from 45% in Q3 2022 to 26% in Q4 2022. The rate of members who did not show for services during Q4 decreased to 0% of registrants.



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Effectiveness of Health Education Services

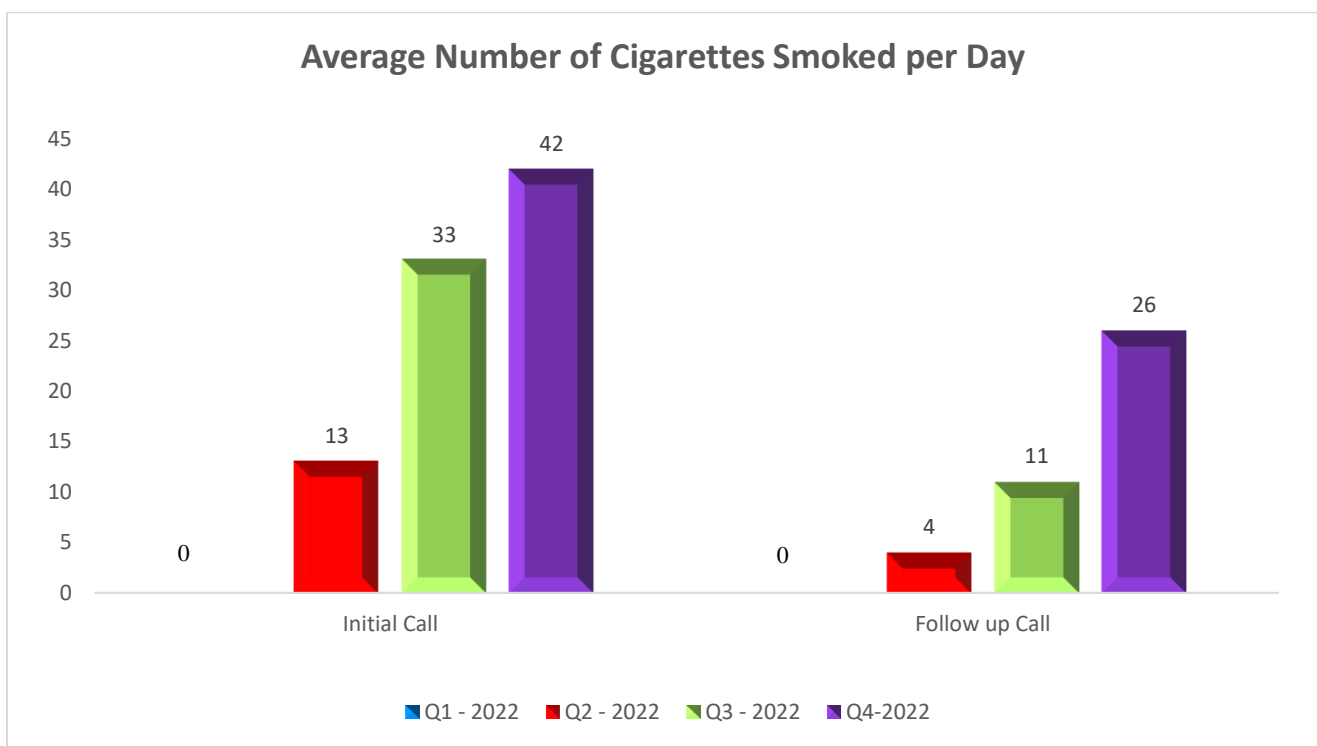
To evaluate the effectiveness of the health education services provided to members, a 3-month follow up call is conducted on members who received services during the prior quarter. This data comes from those who have participated in the HEAL classes. Progress on their weight-loss goal was provided by our member/s.



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Health Education offers services for those members who are wanting to quit nicotine products. The series is called Fresh Start. It is a four-class series that addresses the risk of using nicotine products and the benefits of quitting. The number of cigarettes smoked is recorded at the beginning of their journey during the outreach call. For members who vape or chew, a formula is used to calculate the equivalent to cigarettes smoked. 90 days after the last class attended, a follow-up call is made to see how the member is doing about their goals becoming a non-user of nicotine. The member will share the number of cigarettes (/puffs/chews) that are then being used.

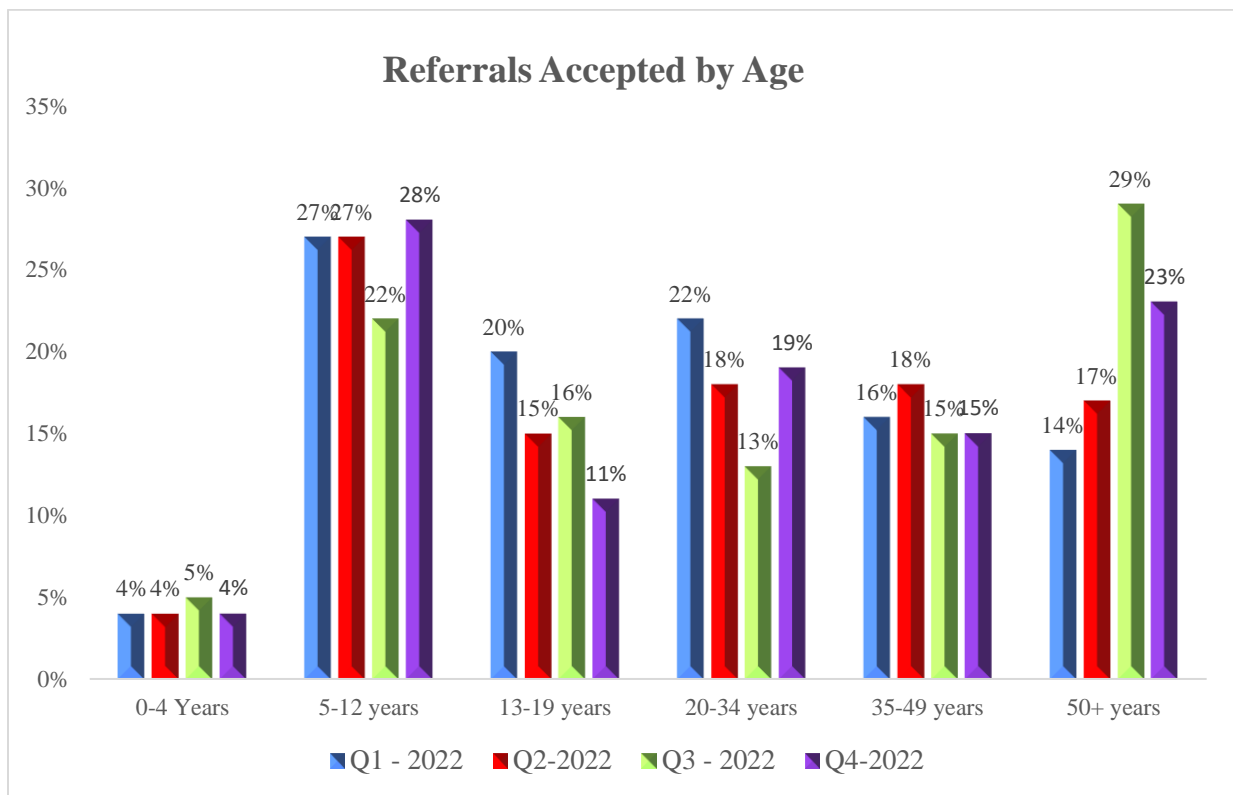
Quarter over quarter for the number of cigarettes smoked on the initial call was reported to be 9 cigarettes more from Q3 2022 to Q4 2022. Although, cigarette consumption decreases from the initial call to the follow-up call, it is not statistically significant.



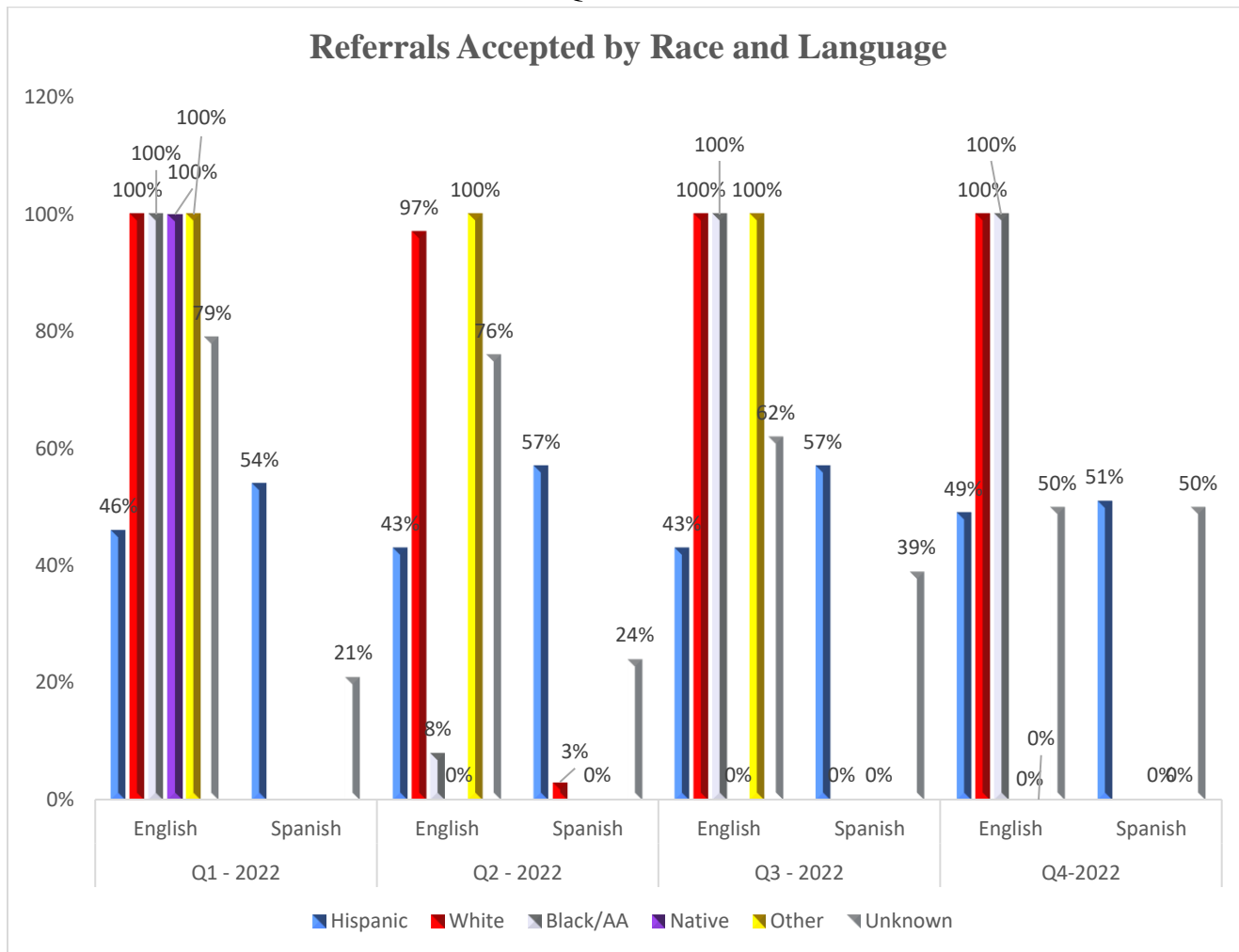
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Demographics of Members

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 50+ years. A breakdown of member classifications by race and language preferences revealed that many members who accepted services are Hispanic and preferred to receive services in English. During this last quarter the members who accepted services reside in Bakersfield with the highest concentration in the 93307 area. Additionally, the members who accepted services reside in the outlying areas of Kern County with the highest concentration live in Delano.



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4th Quarter 2022



Referrals Accepted by Top Zip Codes

Q1-2022	Q2-2022	Q3-2022	Q4-2022
93307	93306	93307	93307
93304	93307	93305	93304
93305	93304	93306	93306
Lamont	Lamont	Lamont	Delano
Arvin	Arvin	Arvin	Lamont
Delano	Wasco	Delano	Arvin

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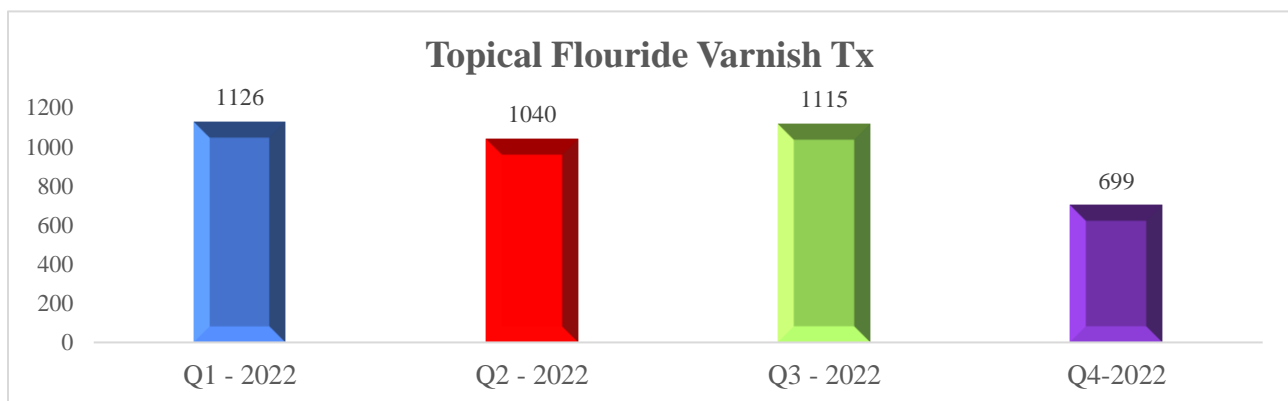
Health Education Mailings

The HE department mails out a variety of educational material to assist members with gaining knowledge on their specific diagnosis or health concern.

Activity and Eating Small Steps to a Healthier You	Educational Mailings			
	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Control High Blood Pressure	1	3	3	15
Control High Cholesterol	0	6	4	29
Diabetes Management	0	5	2	36
Eat Healthy	1	7	44	66
Exercise	3	5	5	256
Making Meals Better - School Age	3	5	5	256
Prenatal Health Guide	0	1	0	3
Postpartum Health Guide	575	643	637	666
Tobacco	1,083	1,272	1,296	1,258
Total	9493	57	10	18
	11,159	2,003	2,006	2,603

Topical Fluoride Varnish Treatments

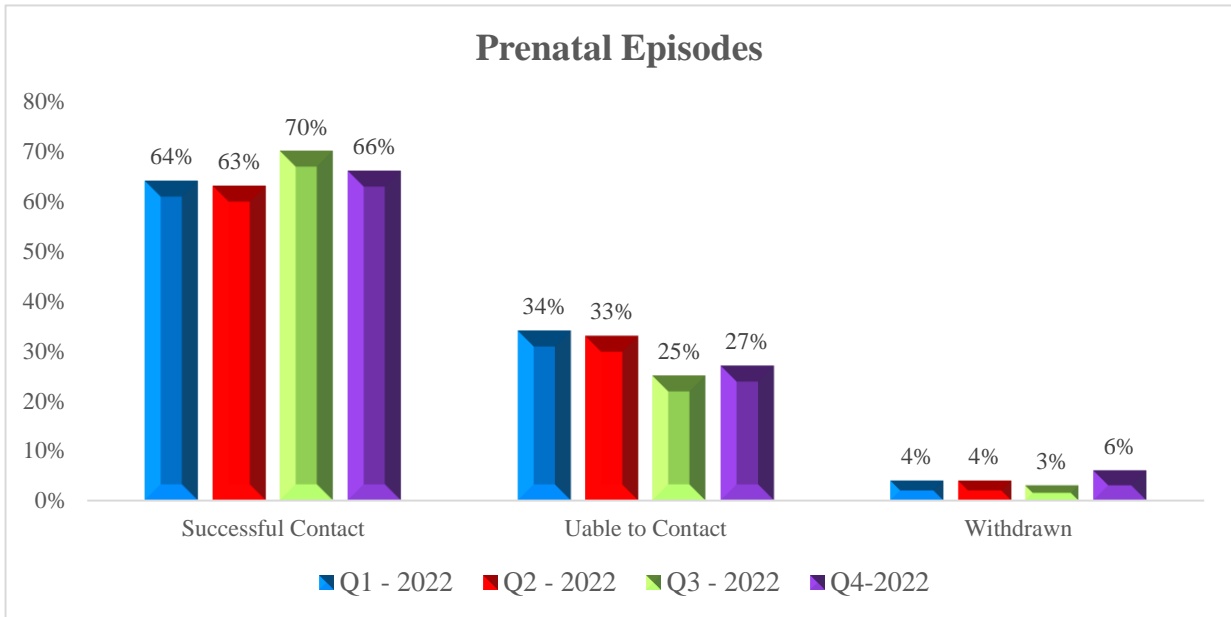
Fluoride varnish treatments are effective in preventing tooth decay and more practical and safer to use with young children. KHS covers up to three topical fluoride varnish treatments in a 12-month period for all members younger than 6 years.



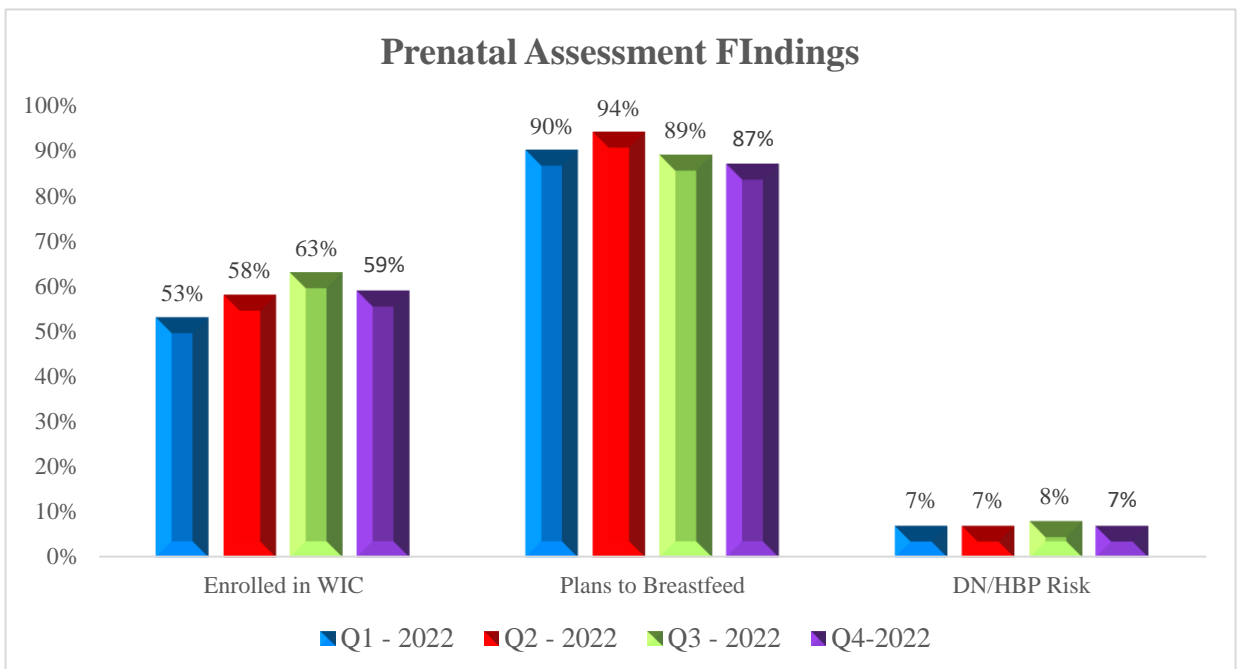
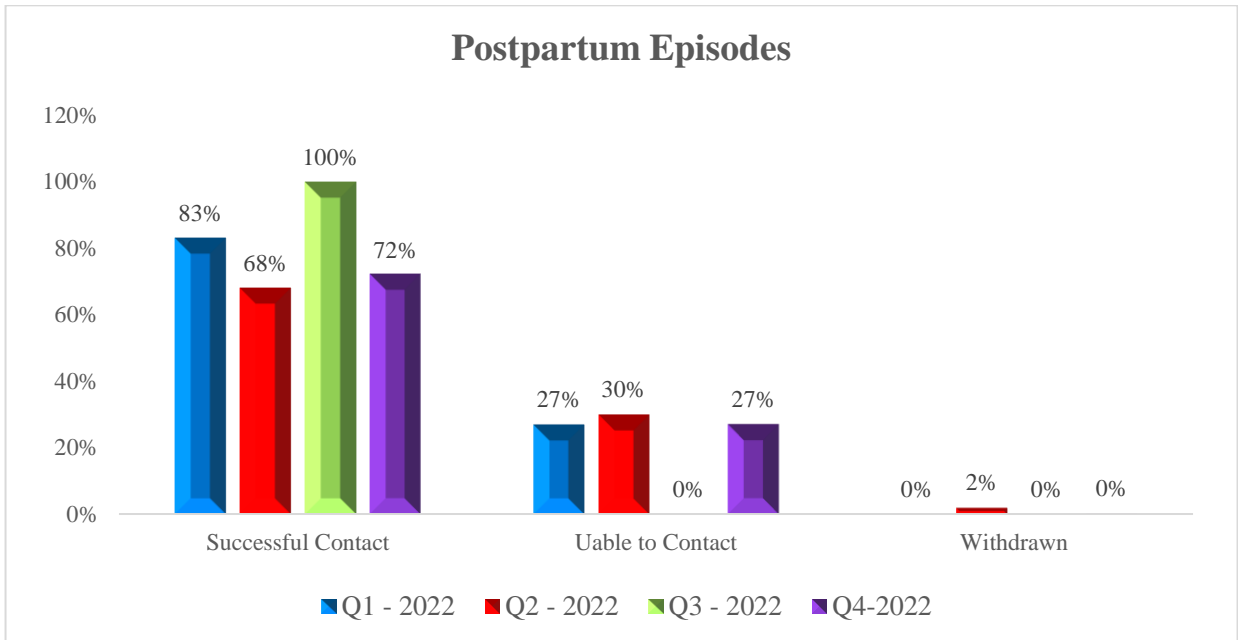
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Perinatal Outreach and Education

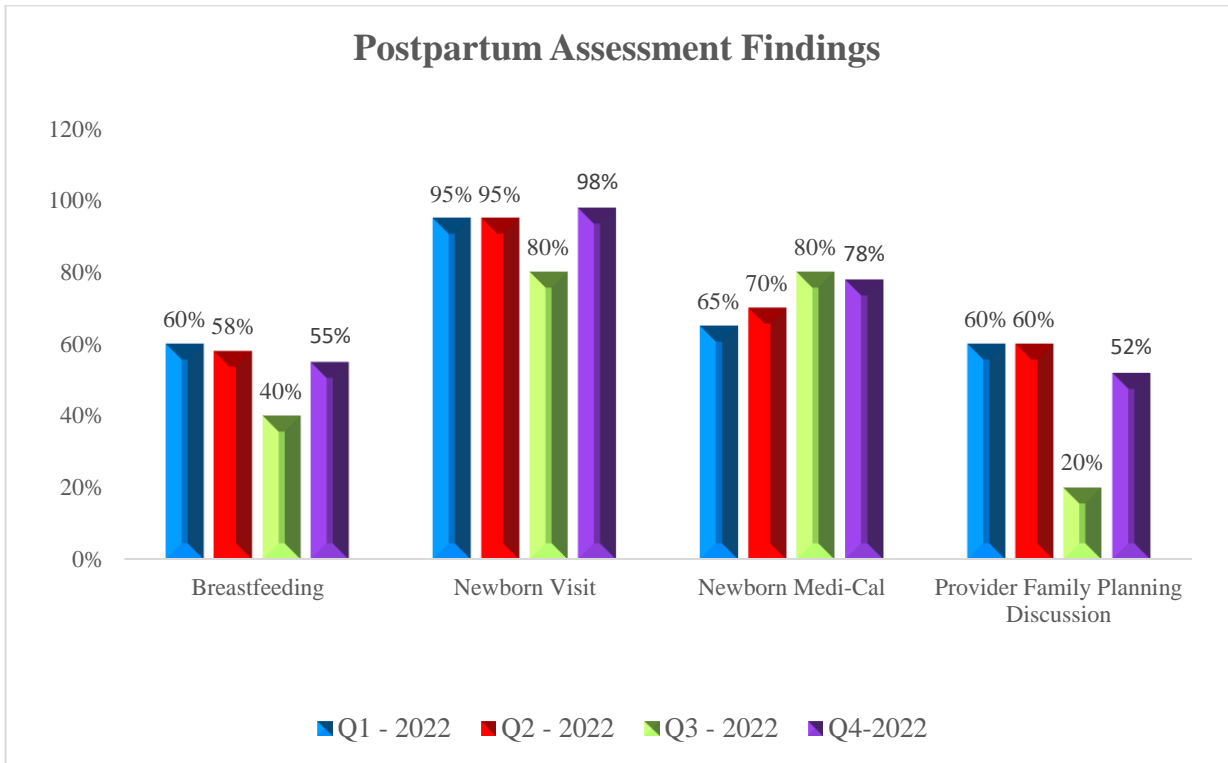
The HE department performs outreach education calls to members with a positive pregnancy test claim, pregnant teens (under age 18), and postpartum members with a Cesarean delivery or teen pregnancy delivery. In Q4 2022, 748 episodes for pregnant members were completed and the rate of successful contacts decreased from 70% to 66%. For postpartum, 457 episodes were completed, and the rate of successful contacts decreased from 100% to 72%.



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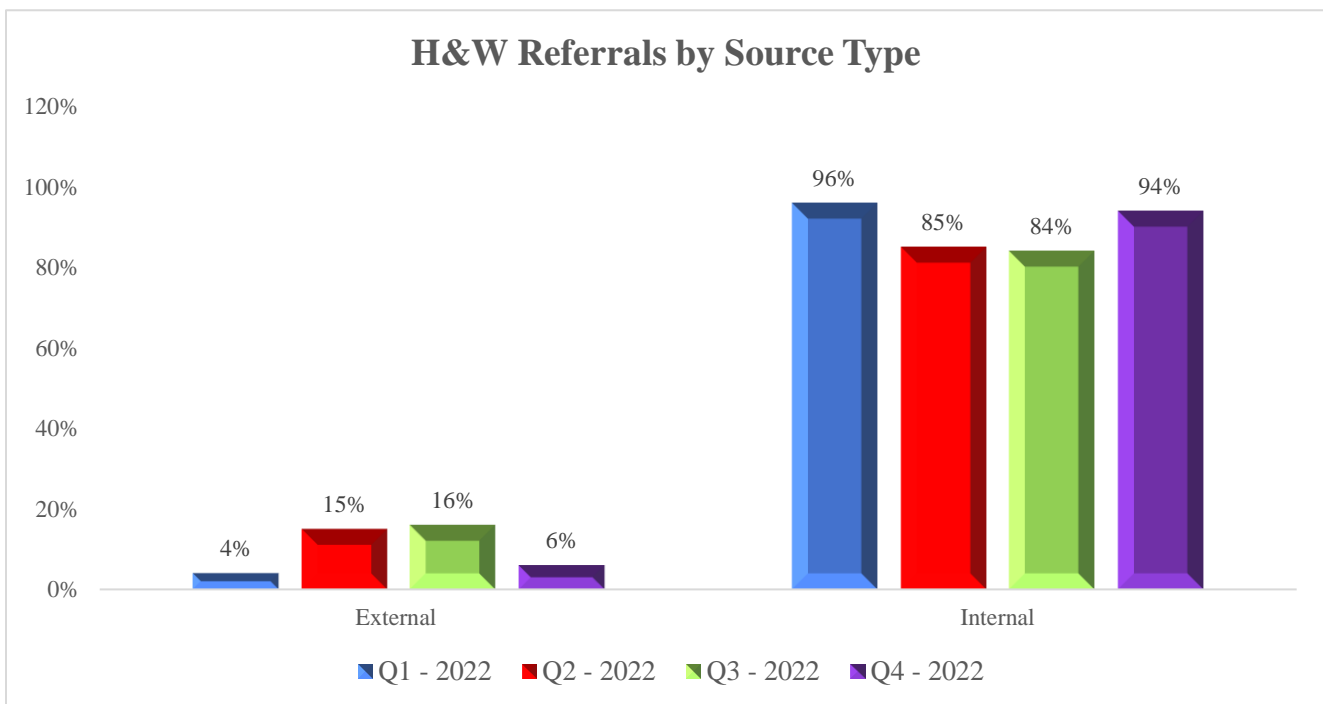
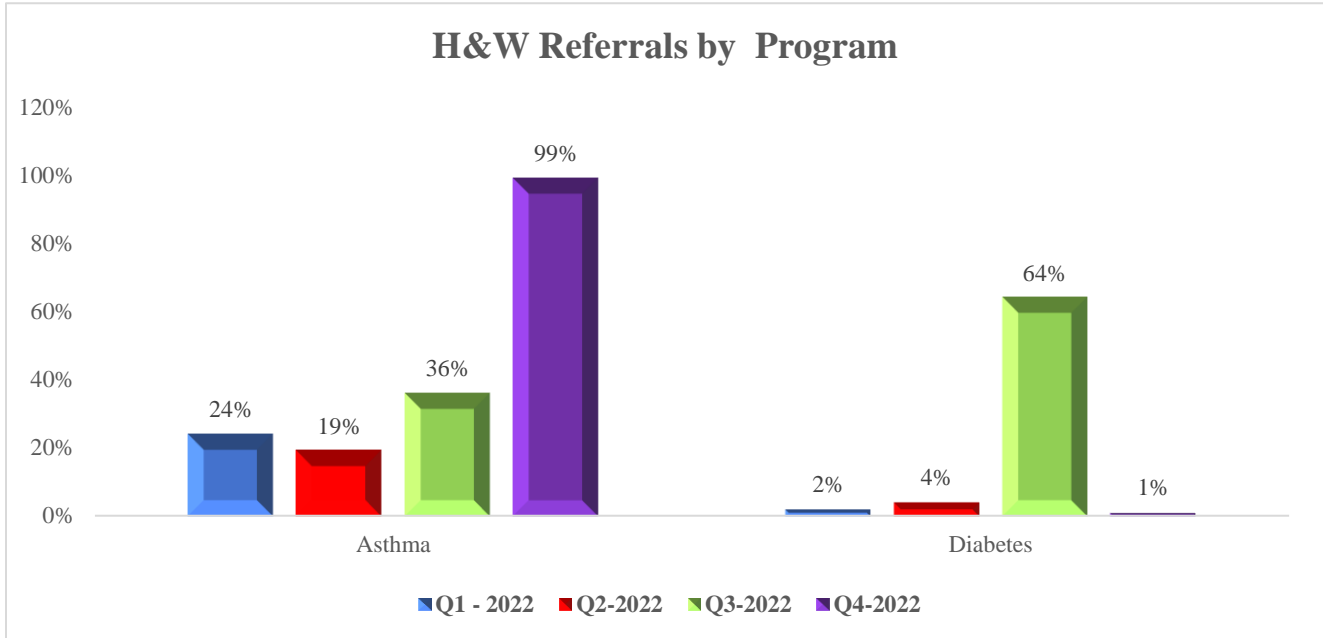


Health & Wellness Programs

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HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
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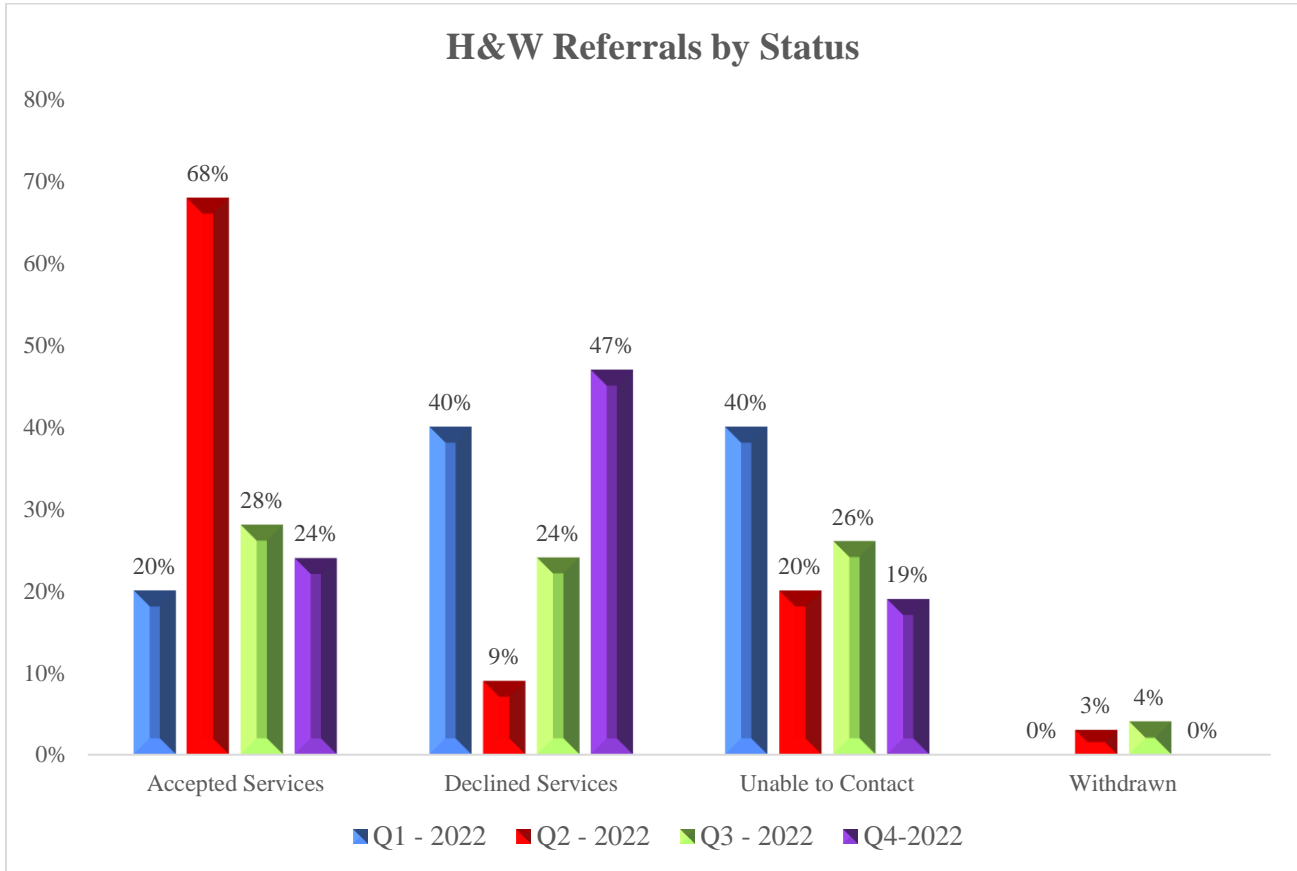
H&W REERRALS

During Q4 2022, there were 159 referrals for asthma education and 1 for DPP services which is a 53% decrease for H&W Referrals in comparison to the previous quarter.



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Below is a graph of H&W referrals by Status. The episodes in JIVA were closed for those members who declined services or whom we were unable to contact. There are episodes open for members who have accepted services and are still in the process of receiving these services.



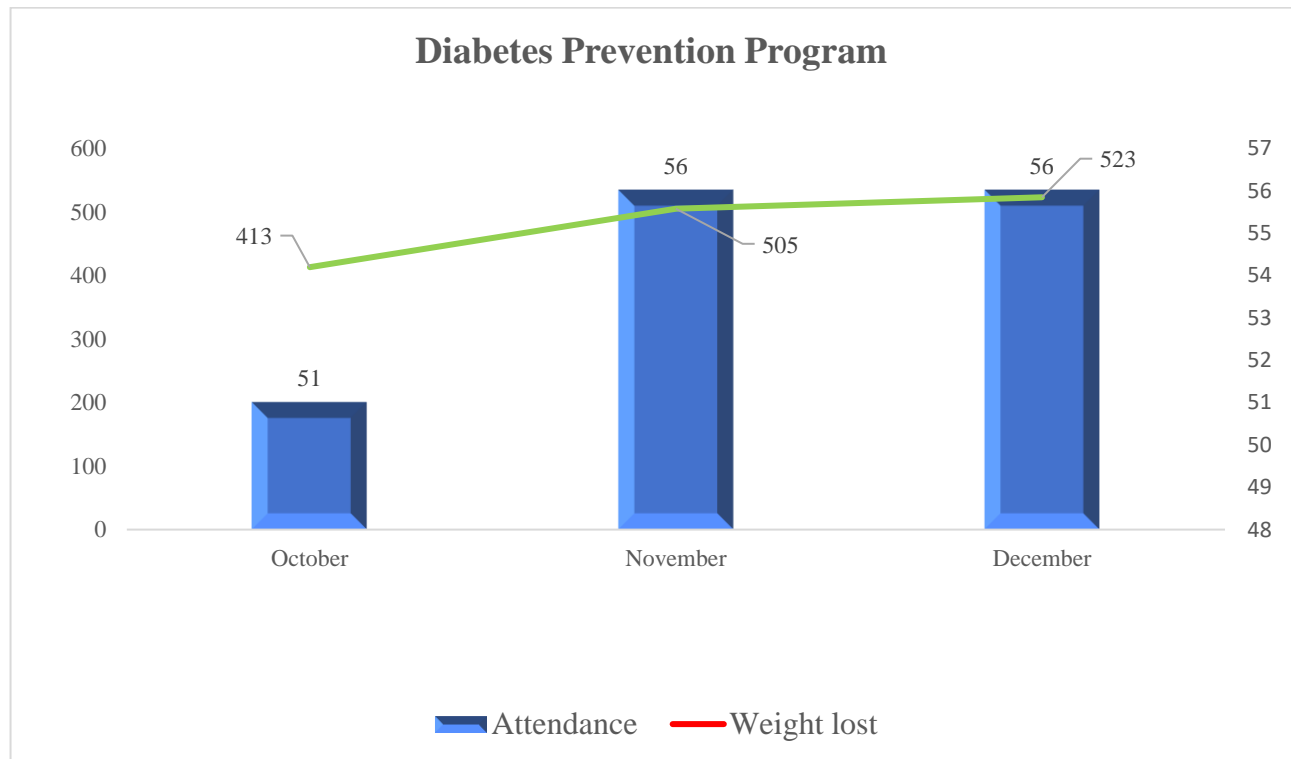
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Diabetic Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program, taught by peer coaches, designed to prevent, or delay the onset of type 2 diabetes among individuals diagnosed with pre-diabetes who meet the requirements for age, BMI, and prediabetes/risk determination. The participant cannot be pregnant or diagnosed with type 1 or type 2 diabetes at the time of enrollment.

The translated adaptation of the DPP lifestyle intervention is a yearlong structured program consisting of an initial 6-month phase. Within those six months there are 16 weekly classes for the first four months and 4 bi-weekly classes for the next 2 months. For the last six months one class is offered each month with one additional session offered for support, if individually necessary, for each of the last six months. Each session is facilitated by a trained Lifestyle Coach and offers a CDC-approved curriculum. There are regular opportunities for participants to interact with the Lifestyle Coaches. Each session focuses on behavior modification, managing stress and social support.

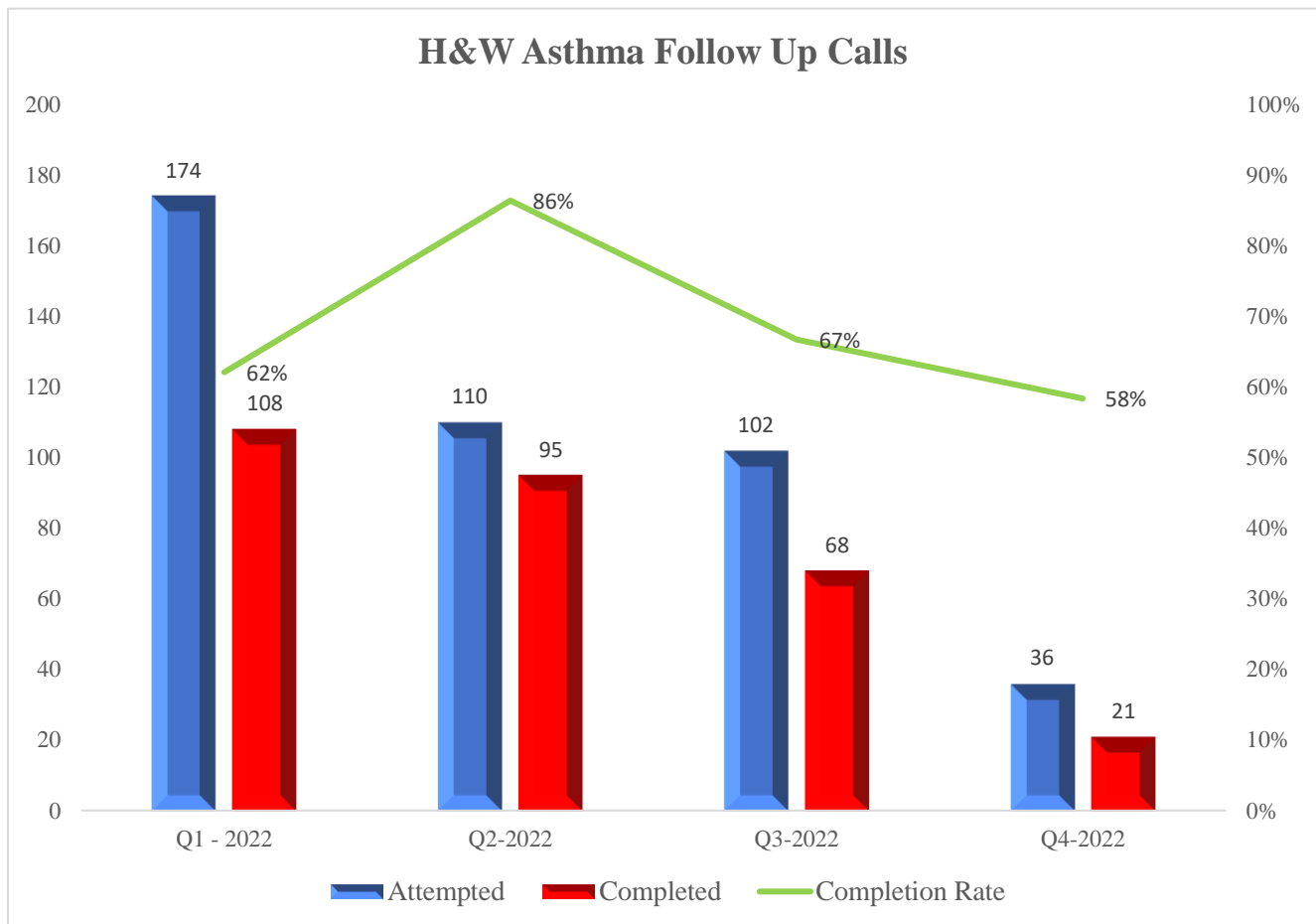
Classes for the 2022 cohorts began in April (Spanish) and August (English). There are a total of 56 members enrolled in the program. These cohorts have lost a combined total of 523 lbs.



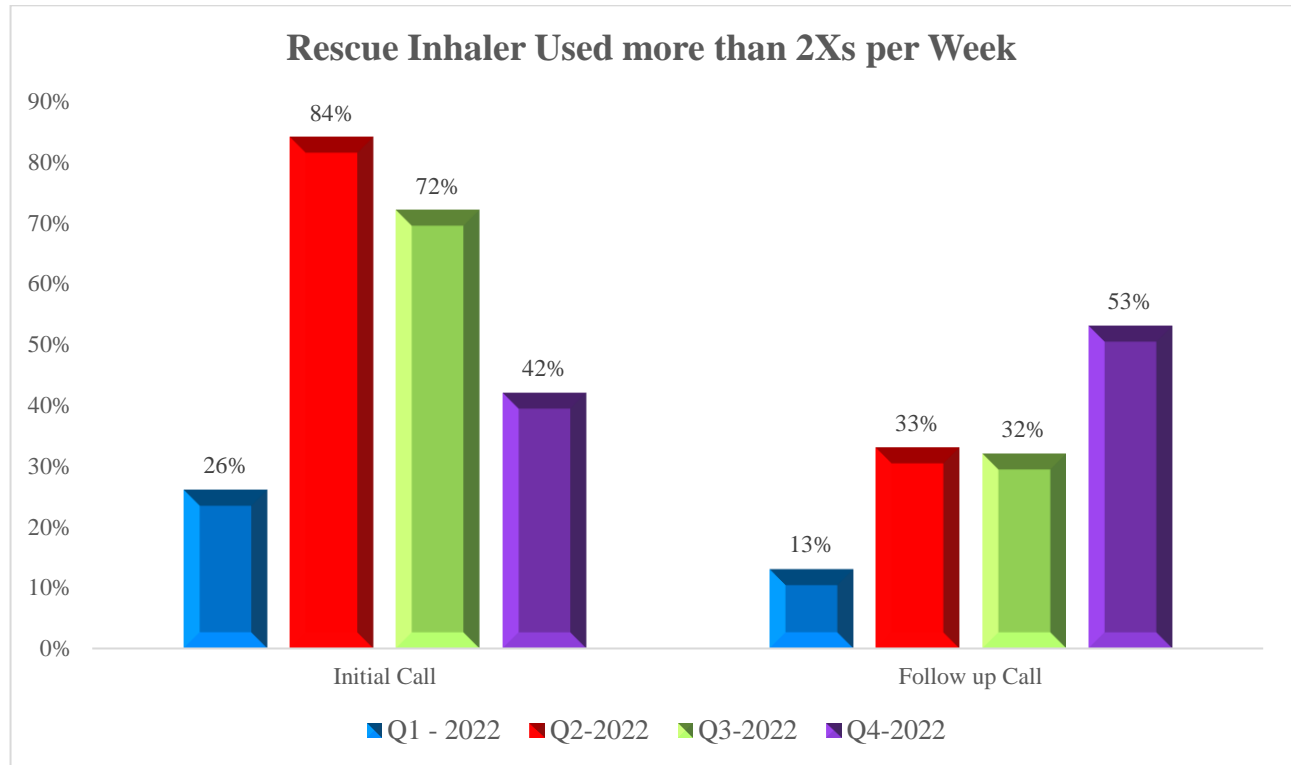
KERN HEALTH SYSTEMS
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Asthma Follow Up Calls

The H&W Team calls members who have attended KFHC asthma classes to offer asthma follow up assessments. These calls occur at 1 month, 3 months, and 6 months after attending the first class. During the assessments, members are asked about their quick relief medication use in the past 4 weeks. This is an indicator of their asthma control. During Q4 2022, the rate of members who report using their quick relief medication 3 or more times a week in the past 4 weeks increased from 42% during the initial call to 53% at the 3 month follow up.



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4th Quarter 2022



Asthma Home Visiting Programs

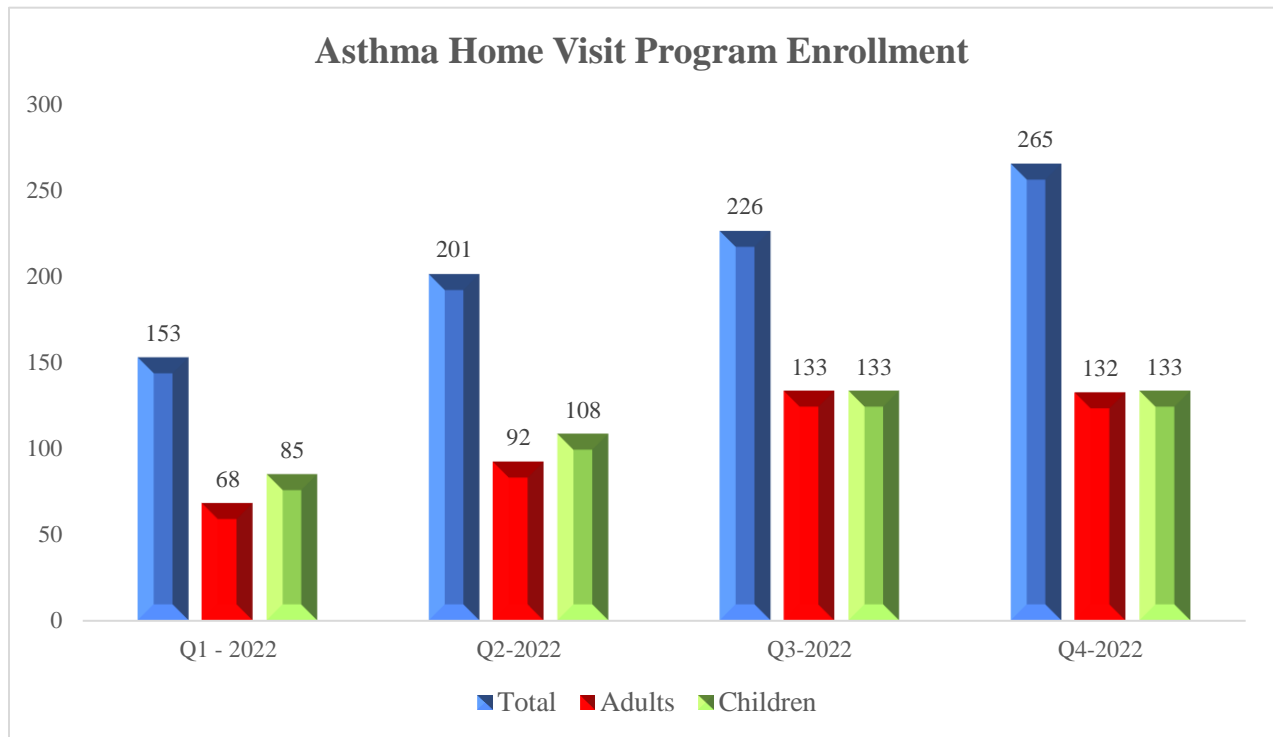
The HE Department offers home-based asthma education and remediation services to members with recent signs of high risk or uncontrolled asthma, such as hospital visits due to asthma emergencies, frequent rescue inhaler use, or frequent asthma symptoms. KHS has partnered with Central California Asthma Collaborative (CCAC) to offer home-based asthma programs to members.

The first program is called the Asthma Impact Model (AIM) Pilot. This program is being sponsored by KHS and includes a home asthma trigger assessment, asthma education, and free supplies to control or eliminate triggers and improve asthma management. The goals of this program are to improve asthma management outcomes, reduce costly health care utilization related to asthma, improve quality of life, and evaluate the impact of asthma home visiting services on a group of at least 60 members with high risk or uncontrolled asthma. Program enrollment began in March 2019 and will continue through December 2023. Each member is expected to participate for at least a year with follow up home visits and calls lasting through December 2023. The program enrollment goal was reached in June 2020. Some members disenrolled and new members enrolled in the program to maintain an active enrollment total of 60. So far, 58 members have participated for at least 1 year.

The second program is called the Asthma Mitigation Project (AMP). It is being funded by a statewide grant. It includes very similar services as the AIM Pilot. The goals of this program are essentially the same. However, the program enrollment goal is at least 200. Program enrollment began in March 2021 and continued through May 2023. Each member is expected to participate

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 4th Quarter 2022

for at least a 1-year period. The program enrollment goal was surpassed in May 2022. So far, 66 members have completed the program.

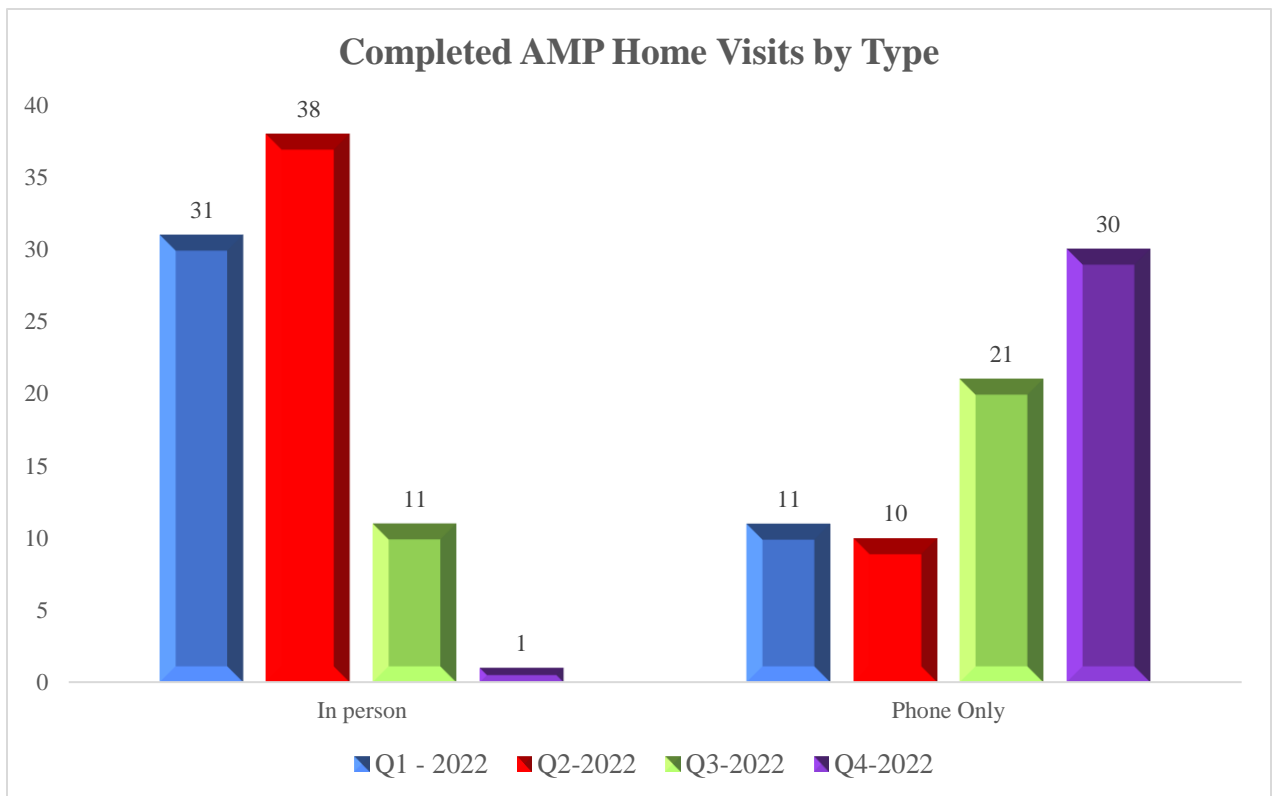
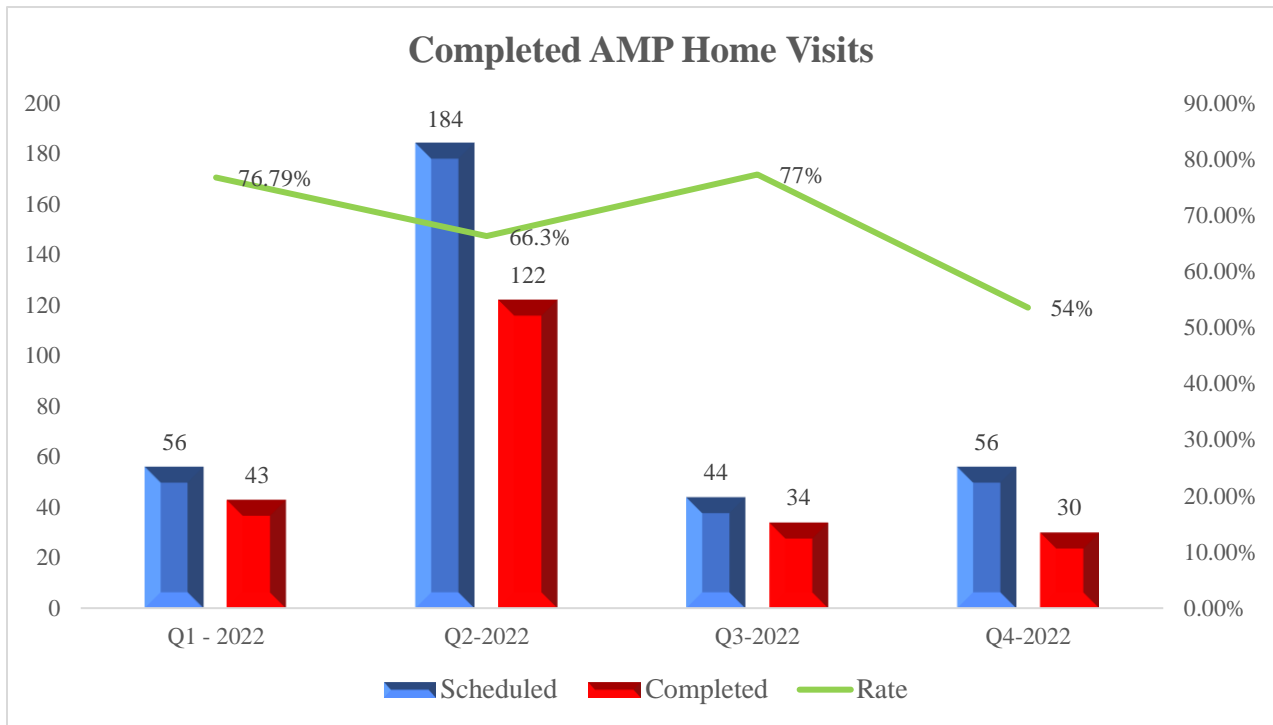


AIM Pilot includes home visits every 3 months. AMP includes 3 home visits that occur during the initial, 6th, and 12th months of program enrollment. Home visits include a home environmental assessment of asthma triggers and education on asthma and trigger management. Health workers also work with members to develop and implement asthma remediation plans, which may include low-cost products and supplies that reduce exposure to triggers in the home.

AIM Pilot follow up calls occur during the months in between home visits, AMP follow up calls occur at the 1st, 2nd, 3rd, and 9th months of the program. Follow up calls include asthma control assessments and referrals to any needed asthma or community resources. CCAC refers members to Kern County 211 or Community Action Partnership of Kern programs for community resources.

As of the 4th Quarter of 2022, the number of members enrolled in the AIM Pilot Program and the AMP were combined as seen in the graph above for Q4-2022.

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Cultural & Linguistic Services

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Interpreter Requests

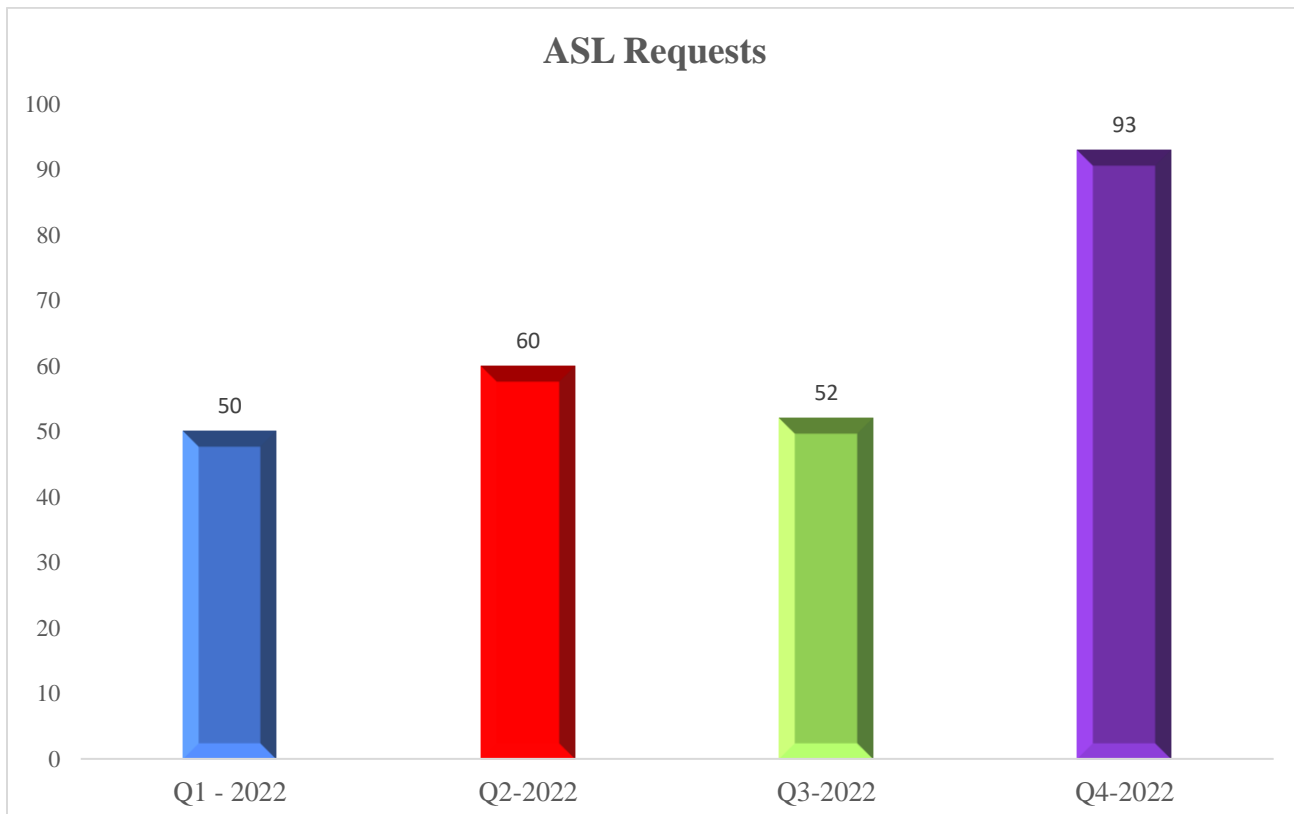
During this quarter, there were 133 requests for Face-to-Face Interpreting, 1443 requests for Telephonic Interpreting, 9 for Video Remote Interpreting (VRI) and 93 requests for an American Sign Language (ASL) interpreter.

Top Face-to-Face Interpreting Languages Requested

Q1 2022	Q2 2022	Q3 2022	Q4 2022
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Farsi	Vietnamese	Vietnamese	Arabic

Top Telephonic Interpreting Languages Requested

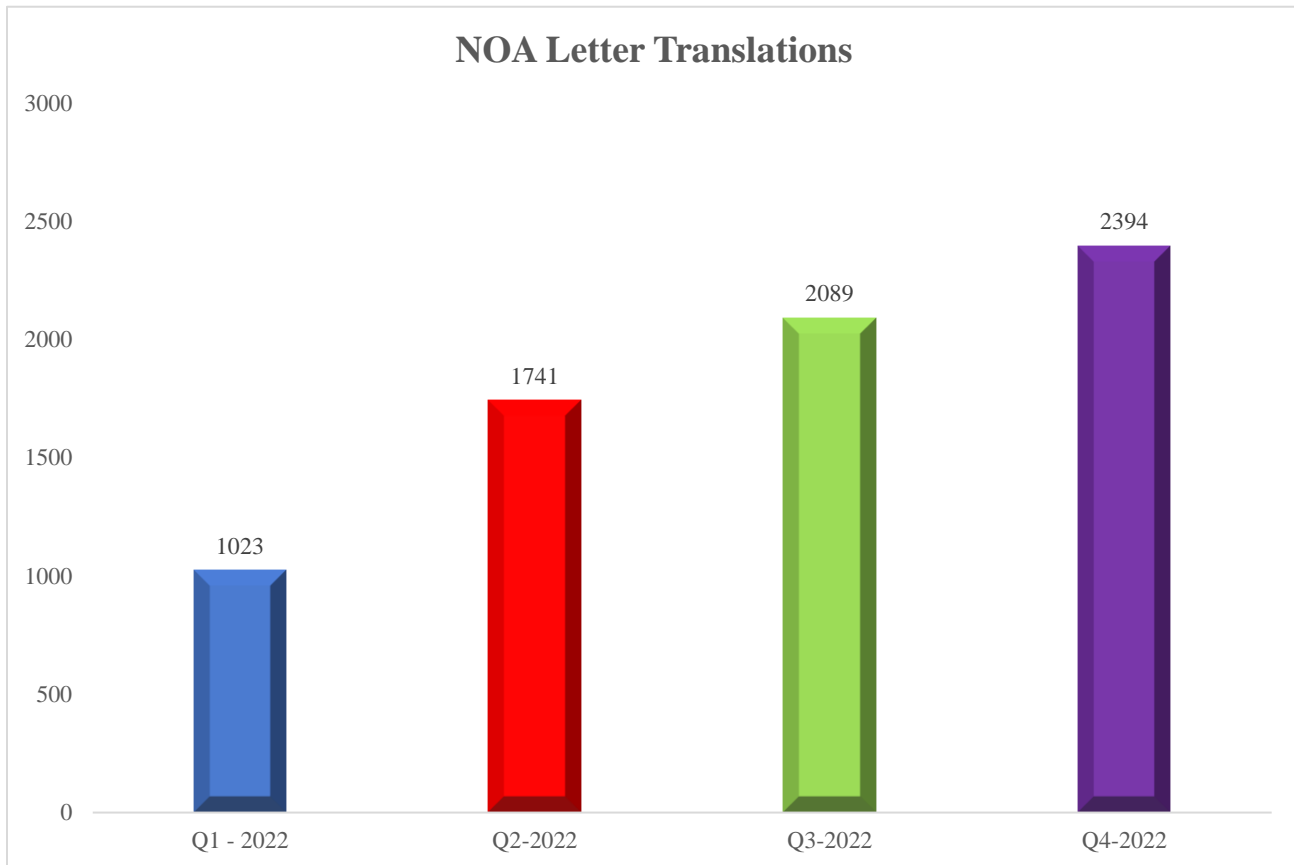
Q1 2022	Q2 2022	Q3 2022	Q4 2022
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Arabic	Arabic	Arabic	Arabic



KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

Written Translations

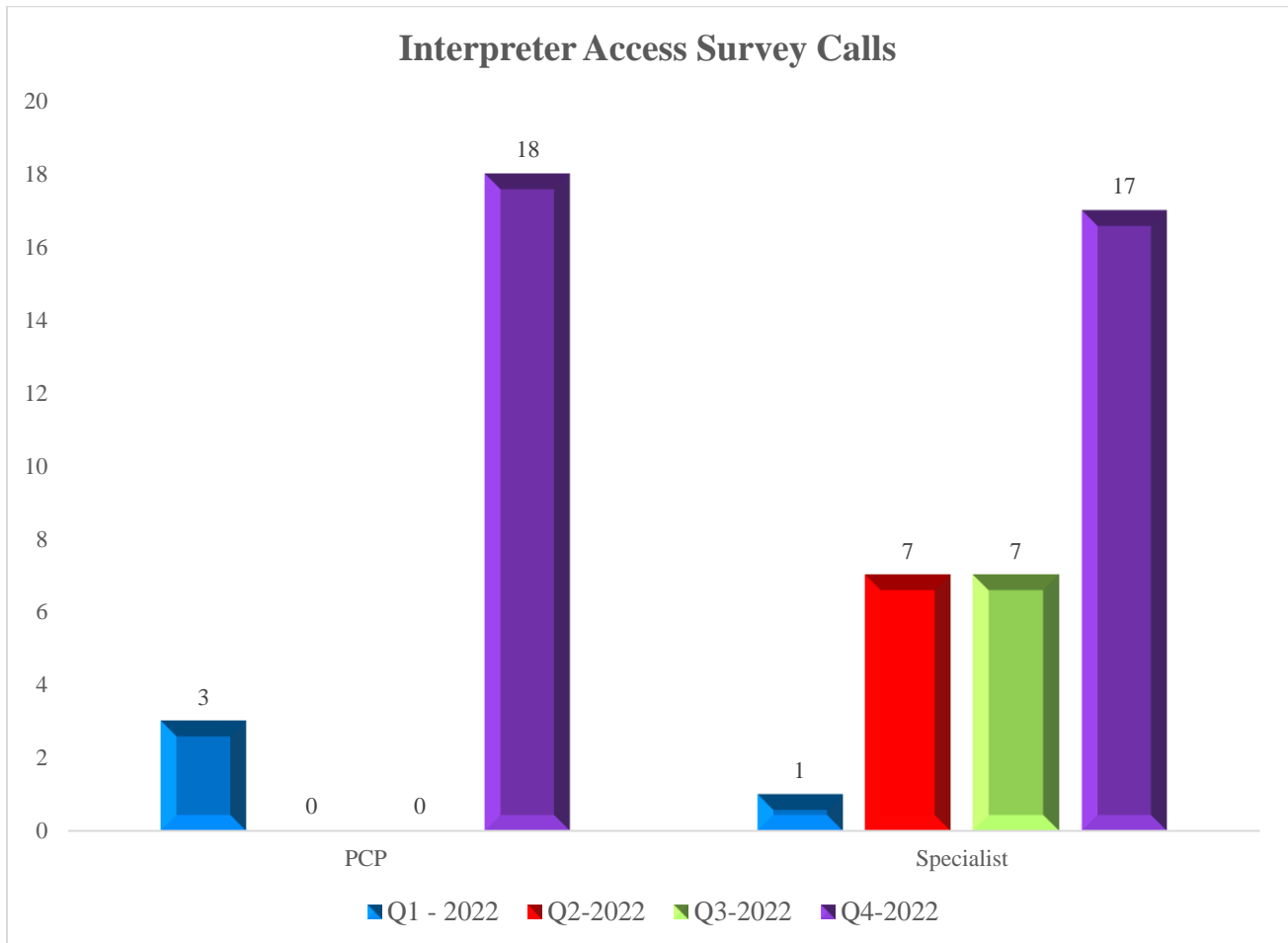
The HE department coordinates the translation of written documents for members. Translations are performed in-house by qualified translators or outsourced through a contracted translation vendor. During this quarter, 2,394 requests for written translations were received.



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4th Quarter 2022

Interpreter Access Survey Calls

Each quarter, the Provider Network Management department conducts an interpreter access survey among KHS providers. During the 4th quarter, 18 PCPs and 17 Specialists participated in this survey.





To: KHS Public Policy

From: Nate Scott

Date: March 28, 2023

Re: Executive Summary for 4th Quarter 2022 Operational Board Update - Grievance Report

Background

Executive Summary for 4th Quarter 2022 Operational Board Update - Grievance Report:

When compared to the previous four quarters, we have identified the following trends as they relate to the Grievances and Appeals received during the 4th Quarter, 2022.

- The Plan historically sees a lower volume of Grievance and Appeals in the fourth quarter of the year.
- Where we saw fewer Exempt grievances, we saw a rise in Quality of Care and Quality of Service issues.
- Of the 1,353 Standard Grievance and Appeal cases, 743 were closed in favor of the Plan and 544 closed in favor of the Enrollee. At the time of reporting, 66 cases were still open for review.

Requested Action

Receive and File

4th Quarter 2022 Grievance Report

Category	4 th Quarter 2022	Status	Issue	Q3 2022	Q2 2022	Q1 2022	Q4 2021
Access to Care	108	Green	Appointment Availability	132	117	169	131
Coverage Dispute	0	Green	Authorizations and Pharmacy	0	0	0	0
Medical Necessity	335	Green	Questioning denial of service	346	259	138	266
Other Issues	38	Green	Miscellaneous	30	20	41	36
Potential Inappropriate Care	670	Yellow	Questioning services provided. All cases forwarded to Quality Dept.	514	415	479	256
Quality of Service	156	Yellow	Questioning the professionalism, courtesy and attitude of the office staff. All cases forwarded to PR Department	86	120	125	55
Discrimination (New Category)	46	Green	Alleging discrimination based on the protected characteristics	73	34	15	0
Total Formal Grievances	1353	Green		1181	965	967	744
Exempt	1816	Yellow	Exempt Grievances-	2328	2087	1404	1431
Total Grievances (Formal & Exempt)	3169	Green		3509	3052	2371	2175

Additional Insights-Formal Grievance Detail

Issue	2022 4 th Quarter Grievances	Upheld Plan Decision	Further Review by Quality	Overtaken Ruled for Member	Still Under Review
Access to Care	59	27	0	25	7
Coverage Dispute	0	0	0	0	0
Specialist Access	49	25	0	18	6
Medical Necessity	335	146	0	181	8
Other Issues	38	22	0	11	5
Potential Inappropriate Care	670	381	26	263	
Quality of Service	156	103	0	44	9
Discrimination	46	39	0	2	5
Total	1353	743	26	544	40





KERN HEALTH SYSTEMS

To: KHS Public Policy

From: Nate Scott

Date: March 28, 2023

Re: Executive Summary for 4th Quarter 2022 Grievance Summary Report

Background

Executive Summary for the 4th Quarter Grievance Summary Report:

The Grievance Summary Report supports the high-level information provided on the Operational Report and provides more detail as to the type of grievances KHS receives on behalf of our members.

Kaiser Permanente Grievances and Appeals

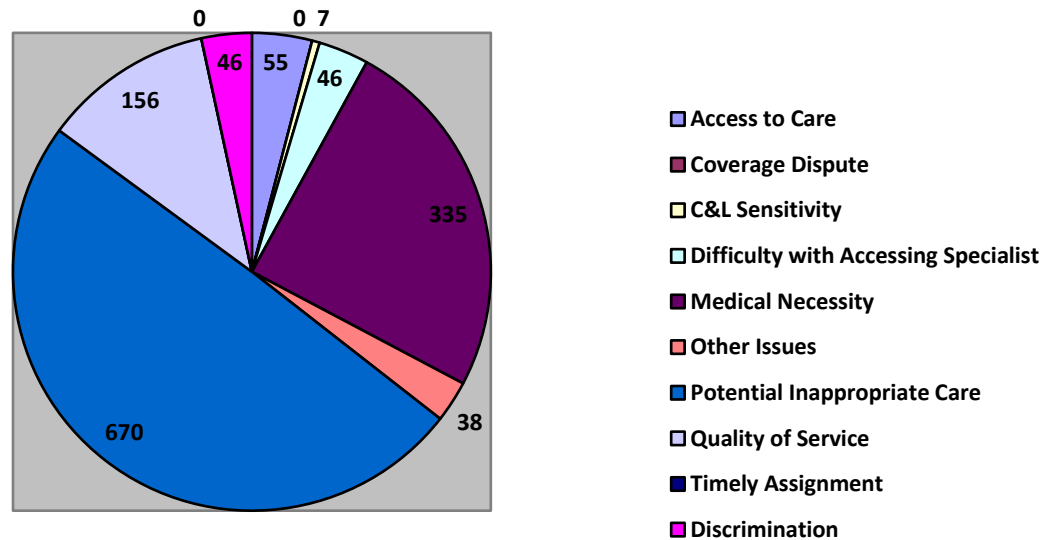
During the fourth quarter of 2022, there were one hundred and forty-four grievances and appeals received by KFHC members assigned to Kaiser Permanente. Sixteen cases closed in favor of the Plan. Eighty-Seven closed in favor of the Enrollee. At the time of reporting, twenty-six cases were still open for review.

Requested Action

Receive and File

4th Quarter 2022 Grievance Summary

Issue	Number	In Favor of Health Plan	Under Review by Q.I	In favor of Enrollee	Still under review
Access to care	55	24	0	24	7
Coverage dispute	0	0	0	0	0
Cultural and Linguistic Sensitivity	7	5	0	1	1
Difficulty with accessing specialists	46	23	0	18	5
Medical necessity	335	146	0	181	8
Other issues	38	22	0	11	5
Potential Inappropriate care	670	381	26	263	0
Quality of service	156	103	0	44	9
Timely assignment to provider	0	0	0	0	0
Discrimination	46	39	0	2	5



Type of Grievances

KHS Grievances per 10,000 members = 13.40/month

During the fourth quarter of 2022, there were one thousand, three hundred and fifty-three standard grievances and appeals received. Five hundred and forty-four cases were closed in favor of the Enrollee. Seven hundred and forty-three cases were closed in favor of the Plan. Twenty-six cases are under review by the KHS Quality Improvement Department. Forty cases are still under review. Of the one thousand, three hundred and fifty-three standard grievances and appeals received, one thousand two hundred and seventy cases closed within thirty days; eighty-three cases were pending and closed after thirty days.

4th Quarter 2022 Grievance Summary

Access to Care

There were fifty-five grievances pertaining to access to care. Twenty-four closed in favor of the Plan. Twenty-four cases closed in favor of the Enrollee. Seven cases are still under review. The following is a summary of these issues:

Ten members complained about the lack of available appointments with their Primary Care Provider (PCP). Three cases closed in favor of the Plan after the responses indicated the offices provided the appropriate access to care based on the Access to Care standards. Seven 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.

Twenty-five 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 a scheduled appointment or the members were at the offices to be seen as a walk-in, which are not held to the Access to Care standards. Ten 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. Five cases are still pending review.

Eleven 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 case is still pending review.

Nine members complained about a provider not submitting a referral authorization request in a timely manner. Five cases closed in favor of the Plan after it was determined the referral authorization request had been submitted in a timely manner. Three cases closed in favor of the Enrollee after it was determined the referral authorization request may not have been submitted in a timely manner. One case is still pending review.

Coverage Dispute

There were no grievances pertaining to a Coverage Dispute issue.

Cultural and Linguistic Sensitivity

Seven members complained about the lack of available interpreting services to assist during their appointments. One case closed in favor of the Enrollee after the response from the provider indicated the member may not have been provided with the appropriate access to interpreting services. Five cases closed in favor of the Plan after the responses from the providers indicated the members were provided with the appropriate access to interpreting services. One case is still pending review.

Difficulty with Accessing a Specialist

4th Quarter 2022 Grievance Summary

There were forty-six grievances pertaining to Difficulty Accessing a Specialist. Twenty-three cases closed in favor of the Plan. Eighteen cases closed in favor of the Enrollee. Five cases are still under review. The following is a summary of these issues:

Eight members complained about the lack of available appointments with a specialist. Three cases closed in favor of the Plan after the responses indicated the members were provided the appropriate access to specialty care based on the Access to Care Standards. Three 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. Two cases are still under review.

Thirteen members complained about the wait time to be seen for a specialist appointment. Seven cases closed in favor of the Plan after the response indicated the member was provided with the appropriate wait time for a scheduled appointment based on the Access to Care Standards. Five cases closed in favor of the Enrollee after the response indicated the member may not have been provided with the appropriate wait time for a scheduled appointment based on the Access to Care Standards. One case is still under review.

Twelve members complained about the telephone access availability with a specialist office. Five cases closed in favor of the Plan after the response indicated the member was provided with the appropriate telephone access availability. Five cases closed in favor of the Enrollee after the response indicated the member may have not been provided with the appropriate telephone access availability. Two cases are still under review.

Nine members complained about a provider not submitting a referral authorization request in a timely manner. Six cases closed in favor of the Plan after it was determined the referral authorization request had been submitted in a timely manner. Three cases closed in favor of the Enrollee after it was determined the referral authorization request may not have been submitted in a timely manner.

Two members complained about the availability with scheduling Non-Emergency Medical Transportation. Two of the cases closed in favor of the Plan after the responses determined the member received the appropriate scheduling from the transportation vendor.

Two members complained about Physical Access with a specialist. Two cases closed in favor of the Enrollee after it was determined the member may not have been provided with the appropriate service.

Medical Necessity

There were three hundred and thirty-five appeals pertaining to Medical Necessity. One hundred and forty-six cases were closed in favor of the Plan. One hundred and eighty-one cases closed in favor of the Enrollee. Eight cases are still under review. The following is a summary of these issues:

Three hundred and thirty-five members complained about the denial or modification of a referral authorization request. One hundred and thirty-four of the cases were closed in

4th Quarter 2022 Grievance Summary

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. Twelve of the cases were closed in favor of the Plan and partially overturned. One hundred and eighty-one cases were closed in favor of the Enrollee as it was determined medical necessity was met and the denials were overturned and approved. Eight cases are still under review.

Other Issues

There were thirty-eight grievances pertaining to Other Issues that are not otherwise classified in the other categories. Twenty-two cases were closed in favor of the Plan after the responses indicated appropriate service were provided. Eleven cases closed in favor of the Enrollee after the responses indicated appropriate service may not have been provided. Five cases are under review.

Potential Inappropriate Care

There were six hundred and seventy grievances involving Potential Inappropriate Care issues. These cases were forwarded to the Quality Improvement (QI) Department for their due process. Upon review, three hundred and eighty-one cases were closed in favor of the Plan, as it was determined a quality-of-care issue could not be identified. Two hundred and sixty-three cases were 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. Twenty-six cases are still pending further review with QI.

Quality of Service

There were one hundred and fifty-six grievances involving Quality of Service issues. One hundred and three cases closed in favor of the Plan after the responses determined the members received the appropriate service from their providers. Forty-four cases closed in favor of the Enrollee after the responses determined the members may not have received the appropriate services. Nine cases are under review.

Timely Assignment to Provider

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

Discrimination

There were forty-six grievances pertaining to Discrimination. Thirty-nine cases closed in favor of the Plan as there was no discrimination found. Two cases closed in favor of the Enrollee after the response determined the member may not have received the appropriate service. Five cases are still open, pending investigation and resolution. All grievances related to Discrimination, are forwarded to the DHCS Office of Civil Rights upon closure.

4th Quarter 2022 Grievance Summary

Kaiser Permanente Grievances and Appeals

Kaiser Grievances per 10,000 members = 32.80/month

During the fourth quarter of 2022, there were one hundred and forty-four grievances and appeals received by KFHC members assigned to Kaiser Permanente. Sixteen cases closed in favor of the Plan. Eighty-Seven closed in favor of the Enrollee. Forty-one cases are still pending.

Access to Care

There were thirty-four grievances pertaining to Access to Care. Twenty cases closed in favor of Enrollee. Three cases are closed in favor of Plan. Eleven cases are still pending review.

Medical Necessity

There were seven appeals pertaining to Medical Necessity. Six cases closed in favor of Plan. One case is still under review.

Other Issues

There were seventy-one grievances pertaining to Other Issues. Forty-seven cases closed in favor of Enrollee. Four cases closed in favor of Plan. Twenty cases are still under review.

Quality of Care

There were nine grievances pertaining to Quality of Care. Six cases closed in favor of Enrollee. Two cases closed in favor of Plan. One case is still under review.

Quality of Service

There were twenty-three grievances pertaining to a Quality of Service. Fourteen cases closed in favor of Enrollee. One case closed in favor of Plan. Eight cases are still under review.



To: KHS Public Policy/Community Advisory Committee

From: Louis Iturriria

Date: March 28, 2023

Re: Marketing & Member Engagement Report

Background

The enclosed PowerPoint presentation covers our new advertising media campaign and how we are preparing for the restart of Medi-Cal Redeterminations.

Our “You + Us = a better day!” media campaign leverages our 25+ years foundation and commitment to our community. The vision for our “You + Us = a better day!” media campaign emphasizes our Kern County roots as an organization that provides equitable health care benefits and programs specific to the needs and circumstances of Kern County’s diverse Medi-Cal population.

The Consolidated Appropriations Act of 2023 passed by Congress decoupled redeterminations from the Public Health Emergency declaration. The unwinding of Medi-Cal continuous enrollment provision will begin April 1 for Medi-Cal eligibles who are due to renew their Medi-Cal eligibility in June 2023. KHS continues to partner with the Kern County Department of Human Services to support county renewal efforts. This includes a formal agreement with the Department, sharing renewal data with KFHC members, staff, and providers, outreaching to members who need to complete the renewal process, and engaging community partners to support county renewal efforts.

Requested Action

Receive and File

Marketing & Member Engagement Report



Louis Iturriria, Senior Director Marketing & Member Engagement



2023-2024 KFHC Advertising Campaign



2023-2024 Advertising Campaign Strategy

- Our goal is to emphasize we are a caring health plan along with our Kern County roots...an organization that provides equitable health care benefits and programs specific to the needs of Kern County's diverse Medi-Cal population
 - To highlight our local roots, it was important to include rural communities such as Delano, Caliente, and the desert communities in East Kern...along with our largest industry, agriculture.
 - To promote our programs and services that meet the needs of our members, we shared our commitment to improving access to care and programs we are proud of such as recuperative care and school wellness.



Billboard/Transit/Digital/Print Campaign

You + Us =
a better day!



Usted + Nosotros =
¡un día mejor!

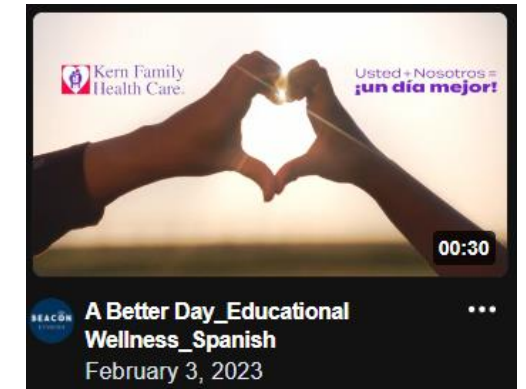
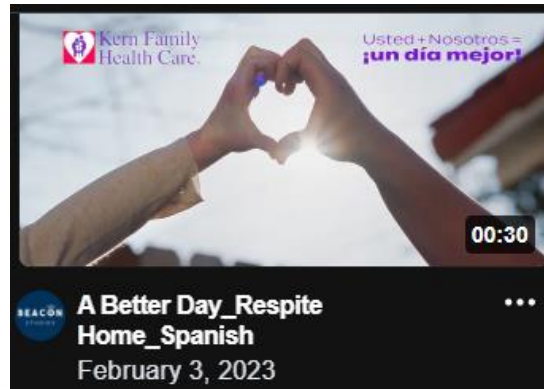


Television Campaign

English :30 second commercials (click on each graphic for links)



Spanish :30 second commercials (click on each graphic for links)



Preparing for the Restart of Medi-Cal Redeterminations



KHS Supports County Renewal Efforts

Partnership with the Kern County Department of Human Services

- Agreement includes:
 - Demographic updates data exchange
 - Monthly membership file exchange that DHS will report which member requires an annual redetermination at the following times:
 - 60 and 30 days prior to the due date
 - 10 days prior to disenrollment date or two days after 10-day notice
 - Dedicated Human Services Technicians (HST) to provide eligibility services to KFHC members at KHS
 - Help our members over the phone or in person at our building



KHS Supports County Renewal Efforts (cont.)

How will our agreement with DHS support local renewal efforts?

- Share member renewal data with our staff so we can inform members of their renewal due date when talking to them
- Share renewal data with members and providers
 - Via our member and provider portals
- Outreach to members who need to complete renewal via phone calls, text, mail, robocalls, etc.



KHS Supports County Renewal Efforts (cont.)

How will our agreement with DHS support local renewal efforts? (cont.)

- Engage Provider & Community Partners
 - Share renewal data with local enrollment entities
 - Provider partners like Clinica Sierra Vista and Omni Family Health have successful enrollment teams who support county enrollment and reenrollment efforts
 - They will outreach to our members and help them complete the renewal process
 - Collaborate with Community Partners to support local renewal efforts
 - Assist members who are no longer eligible find other coverage options through local enrollment navigators



You + Us = a better day!





To: Public Policy/Community Advisory Committee

From: Flor Del Hoyo, MPH

Date: March 28, 2023

Re: 2023 Member Newsletters

Background

KFHC uses a variety of communication channels to provide health education content to members as part of its health education system. One of the primary communication channels leveraged by KFHC is the member newsletter which is sent to member homes twice a year in English, Spanish or alternative format, such as large font. Members, providers and the community can access a digital version of the current and past member newsletters through the KFHC website.

Enclosed is a presentation to describing the member newsletter articles planned for 2023.

Requested Action

Receive and File.

Member Newsletter

Spring 2023 and Winter 2023



**KERN HEALTH
SYSTEMS**



Planning for pregnancy

Trying to have a baby? Take time to prepare for pregnancy! **Preconception care** focuses on things you can do before getting pregnant. This will help increase the chances of having a healthy baby.

Talk to your doctor about:

- Health conditions such as STDs (see page 7), diabetes and high blood pressure.

- Lifestyle: Your home and workplace.
 - Are you smoking, drinking or using drugs, or are you around people who do?
 - Are you in a healthy and supportive relationship?
- Medications that are prescribed or not. Also any supplements you use, like vitamins or herbs.
- Vaccines: Are you up-to-date with your shots?
- How to keep up a healthy weight and how to stay active.
- What to eat and how much folic acid to take every day.

After you visit your doctor, see your dentist! Routine care can help prevent dental emergencies during a pregnancy.

Sources: Centers for Disease Control and Prevention



FOR MORE INFORMATION on pregnancy care, scan the QR code to check out our **Baby Steps Program** page.

Flesch-Kincaid Grade: 5.10

In this issue

Page 2 Well-child checkups

Page 3 We can help if you need a ride!

Page 7 What to know about STIs

Summer 2023 Newsletter

- In homes June 2023
- Topics covered
 - Pregnancy planning
 - Well child visits
 - Transportation
 - Interpreting services
 - **Alzheimer's care givers**
 - California Children's Services
 - Kern Regional Center
 - Mental illnesses
 - Screening and information on STDs
 - WIC
 - Fraud



Winter 2023 Newsletter

- In homes November 2023
- Topics covered
 - Upper respiratory infections
 - Uterine tract infections
 - Starting prenatal care
 - Maternal depression
 - Domestic violence
 - Osteoporosis
 - Health Education classes
 - Interpreting services
 - Medi-Cal renewal
 - Nonpharmaceutical pain management
 - Member Portal
 - Breast cancer screening
 - Member rewards
 - Nurse advice line
 - Quitting tobacco
 - Article 16
 - Article 17

Thank you

Have a newsletter question or idea?

Contact:

Flor Del Hoyo, MPH
Health Education Supervisor
flor.delhoyo@khs-net.com
661-617-2563