



**KERN HEALTH  
SYSTEMS**

**PUBLIC POLICY/COMMUNITY  
ADVISORY COMMITTEE**

**Tuesday, December 13, 2022**

**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, December 13, 2022  
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

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

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

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

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])
- CA-4) Minutes for Public Policy/Community Advisory Committee meeting on September 27, 2022  
APPROVE
- CA-5) Report on December 2022 Medi-Cal Membership Enrollment  
RECEIVE AND FILE
- CA-6) Report on Population Health Management for third quarter ending September 30, 2022  
RECEIVE AND FILE
- CA-7) Report on Health Education for third quarter ending September 30, 2022  
RECEIVE AND FILE
- 8) Report on Member Services Grievance Operational Report and Grievance Summary for third quarter ending September 30, 2022  
APPROVE
- 9) Marketing Department Report  
PRESENTATION

- 10) Health Education KFHC Winter 2022 and Spring 2023 Member  
Newsletter  
PRESENTATION

ADJOURN TO TUESDAY, MARCH 28, 2023 AT 11:00 A.M.

**2023 PUBLIC POLICY/COMMUNITY ADVISORY COMMITTEE MEETING SCHEDULE**

Tuesday, June 27, 2023  
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.





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

**From: Emily Duran, CEO**

**Date: December 13, 2022**

**Re: AB 361 Remote Meeting Resolution**

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**Background**

The Governor's executive order suspending certain requirements of the Brown Act regarding board meetings has expired, but the proclamation of a state of emergency is still in place. The Legislature has amended Govt Code 54953 to include provisions allowing remote meetings during a state of emergency under certain conditions. The attached resolution allows the Public Policy/Community Advisory Committee to continue meeting remotely until the state of emergency is lifted and social distancing is no longer recommended or required. If the Committee adopts the resolution, it will have to renew the resolution every 30 days.

**Recommended Action**

The Committee adopt the resolution and continue with remote meetings during the month of December 2022 or until the state of emergency is lifted.



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## RESOLUTION

In the matter of:

**A RESOLUTION OF THE PUBLIC POLICY/COMMUNITY ADVISORY COMMITTEE OF KERN HEALTH SYSTEMS PROCLAIMING A LOCAL EMERGENCY, RATIFYING THE PROCLAMATION OF A STATE OF EMERGENCY, AND AUTHORIZING REMOTE TELECONFERENCE MEETINGS FOR THE MONTH OF December 2022**

Section 1. WHEREAS

- (a) Kern Health Systems is committed to encouraging and preserving public access and participation in meetings of the Public Policy/Community Advisory Committee; and
- (b) Government Code section 54953, as amended by AB 361, makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953, subject to the existence of certain conditions; and
- (c) a required condition is that there is a proclaimed state of emergency, and state or local officials have imposed or recommended measures to promote social distancing; and
- (d) Governor Newsom declared a State-wide state of emergency due to the Covid-19 pandemic on March 4, 2020, which declaration is still in effect, and state and local health officials continue to recommend social distancing; and
- (e) the Public Policy/Community Advisory Committee does hereby find that the resurgence of the Covid-19 pandemic, particularly through the Delta variant, has caused, and will continue to cause, conditions of peril to the safety of persons that are likely to be beyond the control of services, personnel, equipment, and facilities of Kern Health Systems, and desires to proclaim a local emergency and ratify both the proclamation of state of emergency by the Governor of the State of California and the Kern County Health Department guidance regarding social distancing; and
- (f) based on the above the Public Policy/Community Advisory Committee of Kern Health Systems finds that in-person public meetings of the Committee would further increase the risk of exposure to the Covid-19 virus to the residents of the Health Authority, staff, and Directors; and



WHEREAS, as a consequence of the local emergency, the Public Policy/Community Advisory Committee does hereby find that it shall conduct Committee meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by subdivision (e) of section 54953, in compliance with the requirements to provide the public with access to the meetings as prescribed in paragraph (2) of subdivision (e) of section 54953; and

WHEREAS, all meetings of Committee Members will be available to the public for participation and comments through virtual measures, which shall be fully explained on each posted agenda.

Section 2. NOW, THEREFORE, BE IT RESOLVED that the Public Policy/Community Advisory Committee of Kern Health Systems hereby finds, determines, declares, orders, and resolves as follows:

1. This Committee finds that the facts recited herein are true and further finds that this Committee has jurisdiction to consider, approve, and adopt the subject of this Resolution.

2. Proclamation of Local Emergency. The Committee hereby proclaims that a local emergency now exists throughout the Health Authority, as set forth above.

3. Ratification of Governor's Proclamation of a State of Emergency. The Committee hereby ratifies the Governor's Proclamation of State of Emergency, effective as of its issuance date of March 4, 2020.

4. Remote Teleconference Meetings. The Chief Executive Officer, staff, and Public Policy/Community Advisory Committee are hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this Resolution including conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Brown Act.

5. Effective Date of Resolution. This Resolution shall take effect on December 1, 2022, and shall be effective until the earlier of December 31, 2022, or such time the Public Policy/Community Advisory Committee adopts a subsequent resolution in accordance with Government Code section 54953(e)(3) to extend the time during which Kern Health Systems may continue to teleconference without compliance with paragraph (3) of subdivision (b) of section 54953.

6. Termination of this Resolution. This Resolution will automatically terminate on the day that both the Governor's Declaration of Emergency and any local agency guideline for social distancing are no longer in effect.

The Clerk of the Public Policy/Community Advisory Committee shall forward copies of this Resolution to the following:

Office of Kern County Counsel

Kern Health Systems

I, Amy Daniel, Clerk of the Public Policy/Community Advisory Committee, hereby certify that the following resolution, on motion of Members \_\_\_\_\_, seconded by Member \_\_\_\_\_, was duly and regularly adopted by the Public Policy/Community Advisory Committee at an official meeting thereof on the 13th day of December, 2022, by the following vote and that a copy of the resolution has been delivered to the Chairman of the Public Policy/Community Advisory Committee.

AYES:

NOES:

ABSENT:

\_\_\_\_\_  
Amy Daniel, Clerk  
Public Policy/Community Advisory Committee  
Kern Health Systems

## SUMMARY

### PUBLIC POLICY/COMMUNITY ADVISORY COMMITTEE

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

Regular Meeting  
Tuesday, September 27, 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 – Cecilia Hernandez-Colin, Alex Garcia, Kaelsun Singh Tyiska

**Meeting called to order by Louie Iturriria, Director of Marketing and Public Relations, at 11:01 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-McAlister: 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.

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

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])

**Alan Avery, Chief Operating Officer announced to the committee that the Consent Agenda items are always open for discussion. He reiterated that we would like Committee feedback on any issue placed on the agenda.**

- CA-4) Minutes for Public Policy/Community Advisory Committee meeting on June 29, 2022  
APPROVED  
**Wood-Ochoa: 10 Ayes; 3 Absent – Hernandez-Colin, Garcia, Singh-Tyiska**
- CA-5) Report on September 2022 Medi-Cal Membership Enrollment RECEIVED AND FILED  
**Wood-Ochoa: 10 Ayes; 3 Absent – Hernandez-Colin, Garcia, Singh-Tyiska**
- CA-6) Report on KFHC Grievance Summary for second quarter ending June 30, 2022  
RECEIVED AND FILED  
**Wood-Ochoa: 10 Ayes; 3 Absent – Hernandez-Colin, Garcia, Singh-Tyiska**
- CA-7) Report on Population Health Management for second quarter ending June 30, 2022  
RECEIVED AND FILED  
**Wood-Ochoa: 10 Ayes; 3 Absent – Hernandez-Colin, Garcia, Singh-Tyiska**
- CA-8) Report on Health Education for second quarter ending June 30, 2022  
RECEIVED AND FILED  
**Wood-Ochoa: 10 Ayes; 3 Absent – Hernandez-Colin, Garcia, Singh-Tyiska**
- 9) Report on Member Services Grievance Operational Report for second quarter ending June 30, 2022  
RECEIVED AND FILED
- 10) Marketing Department Report  
PRESENTATION

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

- **The U.S. Department of Health and Human Services public health emergency (PHE) order remains in place. As a result, the DHCS 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.**

**Quon Louey, Committee Member asked; when does KHS anticipate the Public Health Emergency to end?**

**Louie Iturriria answered this question:**

**Once the PHE ends, Medi-Cal enrollees will need to renew their Medi-Cal annually, and the majority must do this through the manual mailing process. We will need to know which of our members need to renew their Medi-Cal through this manual mailing process, so we can encourage them to complete the renewal process, so they don't lose coverage. The County also needs updated contact information for Medi-Cal enrollees - so that Medi-Cal enrollees receive important mailings from the County.**

11) 2022 Population Needs Assessment Findings  
PRESENTATION

**Isabel Silva, Director of Health Education and Cultural and Linguistics Services presented the 2022 Population Needs Assessment Findings, and went over these highlights:**

- **KFHC contract with DHCS requires that it conduct a Population Needs Assessment and Action Plan each year. The goal of the 2022 KHS Population Needs Assessment (PNA) is to improve health outcomes for KHS members and ensure that KHS is meeting the needs of it's members through 3 key points discussed in her presentation.**

**Meeting adjourned by Louie Iturriria, Director of Marketing and Public Relations, at 11:56 AM to December 13, 2022 at 11:00 AM.**



**KHS DECEMBER 2022 ENROLLMENT:**

**Medi-Cal Enrollment**

As of December 1, 2022, Medi-Cal enrollment is 221,115, which represents an increase of 0.3% from November enrollment.

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

As of December 1, 2022, SPD enrollment is 16,989, which represents an increase of 0.3% from November enrollment.

**Expanded Eligible Enrollment**

As of December 1, 2022, Expansion enrollment is 95,462, which represents an increase of 1.4% from November enrollment.

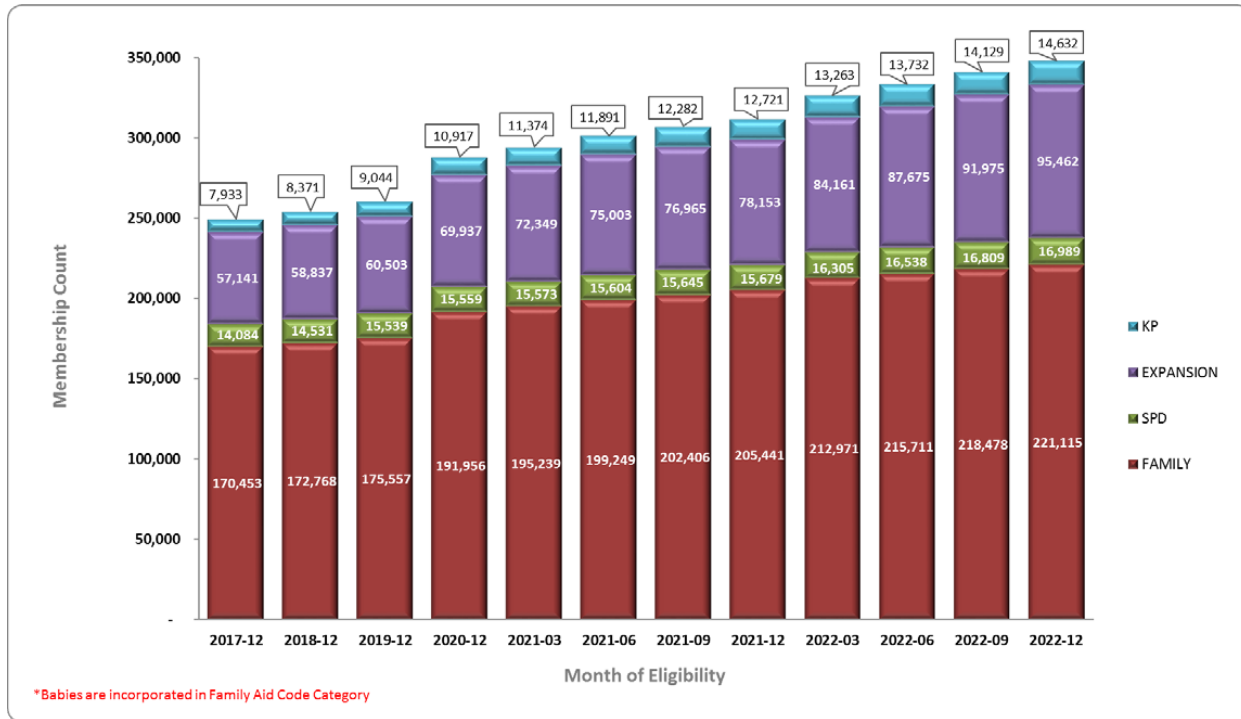
**Kaiser Permanente (KP)**

As of December 1, 2022, Kaiser enrollment is 14,632, which represents an increase of 1.4% from November enrollment.

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

As of December 1, 2022, total Medi-Cal enrollment is 348,198, which represents an increase of 0.6% from November enrollment.

<b>Membership as of Month of Eligibility</b>	<b>FAMILY</b>	<b>SPD</b>	<b>EXPANSION</b>	<b>KP</b>	<b>BABIES</b>	<b>Member Total</b>
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
2021-03	194,853	15,573	72,349	11,374	386	294,535
2021-06	198,853	15,604	75,003	11,891	396	301,747
2021-09	201,890	15,645	76,965	12,282	516	307,298
2021-12	204,992	15,679	78,153	12,721	449	311,994
2022-03	212,546	16,305	84,161	13,263	425	326,700
2022-06	215,246	16,538	87,675	13,732	465	333,656
2022-09	217,951	16,809	91,975	14,129	527	341,391
2022-12	220,697	16,989	95,462	14,632	418	348,198



**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).





**KERN HEALTH SYSTEMS  
POPULATION HEALTH MANAGEMENT QUARTER 3 REPORT**

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**Introduction**

The Kern Health System, (KHS) Population Health Management (PHM) Department provides a comprehensive integrated process that evaluates and manages the utilization of health care services and resource delivery to members. The PHM Department identifies members' health care and social needs which supports improved health outcomes for individuals.

When a KHS member enrolls in PHM services, they receive:

- Health care support from registered nurse
- A care plan based on recommended treatment
- Assistance from a social worker (SW) and certified medical assistant (CMA), as needed
- Help coordinating services among providers
- Assistance in finding community service/resources

In collaboration with medical providers and partnering agencies, the Department helps members access resources and preventative services and ensures that members stay healthy. The team is comprised of Registered Nurse Case Managers, SWs, and CMAs.

**Purpose**

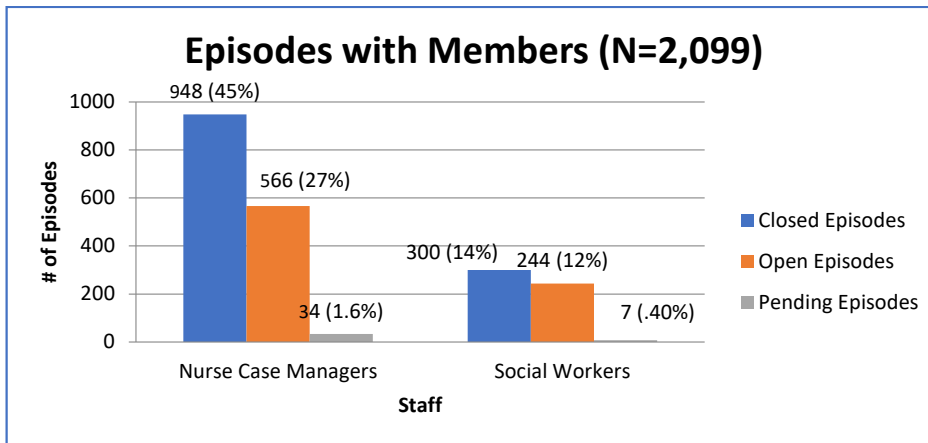
The purpose of this report is to provide updates on PHM's progress and successes on its activities. The report also highlights data trends and addresses opportunities for improvement. The data is generated through KHS' electronic health record, JIVA system. The reporting period is Quarter 3, July 1<sup>st</sup>, 2022, through September 30<sup>th</sup>, 2022.



**Data**

**Table 1: Episodes with Members**

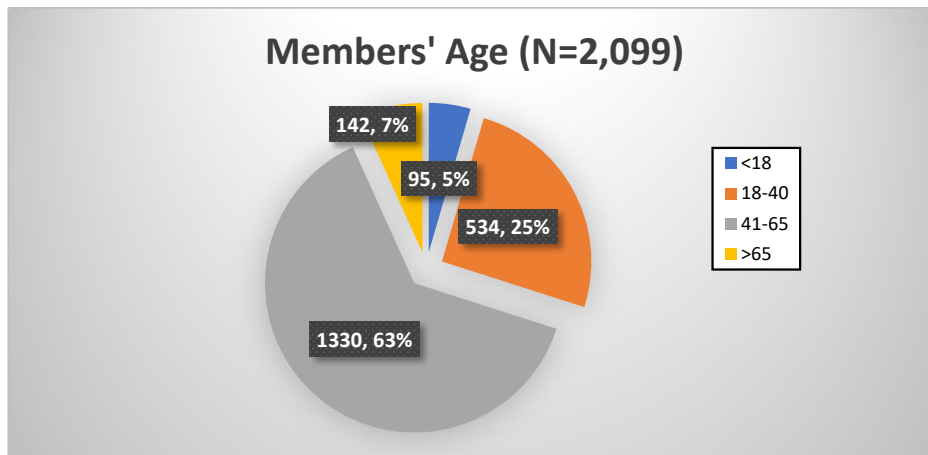
During the months of July thru September, a total of 2,099 members were managed by the Population Health Management Department.



The nurses provide medical care management and coordination of care to members and help navigate the healthcare system. The SWs plan and implement social service delivery programs, promote coordination, continuity of care, and quality management in support of KHS members. Table 1 illustrates the total number of cases that have been cases managed by nurses and SWs of the 2,099 members. The reasons for closures include successful completion of goals in the care plans, lost to follow up and declined program services.

**Table 2: Member's Age**

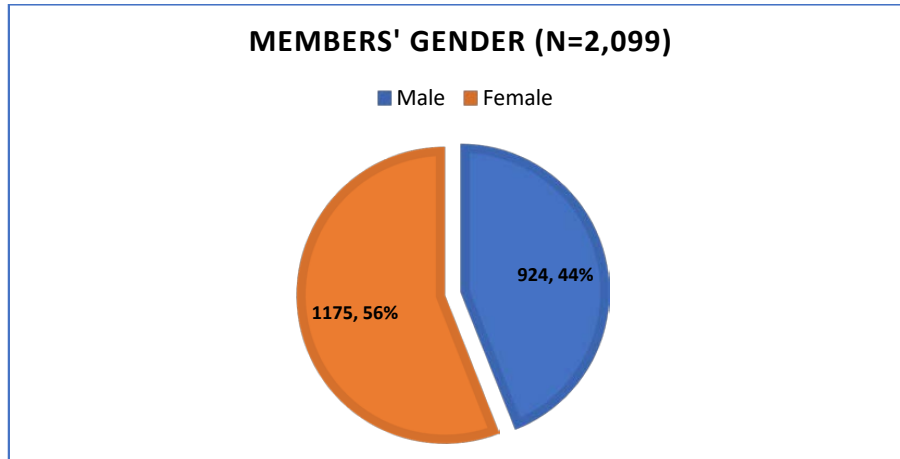
During the months of July thru September, of the 2,099 members, there were 63% members who were 65 years of age, and 7% members were less than 18 years of age.





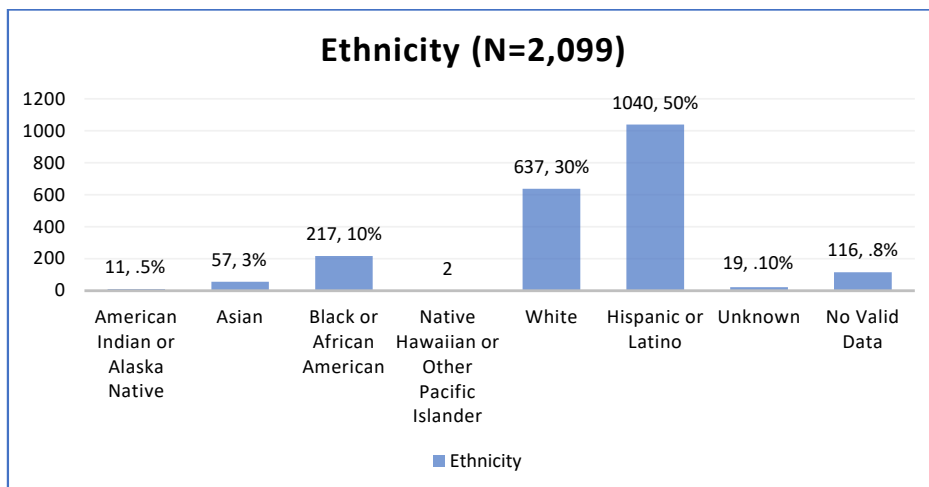
**Table 3: Gender**

Of the 2,099 members managed during the months of July thru September, there were 56% members who were female and 44% members who were male.



**Table 4: Ethnicity**

The KHS members are diverse, with most members (50%) identifying as Hispanic and small proportion are American Indian or Alaskan Native, Asian, and Native Hawaiian or Other specific Islander. While the racial and ethnic composition of KHS members continues to change, it is important to create culturally sensitive systems and policies. Spanish-language education, documents, and services will continue to be needed as the Hispanic population continues to grow.

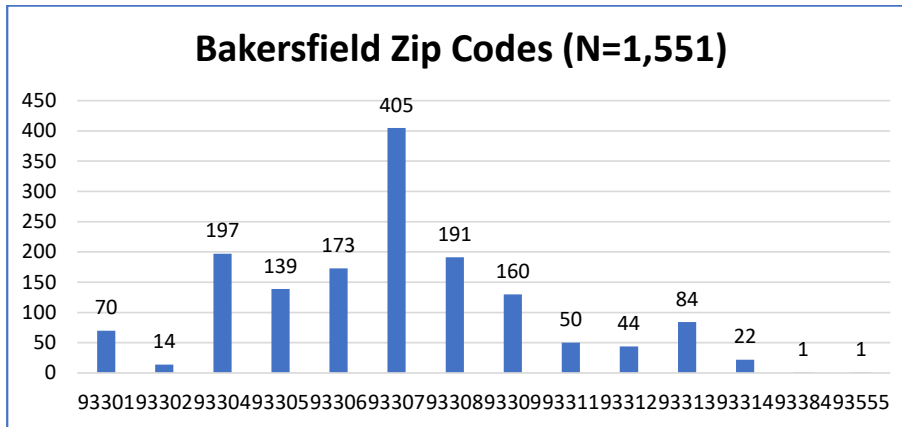




**Table 5: Member's by Zip Codes**

The top 3 zip codes where members reside are in 93307, 93304 and 93308.

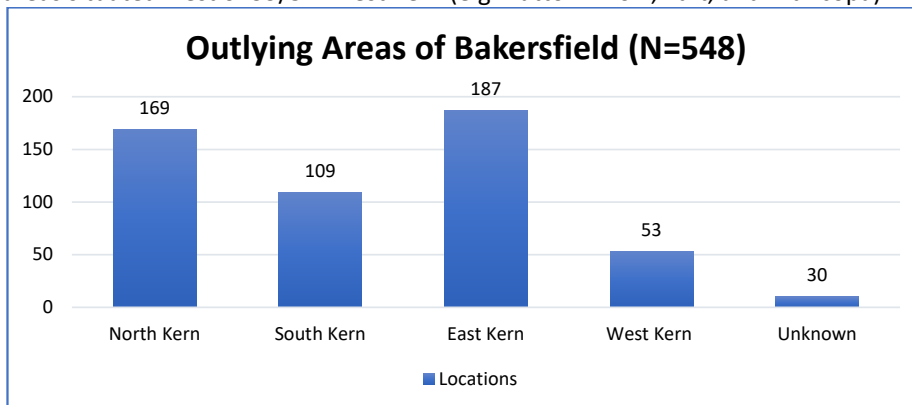
Location	Number of Members	% of Members
Bakersfield	1,551	74%
Outlying Areas	548	26%
Total	2,099	100%



**Table 6: Members Residing in Outlying Areas**

Even when members have health insurance coverage, these individuals with limited funds, mobility issues, or lack of transportation options still may not be able to get the care they need, especially those that live in the outskirts of Bakersfield. About 26% members receiving PHM services reside in the outlying areas. The PHM team will continue to connect members to ancillary services (e.g., transportation). The data illustrates the total number of members who reside in the outlying areas. Outlying areas is defined as any areas outside of greater Bakersfield. This is the dividing boundaries:

- Any areas situated south of 58 = South Kern (e.g. Arvin, Lamont, and Lebec)
- Any areas situated north of 46 = North Kern (e.g. Delano, McFarland, and Wasco)
- Any areas situated east of 99/5 = East Kern (e.g. Lake Isabella, Ridgecrest, and Mojave)
- Any areas situated west of 99/5 = West Kern (e.g. Buttonwillow, Taft, and Maricopa)

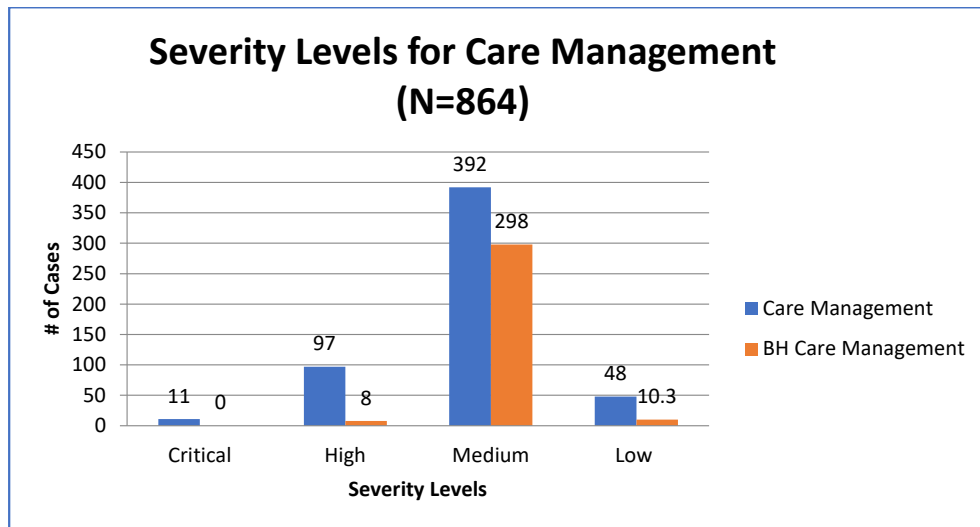




**Table 7: Severity Levels for Case Management**

PHM assign members to risk tiers that are critical, high, medium, and low risk levels, with the goal of determining appropriate care management programs or other specific services. These members are assigned to appropriate staff.

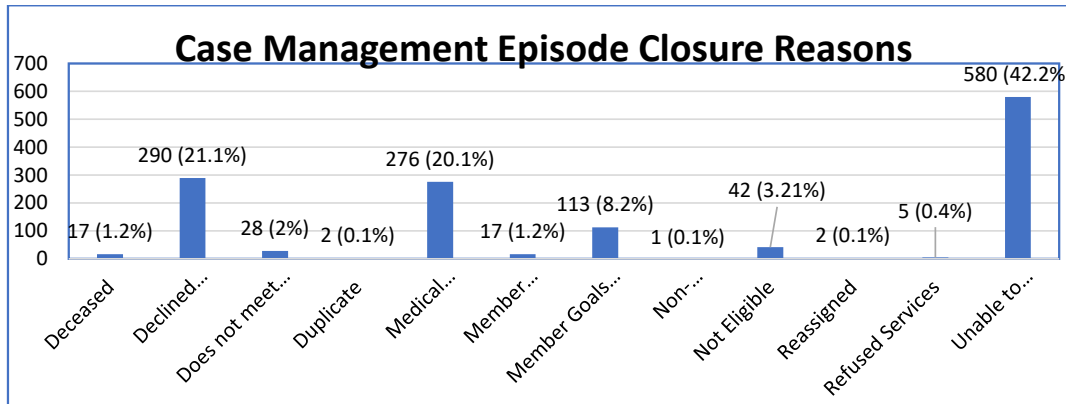
1. Critical-Requires minimum of weekly contact and significant care coordination assistance with acute needs.
  - Examples include frequent admits with ER visits, Falls, limited adherence to provider instructions, care plan, caregiver, or unstable social situation, including lack of support or caregiver burnout.
2. High-Requires minimum contact every two-four week and has active care coordination needs.
  - Examples include an admit or ER visit within 6 months or fall with injury within the last 6 months, SNF admission within last year, questionable adherence with medications and/or care plan, or social issues.
3. Medium- Minimum contact every 30 days. Member in process of change and requires minimum support and follow up with care coordination.
  - Examples include no admits or ER visits in the past year, no mechanical falls, adherent with medications and care plan, no outstanding social issues, significant provider engagement/control.
4. Low-Case Management not required. Provide educational materials and recommendations as needed, confirm care coordination is in effect and plan for closure.





**Table 8: Case Management Episode Closure Reasons**

A total of 1,373 Episodes were closed during the Months of July thru September 2022.



There are opportunities to increase the number of completions with member goals (8.2%). One strategy is to conduct a random chart audit to review member’s goals and ensure goals are simple and realistic.

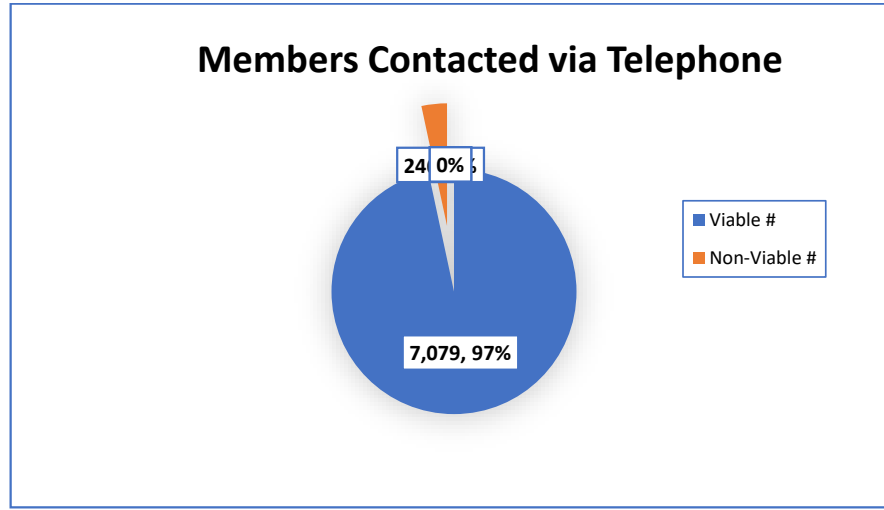
About 42% of members were closed due to unable to contact. This also captures members who are engaged and actively participating with their plans of care and receiving KHS services but suddenly, these members are unable to contact for various reasons. There are opportunities to clearly define this category, and separate members who are receiving services versus member who are not receiving services. Additionally, PHM will work toward identifying strategies to better promote PHM services to members; thereby, decreasing the percentage of members to decline (21.1%) KHS services/programs. PHM will obtain feedback from members on reasons why they declined services.

#	Reasons for Closure	Definition
1	Declined services	Contacted members but declined KHS services
2	Does not meet criteria	individuals are enrolled in hospice, possess Medicare benefits (e.g. Kaiser), and reside in long term care facility for >30 days
3	Duplicate	Duplicate referrals
4	Medical director decision	Transferred to another KHS program/services
5	Member disenrolled	Members dropped from the KHS, moved out of county, have secondary insurance
6	Member goals completed	Successfully achieved goals in the plan of care
7	Non-compliant—MD approval obtained	Members who are noncompliant with care, exhausted all resources and reviewed by medical director
8	Not eligible	members who are not eligible for KHS services
9	Reassigned	Reassigned members to another staff
10	Refused services	Currently receiving case management services but no longer desire to continue with services
11	Unable to contact	Lost to follow up, exhausted all resources to contact members. This includes members who are engaged, actively participating with care and suddenly unable to contact members for whatever reasons.



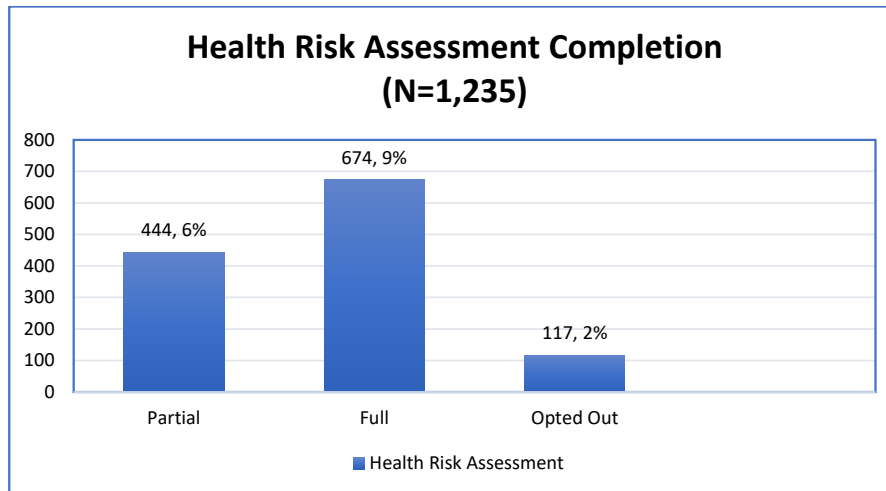
**Table 10a: Members Contacted**

During July thru September, a total of 7,325 members were identified for an outside vendor to contact for completion of a Health Risk Assessment (HRA).



**Table 10b: SPD Health Risk Assessment (HRA) Information**

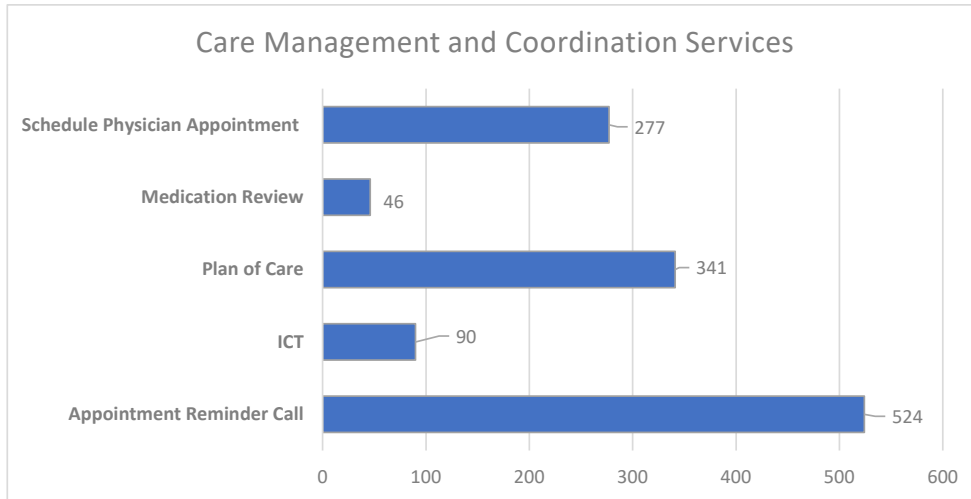
KHS uses the HRA survey to assess each newly enrolled SPD member’s current health risk within 45 days of enrollment for those identified by the risk stratification method or algorithm as higher risk, and within 105 days of enrollment for those identified as lower risk. The Department of Health Care Services (DHCS) is required to provide CMS with detailed information about the KHS HRA processes to ensure that each assessment method includes the specified components. Of the 7,079 that were contacted, only 1, 235 members completed the HRA questionnaire.





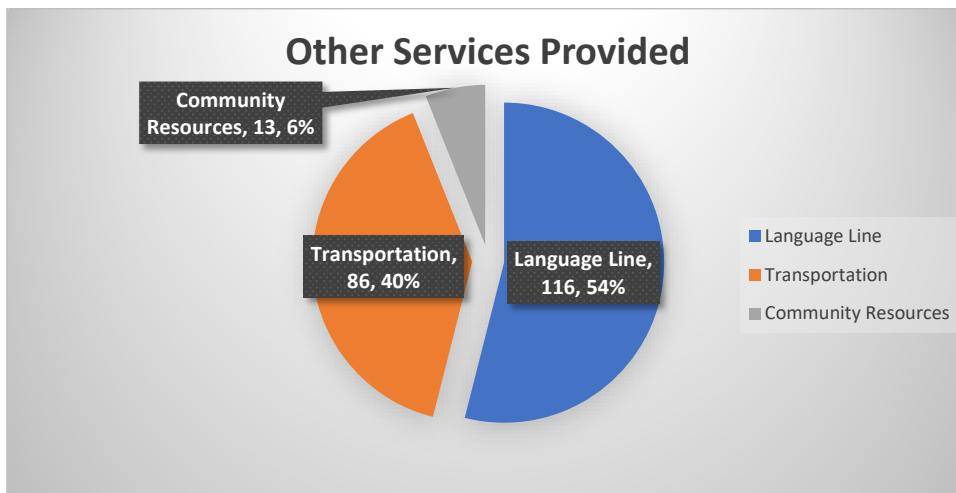
**Table 11: Care Management and Coordination Services**

The Table illustrates the various types of care management and coordination services provided to members. These services include schedule physician appointments, appointment reminder calls, medication reviews, and develop plans of care. Member with challenges/barriers on their care are reviewed and discussed in the interdisciplinary care team (ICT) to obtain guidance from the KHS team.



**Table 12: Other Services Provided to Members**

Other services that are available to the members include language line for language interpreting and translation service; transportation services to get to their medical appointments; and referral to various community resources (e.g. Food Bank, Housing Authority, and In Home Supportive Services, etc.).



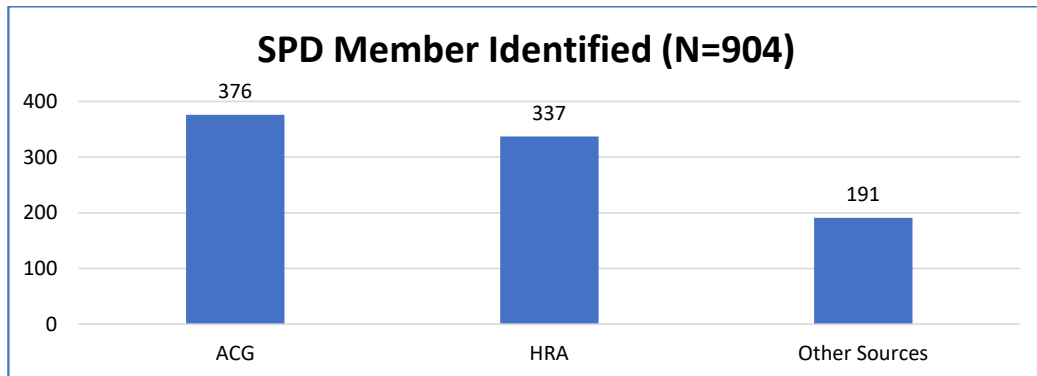




**Table 9: Seniors and Persons with Disabilities (SPDs)**

SPD Members are identified for Complex Case Management using the John Hopkins Adjusted Clinical Groups (ACG) Predictive Modeler, Health Risk Assessments and other sources including member requests and outside and internal requests. This allows KHS to identify populations with similar characteristics and develop targeted interventions.

The ACG Modeler is generated monthly to identify members at risk of hospitalizations in six (6) months and members with the greatest need for health intervention or care management. These members are enrolled in complex care management. Members with multiple co-morbidities are identified and referred to KHS specialty programs and services. In the table below, of the 2,099 members, the SPD population represents a total of 904 (43%) of the Complex Group in July thru September 2022.



**Steps to Take**

1. In the next quarterly report, the KHS PHM Department's performance will be compared to the NCQA, HEDIS and MCAS measures, aligning to DHCS requirement.
2. Review and streamline processes and procedures on data gathering and analysis to highlight key priorities in the quarterly report.
3. Explore strategies in improving member enrollment to KHS services/programs.
4. Provide staff development training to enhance their knowledge and skills in care management and coordination.
5. Investigate how staff can have a stronger engagement/participation with existing members
6. Leverage existing resources with community partners.
7. Continue to expand partnership with various community agencies/organizations.

**Conclusions**

Everyone has a role in making population health a priority, focusing on health disparities, ensuring access and continuum of care, and bridging the gaps in services. These tasks cannot be done alone without creating linkages with community partners. The Steps to Take have been identified above to improve PHM services and data reporting. This includes incorporating additional data in the quarterly report that aligns with DHCS, NCQA, HEDIS and MCAS requirements. We look forward to continuing to improve this report as we add more measures that will be useful to the Committee.





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

**From: Isabel Silva, MPH**

**Date: 12/13/2022**

**Re: 3<sup>rd</sup> Quarter Health Education Department Report**

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**Background**

KHS' 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 KHS have a Cultural and Linguistic Services Program and that KHS monitors, evaluates and takes effective action to address any needed improvement in the delivery of culturally and linguistically appropriate services.

**Discussion**

Enclosed is the quarterly health education report summarizing all health education, cultural and linguistic activities performed during the 3rd quarter of 2022.

**Fiscal Impact**

None

**Requested Action**

Receive and file



# KERN HEALTH SYSTEMS

HEALTH EDUCATION, CULTURAL &  
LINGUISTIC SERVICES DEPARTMENT

QUARTERLY REPORT

Q3 2022

KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3rd Quarter 2022

Table of Contents

Contents

<b>Executive Summary</b> .....	3
Health Education Services .....	6
<b>Referrals for Health Education Services</b> .....	7
<b>Health Education Referral Outcomes</b> .....	9
<b>Effectiveness of Health Education Services</b> .....	9
<b>Demographics of Members</b> .....	11
<b>Topical Fluoride Varnish Treatments</b> .....	14
<b>Perinatal Outreach and Education</b> .....	15
Health & Wellness Programs .....	18
<b>Diabetic Prevention Program</b> .....	19
<b>Asthma Mitigation Project</b> .....	22
Cultural & Linguistic Services .....	26
<b>Interpreter Requests</b> .....	27
<b>Written Translations</b> .....	28
<b>Interpreter Access Survey Calls</b> .....	28

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  
3rd Quarter 2022

**Executive Summary**

**Report Date: October 21, 2022**

**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 Q3 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. 60 and 206 members are enrolled in the AIM Pilot and AMP, respectively. Average Asthma Control Test score has improved from 16.3 at the initial home visit to 21.0 at the post 12<sup>th</sup> month visit for AIM Pilot members and 17.1 to 20.8 for AMP members. Internal analyses have found participation in the AIM Pilot and AMP to be linked to cost savings in emergency department and inpatient hospital services.
- **Asthma Medication Ratio Performance Improvement Project** – The Health & Wellness (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, 13 members have participated, and 7 AAPs have been completed by PCPs. In the Q3 2022, 1 member participated, and 0 asthma action plans were completed. This project is expected to end in October 2022.
- **Asthma Education Classes** - – H&W staff collected survey responses on KHS' asthma education program from members, network providers, KHS staff, and community asthma stakeholders in Q3 2022. The findings were used to develop strategies to improve member outreach, access to asthma education, and participation in KHS' asthma education program. The H&W Lifestyle Coaches completed the Asthma Management Academy training in Q3 2022. This training prepared the Lifestyle Coaches on the scope of asthma, triggers, mediation and delivery devices and evidence-based assessments and monitoring tools.

KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3rd Quarter 2022

- **Population Needs Assessment** – Data analysis of the focus groups, conducted with parents of African American and Black infants from 0-30 months of age is complete. Findings along with member and provider engagement strategies will be shared with stakeholders to gather feedback and buy-in from departments. Recommended strategies include a new incentive program to facilitate parent participation in a maternal health program and a revised communication plan to reach African American and Black parents.
- **Baby Steps Program** -- Accomplishments in Q3 2022 include coordinating, the Baby Steps member satisfaction survey in collaboration with Member Services outreach specialists. Over 400 Surveys were collected from prenatal and postpartum members. Data analysis was completed, and findings will be shared, along with program recommendations, with Steering Committee in Q4 2022. In addition, field testing for the updated pregnancy brochure was completed, the final version is expected in Q4.
- **Diabetes Prevention Program** – Classes for the 2022 cohorts began in April (Spanish) and August (English). There are a total of 62 members enrolled in the program. This cohort has lost a combined total of 375lbs.
- **Cultural and Linguistics Program** –The annual C&L Services audit has been completed and findings are currently being prepared to be shared with each department’s management team. The C&L Services in-services are also in progress with all member facing departments. Outreach efforts are also underway to provide C&L services training for providers who were identified in the 3<sup>rd</sup> quarter of the Interpreter Access Survey conducted by PNM. There are a total of 9 provider specialists who will be receiving training on interpreter services provided by KFHC. C&L has also contracted with The Independent Living center of Kern County to assist with ASL interpreting requests in conjunction with LifeSigns.
- **Tobacco & Nicotine Cessation Classes** – Although registration for classes increased in Q3, overall completion of a full series decreased. This follows an annual trend previous observed where overall attendance decreases towards the end of summer. Efforts are underway to evaluate the program and devise new strategies to engage all nicotine users with special focus on KHS Spanish-speaking population who are less likely to participate in this program compared to English speakers.
- **School Wellness Grant Program** – Awarded schools were provided an orientation in August and have all launched their programs. KHS is in the process of hiring two student interns to work alongside the awarded schools and KHS liaisons through the end of the 2023-2024 academic year. The interns will be 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.

KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3rd Quarter 2022

- **Student Behavioral Health Incentive Program** – KHS continues to coordinate workgroup and stakeholder meetings to allow for discussion and feedback on the needs assessment, targeted interventions and project plans due to DHCS at the end of the year.

Respectfully submitted,

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



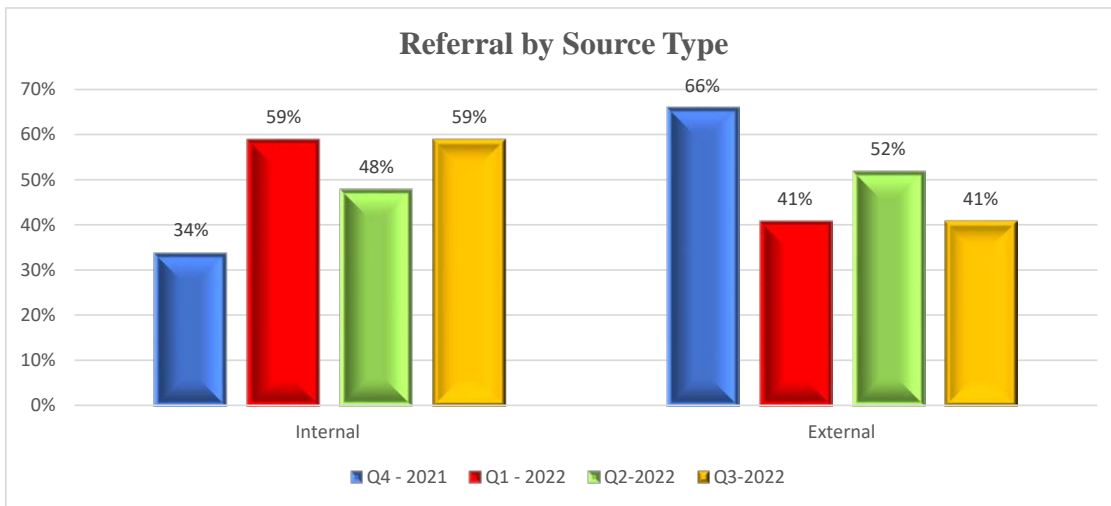
KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3<sup>rd</sup> Quarter 2022

# Health Education Services

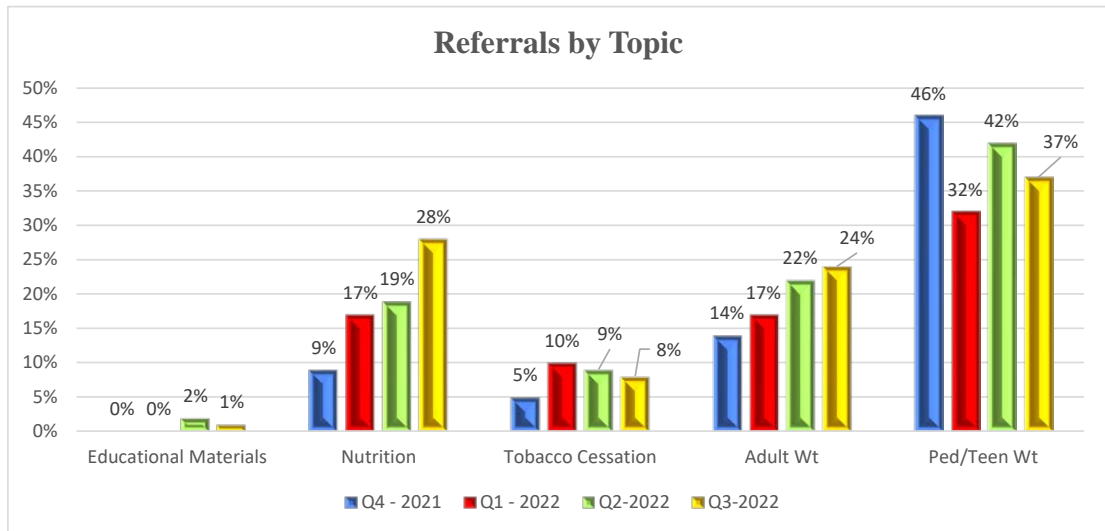
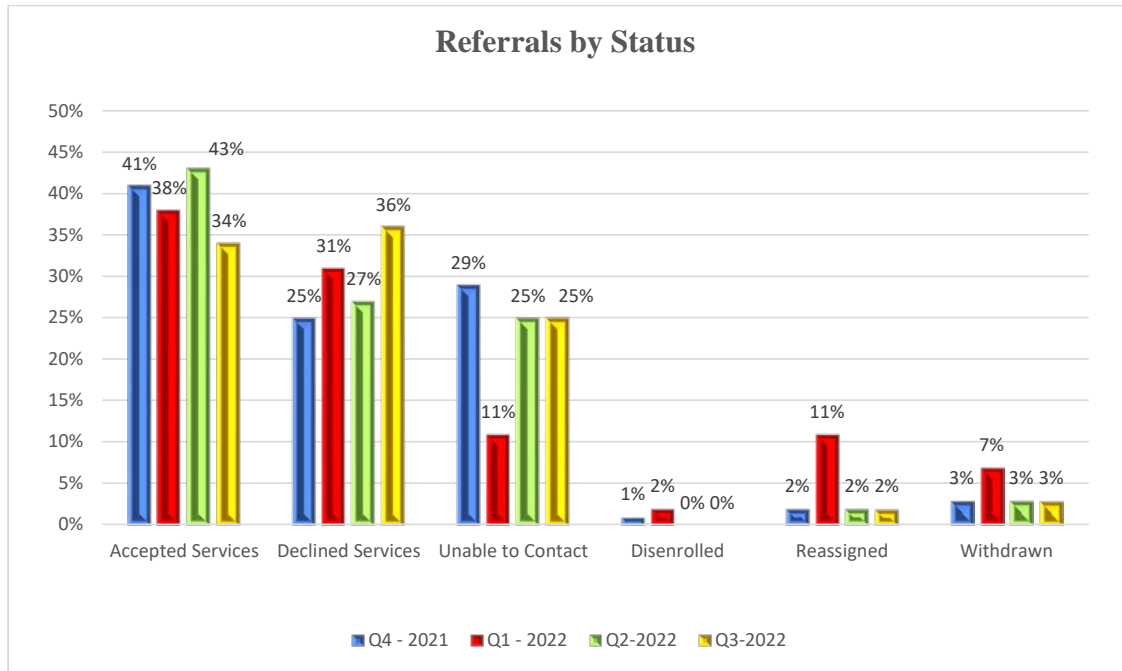
KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3<sup>rd</sup> Quarter 2022

**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 Q3 2022, there were 547 referrals for health education services which is a 4% 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 decreased from 45% between Q2 2022 to 36% Q3 2022.



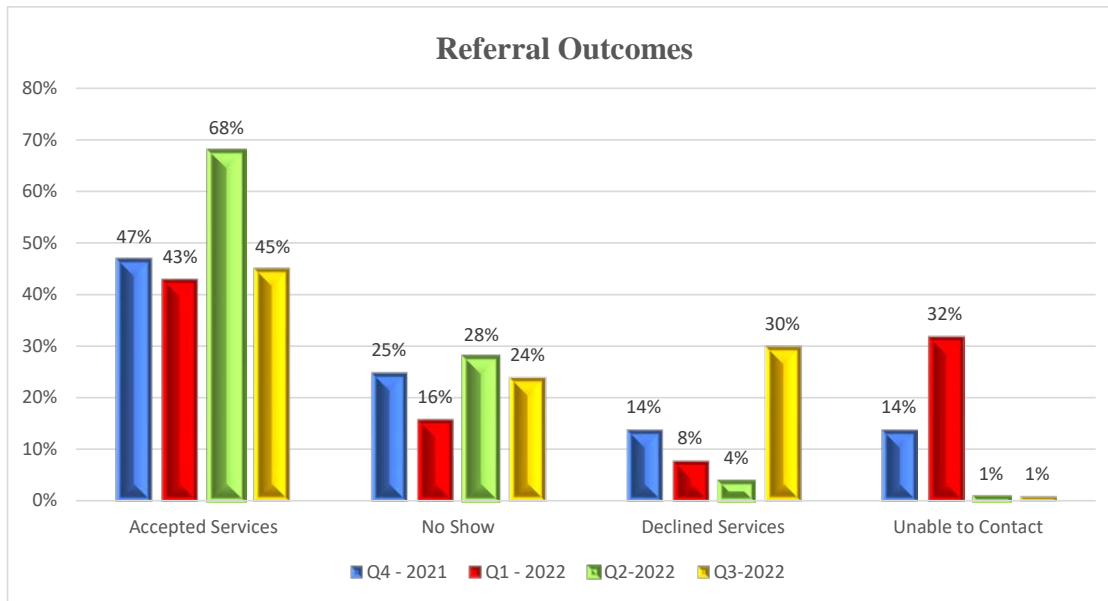
KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3<sup>rd</sup> Quarter 2022



**KERN HEALTH SYSTEMS**  
**HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT**  
 3<sup>rd</sup> Quarter 2022

**Health Education Referral Outcomes**

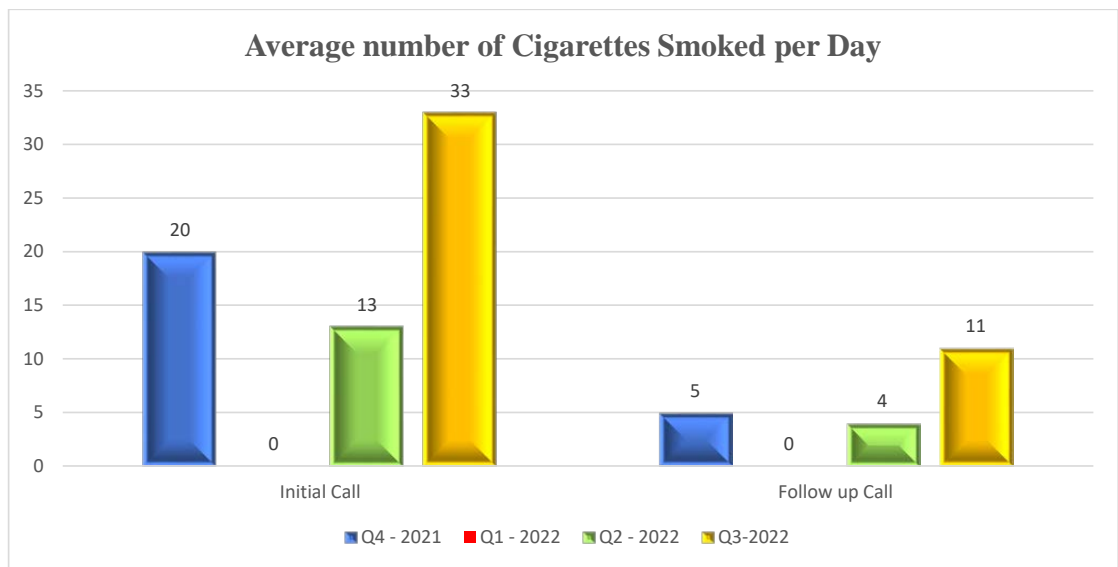
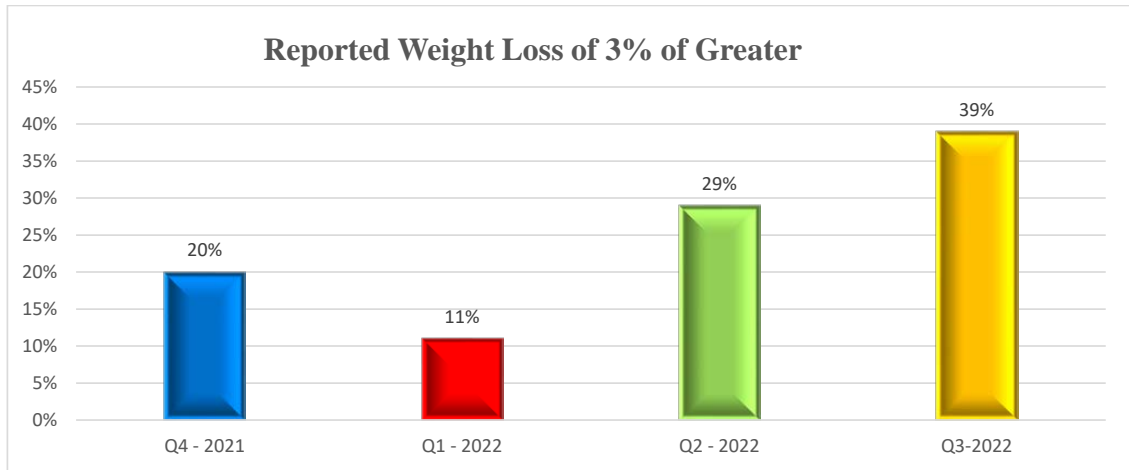
KHS offers various types of services directly through the KHS HE department or through community partnerships. Services through KHS continues to be the largest share of referral outcomes at 99% for Q3 2022. The rate of members who received health education services decreased from 68% in Q2 2022 to 46% in Q3 2022. The rate of members who do not show for services average 24% of registrants.



**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 members who participated in the 3-month follow up call, 36 received Nutrition Education, 4 received Tobacco Cessation and 5 received Asthma Education. All findings are based on self-reported data from the members.

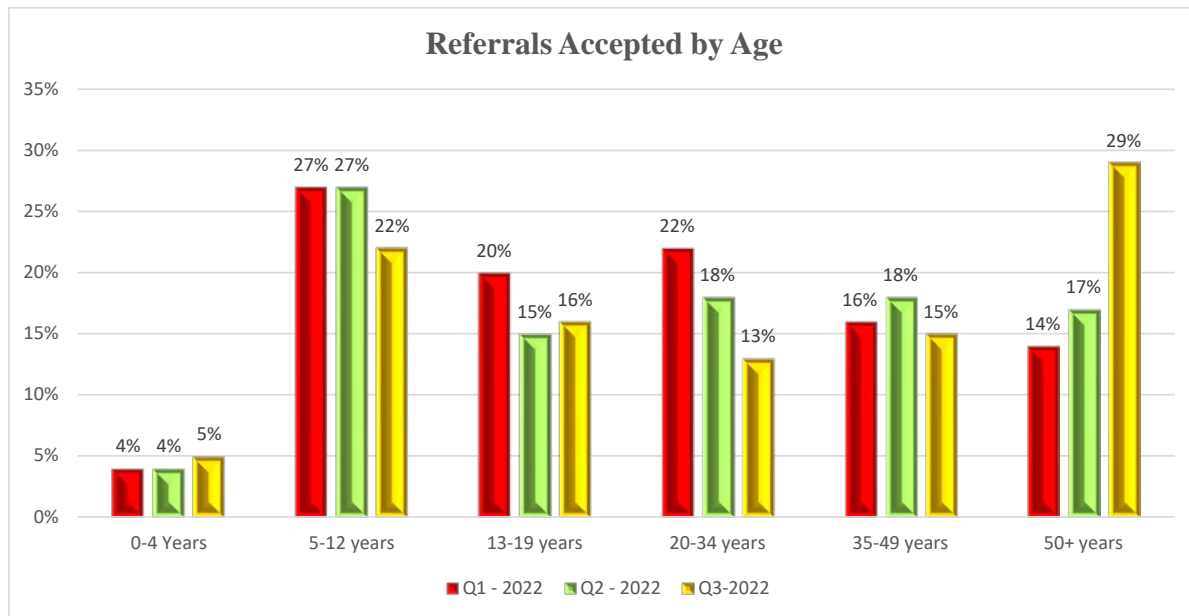
KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3<sup>rd</sup> Quarter 2022



**KERN HEALTH SYSTEMS**  
**HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT**  
 3<sup>rd</sup> Quarter 2022

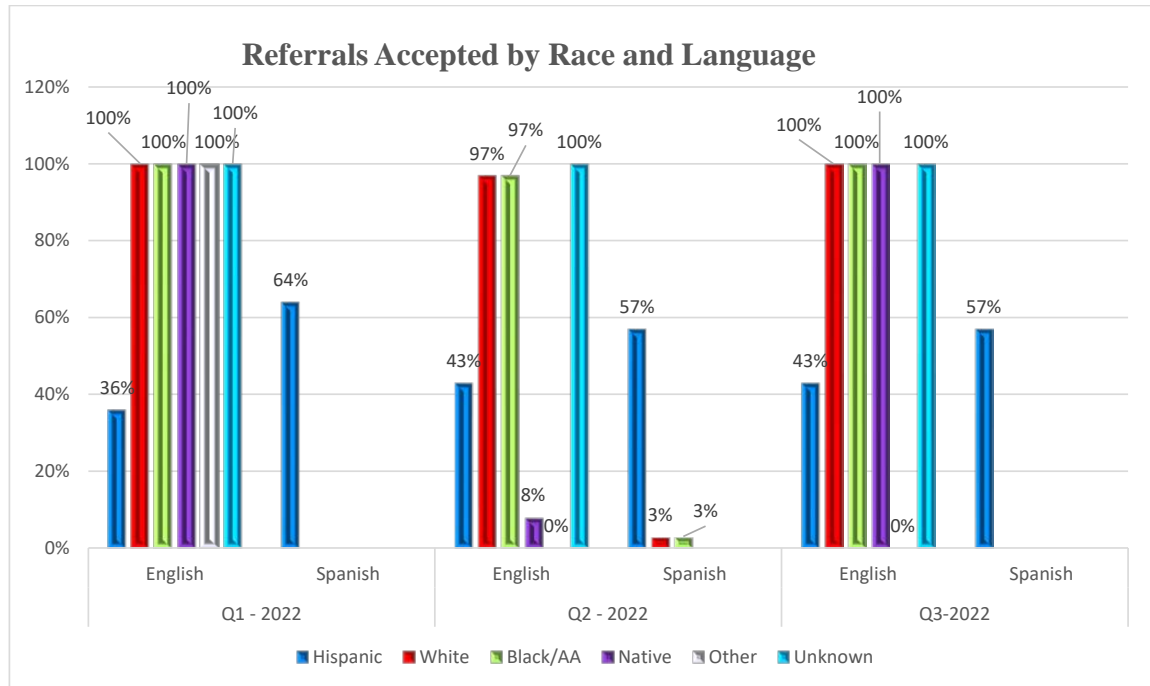
**Demographics of Members**

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 quarter, 71% of the members who accepted services reside in Bakersfield with the highest concentration in the 93307 area. Additionally, 29% of the members who accepted services reside in the outlying areas of Kern County with the highest concentration in Delano.



\* No Data for Q4 – 2021

KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3<sup>rd</sup> Quarter 2022



**Referrals Accepted by Top Zip Codes**

Q4-2021	Q1-2022	Q2-2022	Q3-2022
93307	93306	93307	93307
93304	93307	93305	93304
93305	93304	93306	93306
Lamont	Lamont	Lamont	Delano
Arvin	Arvin	Arvin	Lamont
Delano	Wasco	Delano	Arvin

KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3<sup>rd</sup> Quarter 2022

**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. During this quarter, the HE department continued to place most educational mailings on hold due to COVID-19 limitations except for the prenatal and postpartum health guides

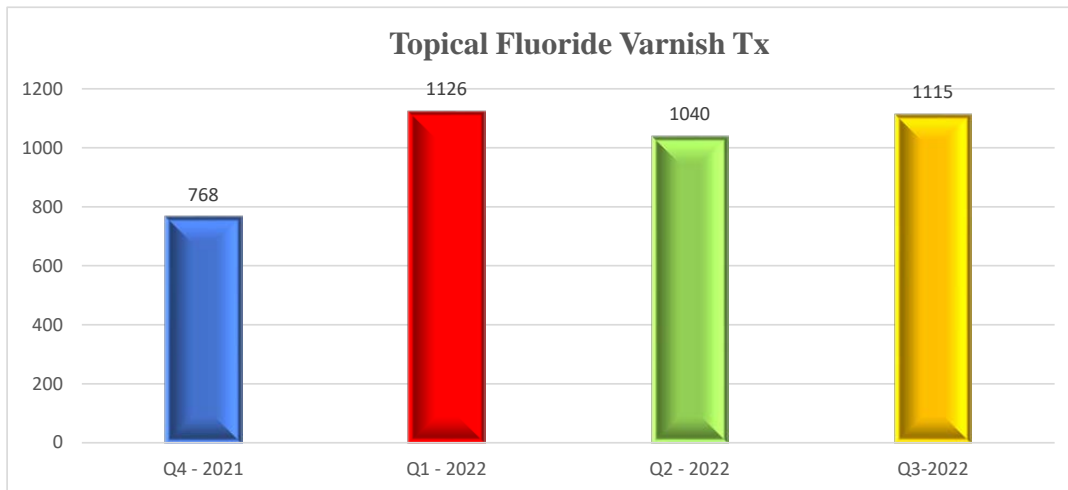
<b>Educational Mailings</b>				
	<b>Q4- 2021</b>	<b>Q1-2022</b>	<b>Q2-2022</b>	<b>Q3-2022</b>
<b>Activity and Eating: Small Steps to a Healthier You</b>	3	1	3	3
<b>Control High Blood Pressure</b>	0	0	6	4
<b>Control High Cholesterol</b>	0	0	5	2
<b>Diabetes Management</b>	2	1	7	44
<b>Eat Healthy</b>	3	3	5	5
<b>Exercise</b>	4	3	5	5
<b>Making Meals Better - School Age</b>	0	0	1	0
<b>Prnatal Health Guide</b>	540	575	642	637
<b>Postpartum Health Guide</b>	1,162	1,083	1,272	1,296
<b>Tobacco</b>	0	9,493	57	10
<b>Total</b>	<b>1,714</b>	<b>11,159</b>	<b>2,003</b>	<b>2,006</b>



KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3<sup>rd</sup> Quarter 2022

**Topical Fluoride Varnish Treatments**

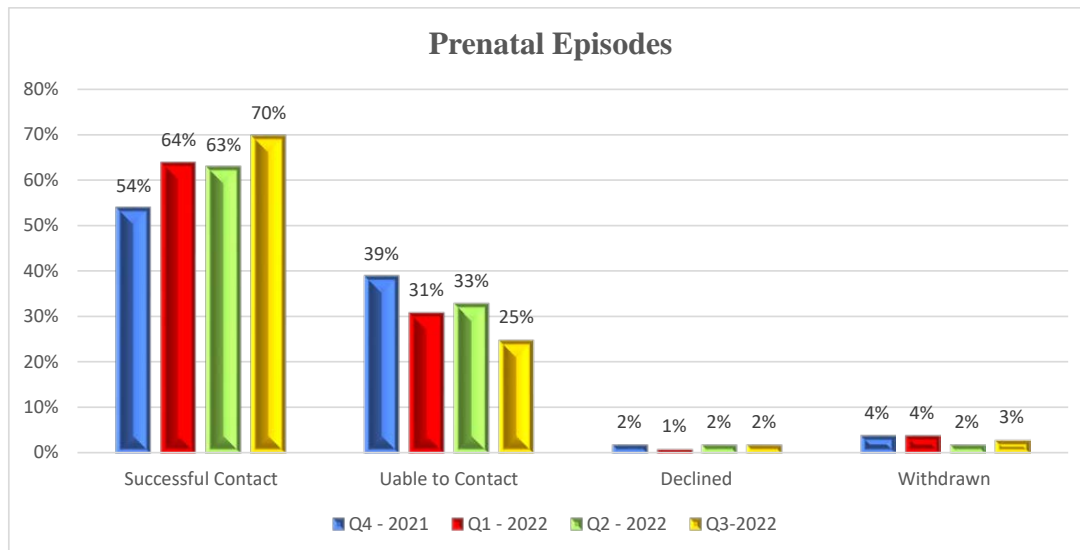
Fluoride varnish treatments are effective in preventing tooth decay and more practical and safer to use with young children. KHS covers up to three topical fluoride varnish treatments in a 12-month period for all members younger than 6 years.



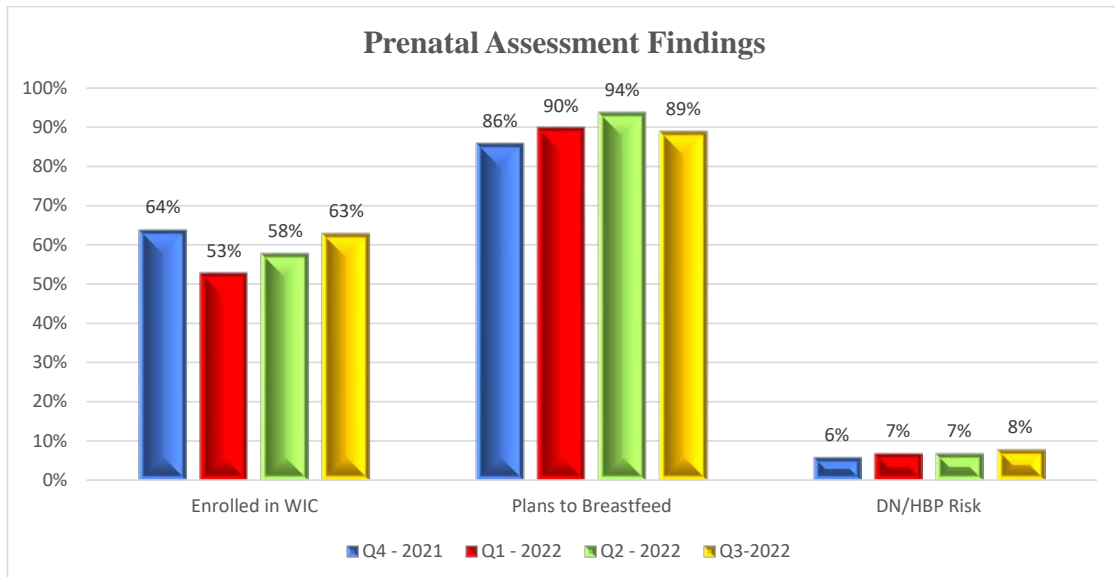
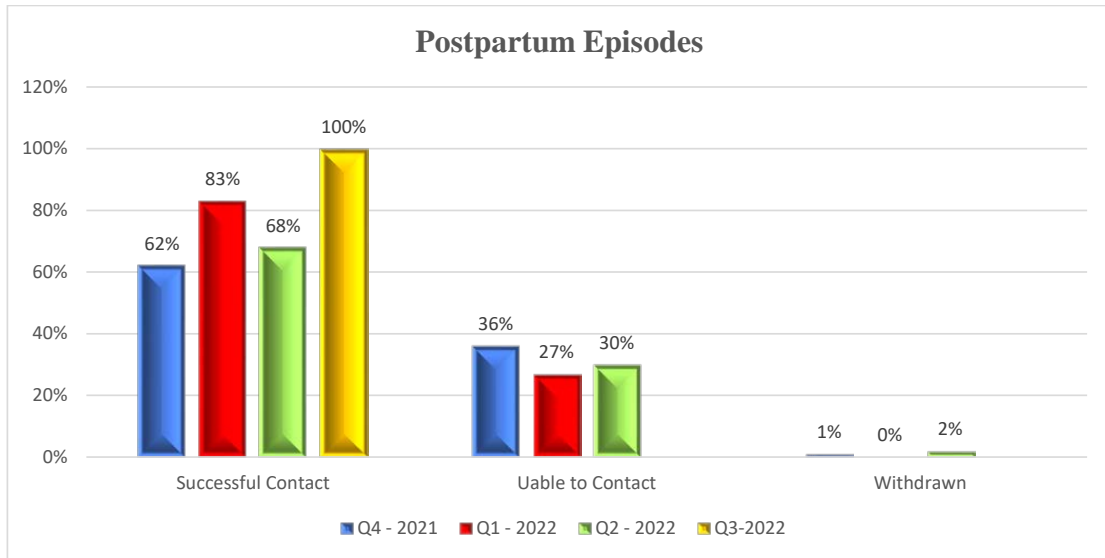
KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3<sup>rd</sup> Quarter 2022

**Perinatal Outreach and Education**

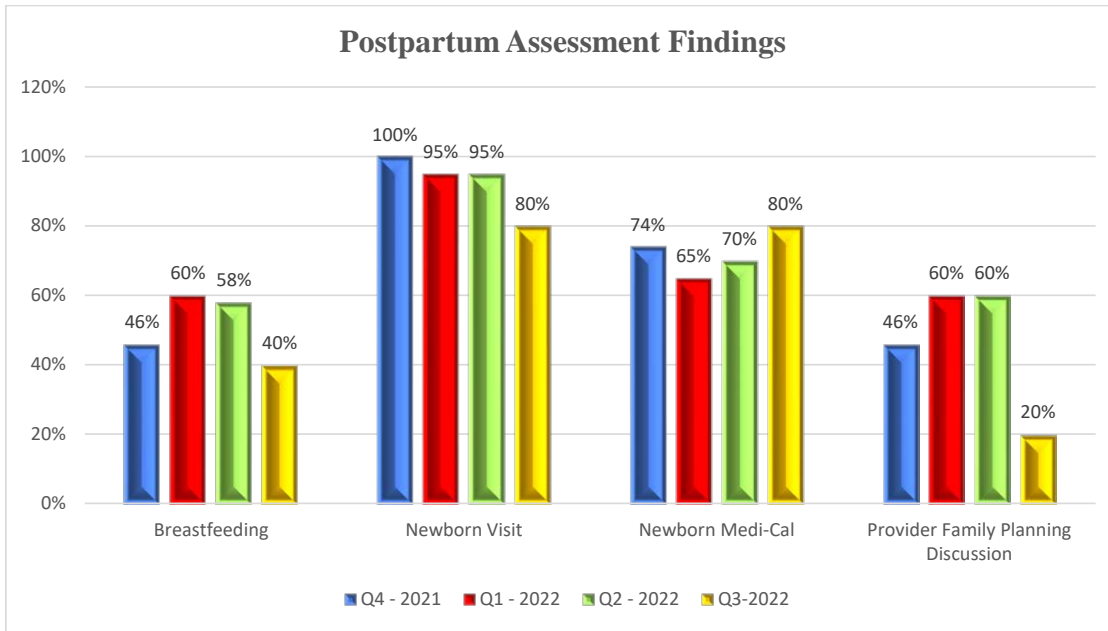
The HE department performs outreach education calls to members with a positive pregnancy test claim, pregnant teens (under age 18), and postpartum members with a Cesarean delivery or teen pregnancy delivery. In Q2, pregnancy calls were put on hold due to limited capacity. In Q3 2022 prenatal calls resumed, 534 episodes for pregnant members were completed and the rate of successful contacts increased from 64% to 70%. For postpartum, calls were only performed for self-referred members, 7 episodes were completed, and the rate of successful contacts increased from 68% to 100%. Prenatal assessment findings revealed a 18% increase in members identified with diabetes or high blood pressure or were at-risk for diabetes or high blood pressure during pregnancy. Postpartum assessment findings revealed a 99% increase in members reporting that they had already discussed their family planning and birth control options with their provider.



KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3<sup>rd</sup> Quarter 2022



KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3<sup>rd</sup> Quarter 2022



KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3<sup>rd</sup> Quarter 2022

# Health & Wellness Programs

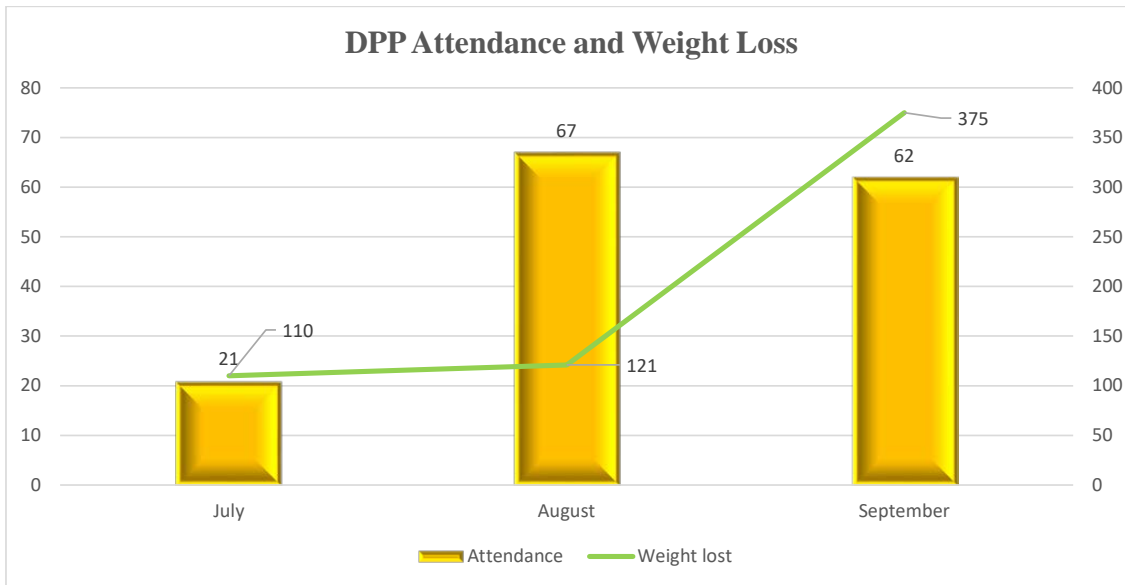
KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3<sup>rd</sup> Quarter 2022

**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.

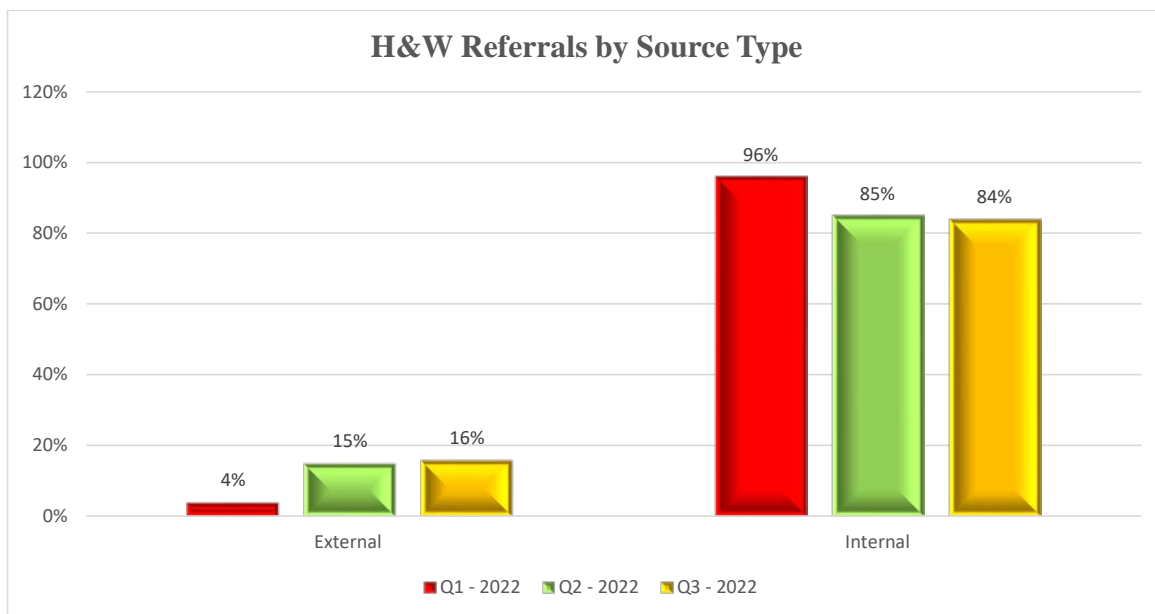
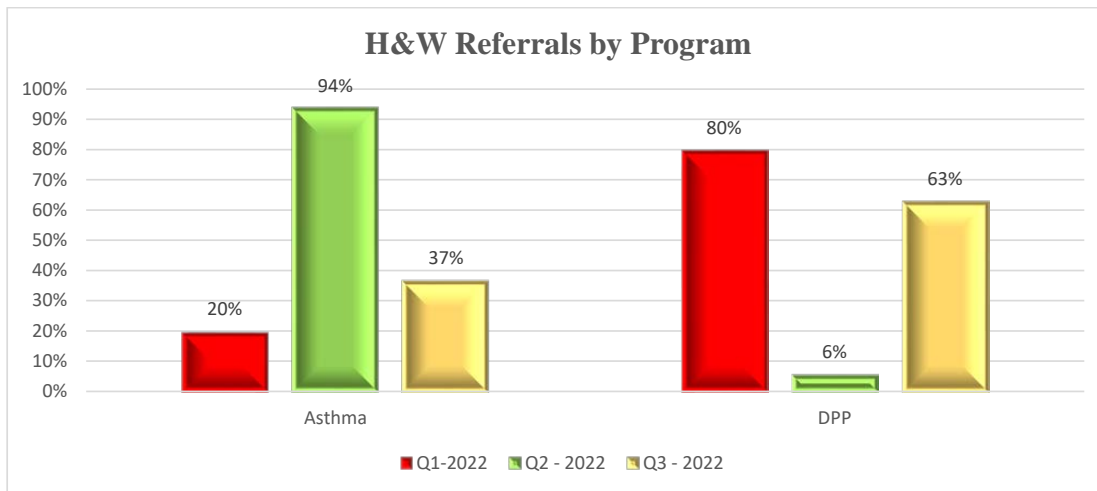
The translated adaptation of the DPP lifestyle intervention is a yearlong structured program consisting of an initial 6-month phase. Within those six months there are 16 weekly classes for the first four months and 4 bi-weekly classes for the next 2 months. For the last six months one class is offered 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 62 members enrolled in the program. These cohorts have lost a combined total of 375lbs.



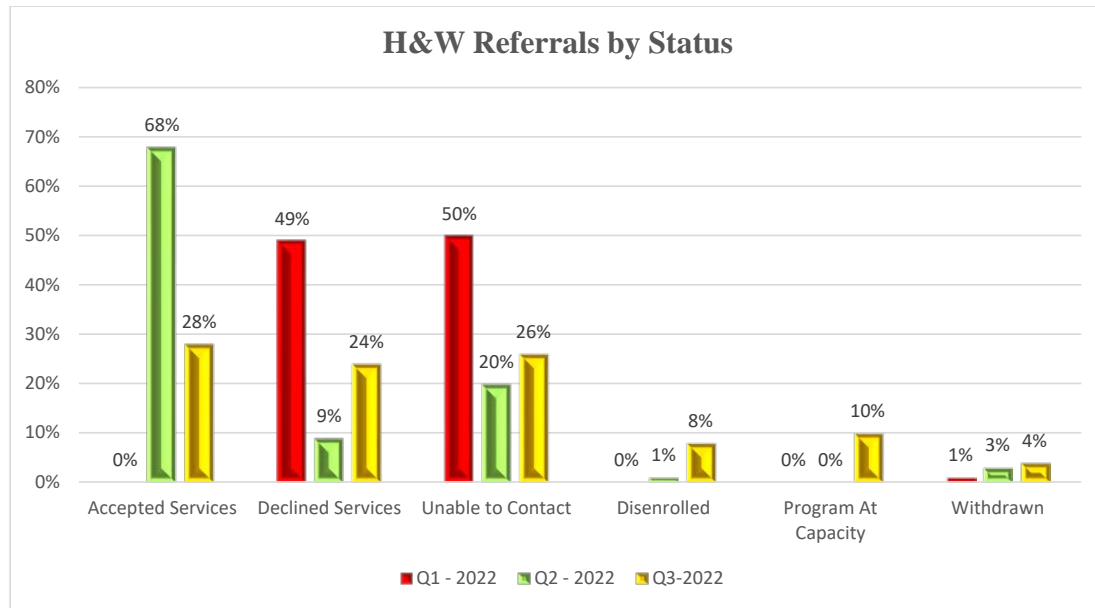
KERN HEALTH SYSTEMS  
 HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
 3<sup>rd</sup> Quarter 2022

During Q3 2022, there were 117 referrals for asthma education and 205 for DPP services which is a 9% decrease in comparison to the previous quarter.



**KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3<sup>rd</sup> Quarter 2022**

Below is a graph of Health & Wellness referrals by Status. During the second quarter, 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.

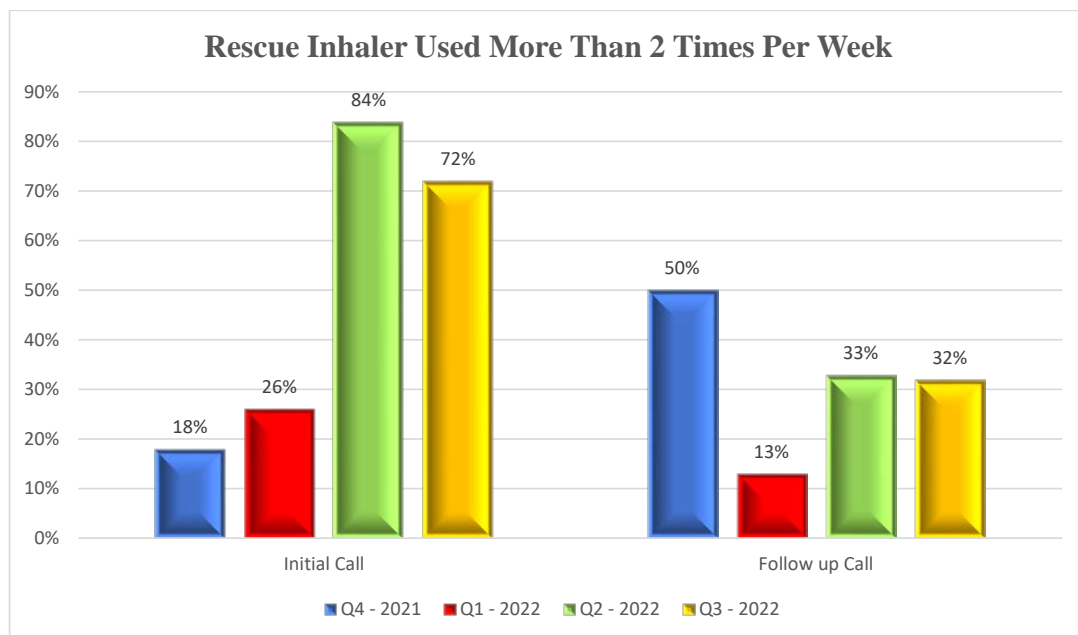




KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3<sup>rd</sup> Quarter 2022

**Asthma Follow Up Calls**

The HE Department 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 Q3 2022, the rate of members who report using their quick relief medication 3 or more times a week in the past 4 weeks decreased from 72% during the initial call to 32% at the 3 month follow up.



**Asthma Mitigation Project**

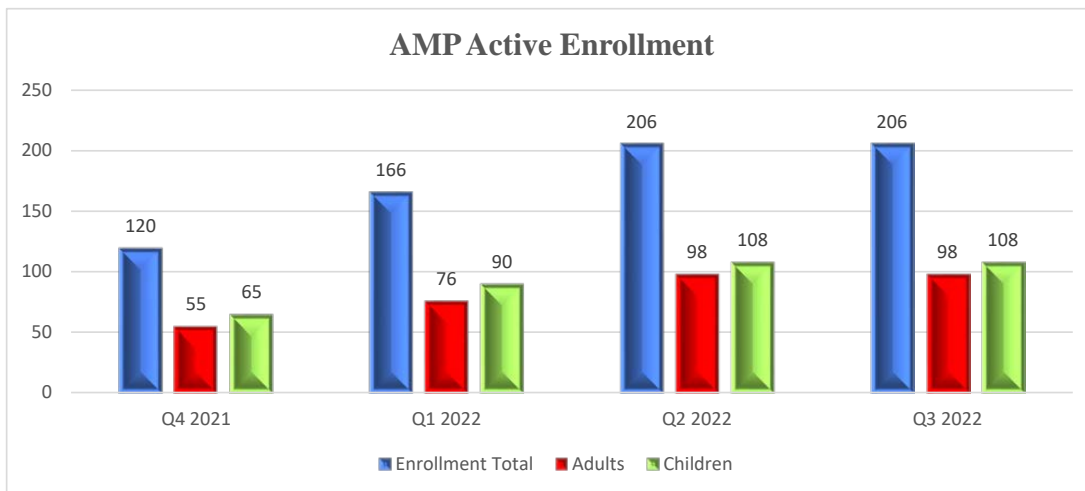
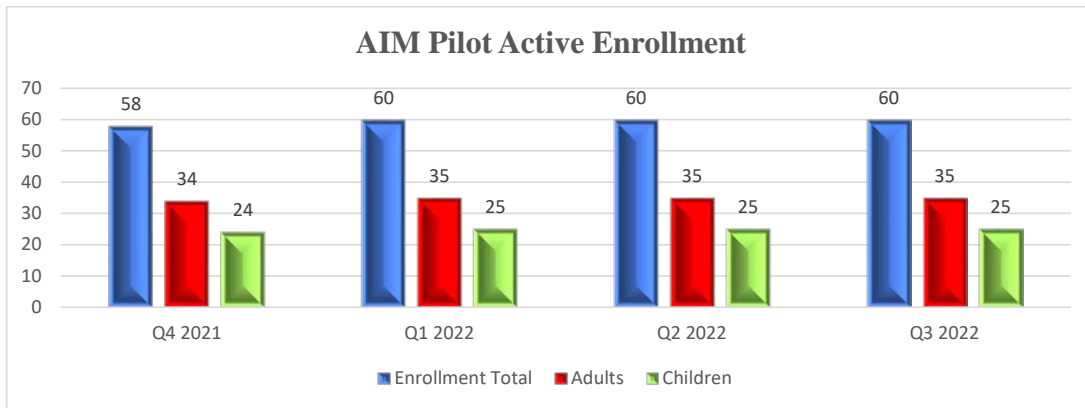
The HE Department offers home-based asthma education and remediation services to members with recent signs of high risk or uncontrolled asthma, such as hospital visits due to asthma emergencies, frequent rescue inhaler use, or frequent asthma symptoms. KHS has partnered with Central California Asthma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

**KERN HEALTH SYSTEMS**  
**HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT**  
 3<sup>rd</sup> Quarter 2022

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, 56 members have participated for at least 1 year.

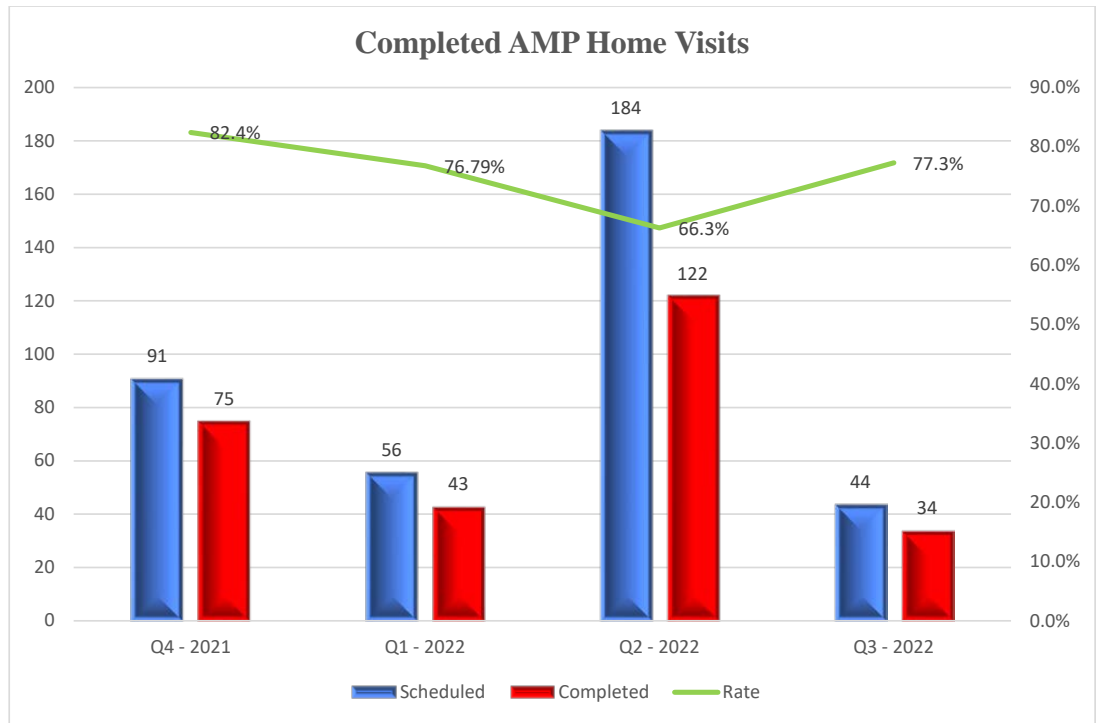
The second program is called the Asthma Mitigation Project (AMP). It is being funded by a statewide grant. It includes very similar services as the AIM Pilot. The goals of this program are essentially the same. However, the program enrollment goal is at least 200. Program enrollment began in March 2021 and continued through May 2023. Each member is expected to participate for at least a 1-year period. The program enrollment goal was surpassed in May 2022. So far, 66 members have completed the program.



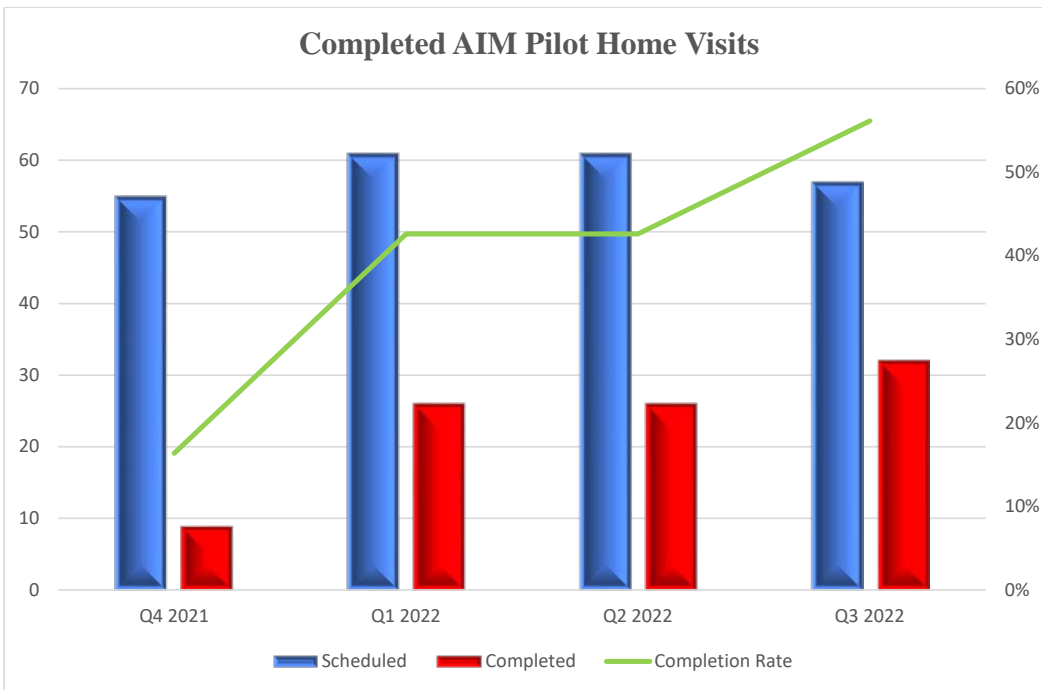
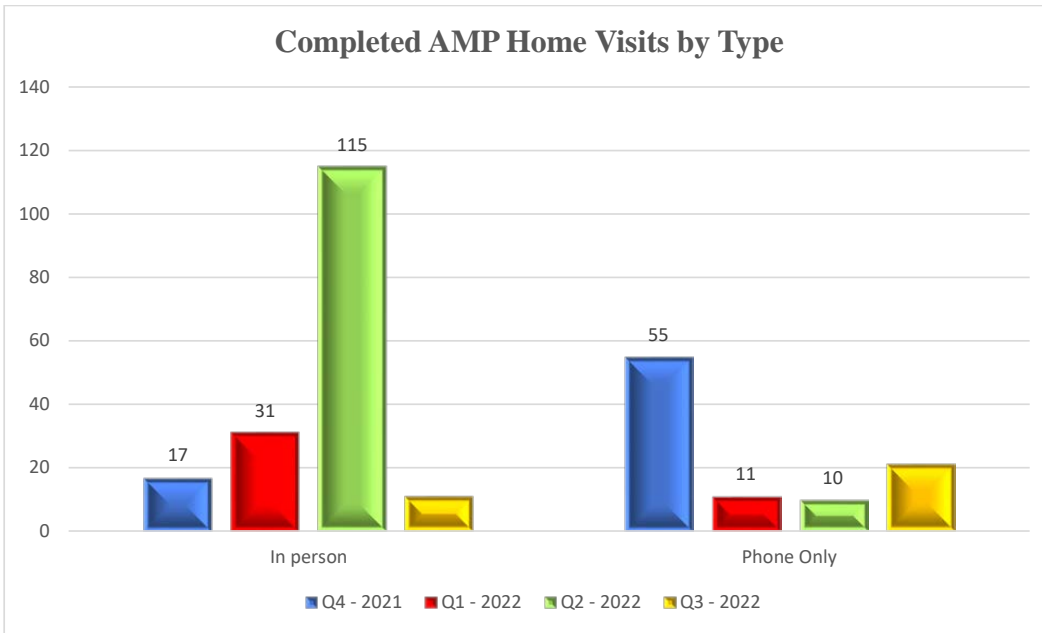
**KERN HEALTH SYSTEMS**  
**HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT**  
 3<sup>rd</sup> Quarter 2022

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.



KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3<sup>rd</sup> Quarter 2022



KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3<sup>rd</sup> Quarter 2022

# Cultural & Linguistic Services

KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3<sup>rd</sup> Quarter 2022

**Interpreter Requests**

During this quarter, there were 97 requests for Face-to-Face Interpreting, 1365 requests for Telephonic Interpreting, 12 for Video Remote Interpreting (VRI) and 52 requests for an American Sign Language (ASL) interpreter.

**Top Face-to-Face Interpreting Languages Requested**

Q4-2021	Q1-2022	Q2-2022	Q3-2022
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Cantonese	Farsi	Vietnamese	Vietnamese

**Top Telephonic Interpreting Languages Requested**

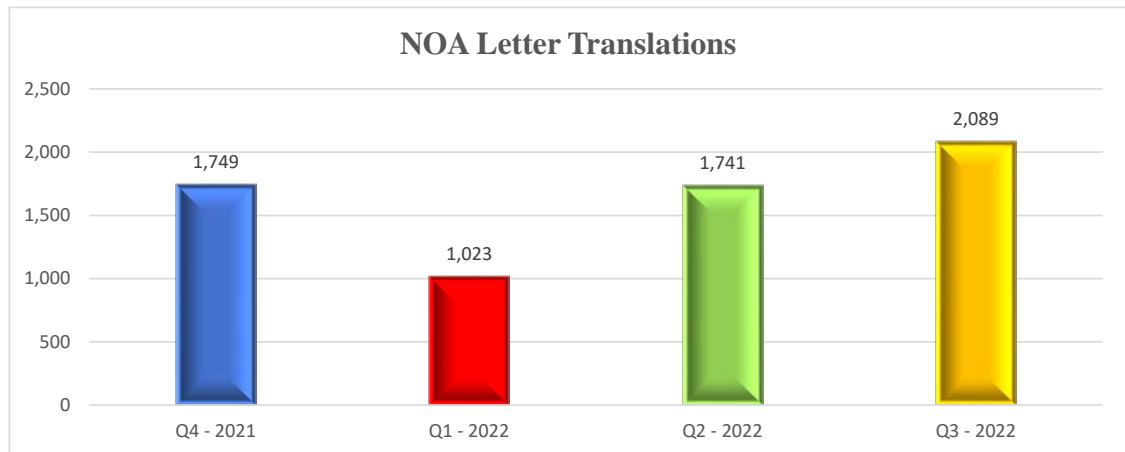
Q4-2021	Q1-2022	Q2-2022	Q3-2022
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Arabic	Arabic	Arabic	Arabic



**KERN HEALTH SYSTEMS**  
**HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT**  
 3<sup>rd</sup> Quarter 2022

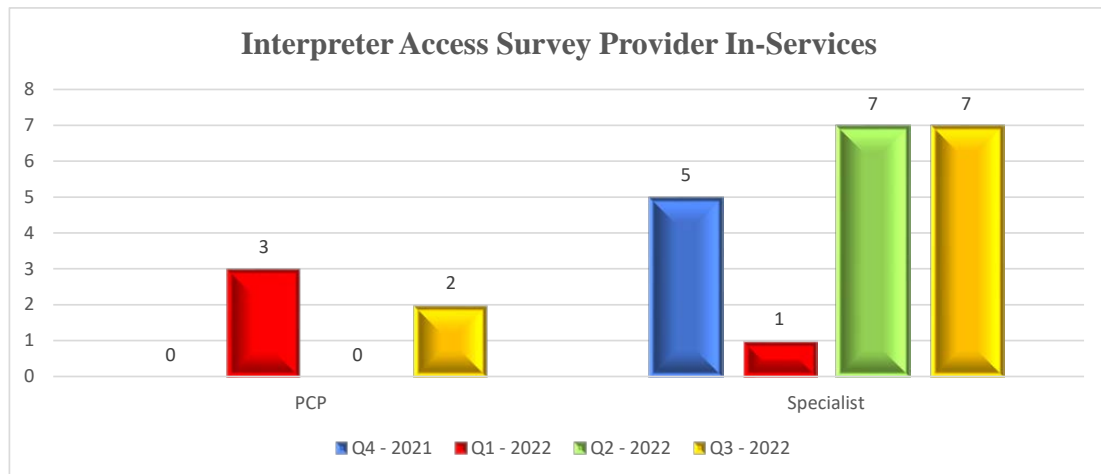
**Written Translations**

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, 2,089 requests for written translations were received of which 94% were Notice of Action letters translated in- house into Spanish for the UM department.



**Interpreter Access Survey Calls**

Each quarter, the Provider Network Management department conducts an interpreter access survey among KHS providers. During the 3<sup>rd</sup> quarter, 17 PCPs and 19 Specialists participated in this survey of which a 25% required a follow up in-service on how to access KHS' interpreting services for members.









**To: Public Policy Committee Meeting**

**From: Nate Scott**

**Date: December 13, 2022**

**Re: Executive Summary for 3rd Quarter 2022 Operational Board Update - Grievance Report**

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**Background**

**Executive Summary for 3rd Quarter 2022 Operational Board Update - Grievance Report:**

When compared to the previous four quarters, we have identified the following significant trends as they relate to the Grievances and Appeals received during the 3<sup>rd</sup> Quarter, 2022.

- The increase in appeals can be attributed to an approximate 1.70% increase of referrals received and processed by the Utilization Management Department from Quarter 2 to Quarter 3, 2022. There was also an approximate 2.5% increase in denials.
- Discrimination grievances continues to rise from quarter to quarter. The Plan discusses these grievances with members of our Executive and Compliance teams and take into consideration our members' perceptions when they report these grievances.
- Quality of Care and Exempt grievances rose from Quarter 2 to Quarter 3, 2022. Member Services no longer offers to file a grievance on behalf of a member as all dissatisfactions are forwarded to the Grievance Coordinators for logging and processing. The overall increase in volume led to more grievances being processed in these categories.

**Requested Action**

Receive and File

## 3<sup>rd</sup> Quarter 2022 Grievance Report

Category	3rd Quarter 2022	Status	Issue	Q2 2022	Q1 2022	Q4 2021	Q3 2021
Access to Care	132	Green	Appointment Availability	117	169	131	148
Coverage Dispute	0	Green	Authorizations and Pharmacy	0	0	0	0
Medical Necessity	346	Yellow	Questioning denial of service	259	138	266	329
Other Issues	30	Green	Miscellaneous	20	41	36	18
Potential Inappropriate Care	514	Yellow	Questioning services provided. All cases forwarded to Quality Dept.	415	479	256	164
Quality of Service	86	Green	Questioning the professionalism, courtesy and attitude of the office staff. All cases forwarded to PR Department	120	125	55	53
Discrimination (New Category)	73	Yellow	Alleging discrimination based on the protected characteristics	34	15		
<b>Total Formal Grievances</b>	<b>1181</b>	Green		965	967	744	712
Exempt	2328	Green	Exempt Grievances-	2087	1404	1431	1520
<b>Total Grievances (Formal &amp; Exempt)</b>	<b>3509</b>	Green		3052	2371	2175	2232

## Additional Insights-Formal Grievance Detail

Issue	2022 3 <sup>rd</sup> Quarter Grievances	Upheld Plan Decision	Further Review by Quality	Overturned Ruled for Member	Still Under Review
Access to Care	55	31	0	11	13
Coverage Dispute	0	0	0	0	0
Specialist Access	77	26	0	19	32
Medical Necessity	346	140	0	140	66
Other Issues	30	22	0	3	5
Potential Inappropriate Care	514	164	120	230	0
Quality of Service	86	55	0	10	21
Discrimination	73	54	0	0	19
<b>Total</b>	<b>1181</b>	<b>492</b>	<b>120</b>	<b>413</b>	<b>156</b>



**To: Public Policy Committee Meeting**

**From: Nate Scott**

**Date: December 13, 2022**

**Re: Executive Summary for 3rd Quarter 2022 Grievance Summary Report**

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**Background**

**Executive Summary for the 3rd 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**

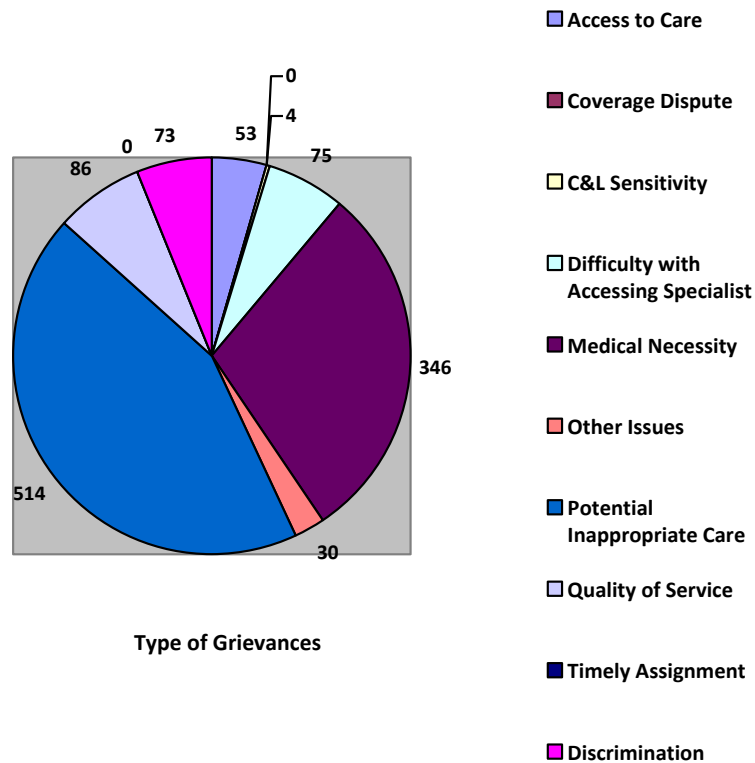
During the third quarter of 2022, there were one hundred and one grievances and appeals filed by KFHC members assigned to Kaiser Permanente. The Grievance Summary Report breaks down the cases by Grievance Category.

**Requested Action**

Receive and File

### 3rd 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	53	29	0	11	13
Coverage dispute	0	0	0	0	0
Cultural and Linguistic Sensitivity	4	3	0	1	0
Difficulty with accessing specialists	75	25	0	18	32
Medical necessity	346	140	0	140	66
Other issues	30	22	0	3	5
Potential Inappropriate care	514	164	120	230	0
Quality of service	86	55	0	10	21
Timely assignment to provider	0	0	0	0	0
Discrimination	73	54	0	0	19



**KHS Grievances per 10,000 members = 12.57/month**

During the third quarter of 2022, there were one thousand, one hundred and eighty-one standard grievances and appeals received. Four hundred and thirteen cases were closed in favor of the Enrollee. Four hundred and ninety-two cases were closed in favor of the Plan. One hundred and twenty cases are under review by the KHS Quality Improvement Department. One hundred and fifty-six cases are still under review. Of the one thousand, one hundred and eighty-one standard grievances and appeals received, one thousand forty-five cases closed within thirty days; one hundred thirty-six cases were pended and closed after thirty days.

### **3rd Quarter 2022 Grievance Summary**

#### **Access to Care**

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

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

Five members complained about the wait time to be seen for a Primary Care Provider (PCP) appointment. Three 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. Two 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.

Seven members complained about the telephone access availability with their Primary Care Provider (PCP). Three cases closed in favor of the Plan after the responses indicated the members were provided with the appropriate telephone access availability. Four cases are still pending review.

Twenty-six members complained about a provider not submitting a referral authorization request in a timely manner. Sixteen cases closed in favor of the Plan after it was determined the referral authorization request had been submitted in a timely manner. Six cases closed in favor of the Enrollee after it was determined the referral authorization request may not have been submitted in a timely manner. Four cases are still under review.

#### **Coverage Dispute**

There were no grievances pertaining to a Coverage Dispute issue.

#### **Cultural and Linguistic Sensitivity**

Four 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. Three 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.

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

### 3rd Quarter 2022 Grievance Summary

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

Nine members complained about the lack of available appointments with a specialist. Four 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. One case 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 cases are still under review.

Three members complained about the wait time to be seen for a specialist appointment. Two 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 Access to Care Standards. One case is still under review.

Four members complained about the telephone access availability with a specialist office. One case closed in favor of the Plan after the response indicated the member was provided with the appropriate telephone access availability. Three cases are still under review.

Forty-seven members complained about a provider not submitting a referral authorization request in a timely manner. Twelve cases closed in favor of the Plan after it was determined the referral authorization request had been submitted in a timely manner. Fourteen cases closed in favor of the Enrollee after it was determined the referral authorization request may not have been submitted in a timely manner. Twenty-one cases are still under review.

Eleven members complained about the availability with scheduling Non-Emergency Medical Transportation. Seven of the cases closed in favor of the Plan after the responses determined the member received the appropriate scheduling from the transportation vendor. One case closed in favor of the Enrollee after the response indicated the member may not have been provided with the appropriate scheduling from the transportation vendor. Three cases are still under review.

One member complained about Physical Access with a specialist. This case closed in favor plan after it was determined the member was provided with the appropriate service.

#### **Medical Necessity**

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

### **3rd Quarter 2022 Grievance Summary**

Three hundred and forty-six members complained about the denial or modification of a referral authorization request. One hundred and twenty-eight of the cases were closed in favor of the Plan as it was determined that there was no supporting documentation submitted with the referral authorization requests to support the criteria for medical necessity 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 forty cases were closed in favor of the Enrollee as it was determined medical necessity was met and the denials were overturned and approved. Sixty-six cases are still under review.

#### **Other Issues**

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

#### **Quality of Service**

There were eighty-six grievances involving Quality of Service issues. Fifty-five cases closed in favor of the Plan after the responses determined the members received the appropriate service from their providers. Ten cases closed in favor of the enrollee after the responses determined the members may not have received the appropriate services. Twenty-one cases are under review.

#### **Timely Assignment to Provider**

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

#### **Discrimination**

There were seventy-three grievances pertaining to Discrimination. Fifty-four cases closed in favor of the Plan as there was no discrimination found. Nineteen cases are still open, pending investigation and resolution. All grievances related to Discrimination, are forwarded to the DHCS Office of Civil Rights upon closure.



### **3rd Quarter 2022 Grievance Summary**

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

During the third quarter of 2022, there were one hundred and one grievances and appeals received by KFHC members assigned to Kaiser Permanente.

#### **Access to Care**

There were eleven grievances pertaining to Access to Care.

#### **Medical Necessity**

There were eleven appeals pertaining to Medical Necessity.

#### **Coverage Disputes**

There were nineteen appeals pertaining to Coverage Disputes.

#### **Quality of Care**

There was one grievance pertaining to Quality of Care.

#### **Quality of Service**

There were fifty-nine grievances pertaining to a Quality of Service.





**To: PP/CA Committee**

**From: Louis Iturriria**

**Date: December 13, 2022**

**Re: Marketing Department Report**

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**Background**

We strive to share important information with our members. Our Member Engagement Committee developed a booklet that will be mailed to members in December 2022. The booklet will be mailed in English or Spanish according to the members preferred language.

The following topics are included in the mailer:

- Community Supports Services – who qualifies for these services, what supports do we currently offer and new supports we will offer in 2023
- How to connect with KFHC – create a Member Portal account and give us permission to text
- Reminders about our transportation benefit, importance of COVID and flu shots, contacting the Kern County Department of Human Services about changes to contact information, updates to the KFHC Member Rewards Program, stop smoking classes, non-discrimination notice, and language assistance

**Requested Action**

Receive and File

# Marketing Department Report



## 2022 KFHC Member Mailing

### **KFHC Member Mailing Details**

- Booklet will be mailed in December
  - In English or Spanish according to the members preferred language
  - The English and Spanish mailers are included for your review

### **Important Topics or Things to Know**

- **Community Supports Services**
  - In 2022, we began offering 4 community supports at no cost to the following members:
    - those homeless or who could become homeless, with complex health issues, disabled, or have a behavioral or substance use disorder

## 2022 KFHC Member Mailing

### Important Topics or Things to Know

- **Community Supports Services**

- What supports do we offer now: help find housing or to stay in your home, help with rental deposit, short-term housing after a hospital stay, asthma care such as an air purifier and other items to control your asthma
- We wanted to share what a provider and member say about our short-term housing after a hospital stay program
  - [KFHC-CommunitySupport-01 on Vimeo](#)
- Additional supports will we offer in 2023: medically tailored meals and nutritional counseling for members who have a chronic illness, sobering centers, respite services to allow caregivers to perform other duties or go to medical appointments



## 2022 KFHC Member Mailing

### Important Topics or Things to Know

- Transportation Benefit
  - Reminder that we can help members get a ride to their medical appointments
- How to connect with KFHC
  - Encourage members to create a Member Portal account and to give us permission to text them about important health reminders and rewards
    - We began texting our members in November of this year
- Reminders to get the COVID and flu shots and to share any changes to contact information with the Kern County Department of Human Services
- Updates to the KFHC Member Rewards program – gift card amounts for most visits/screenings were increased in November
- Stop Smoking classes, nondiscrimination notice, and language guide

**Thank You**







**J**  **Y**

*Healthy Holidays*

**IMPORTANT  
THINGS TO KNOW**

Community Supports Services.....	2
LiNK Up with KFHC.....	3
Keeping Medi-Cal Coverage.....	4
Member Rewards.....	5
Stop Smoking Classes.....	6
Nondiscrimination Notice.....	7-8
Language Guide.....	9-11



**800-391-2000 • kernfamilyhealthcare.com**

# COMMUNITY SUPPORTS SERVICES

We want you to know Medi-Cal offers a program called Community Supports Services (CSS). CSS are a group of programs that will help better your health and well-being. The programs give you the chance to get extra help and better care in the town you live in.

## Can I get this benefit?

KFHC members who need added support may be able to use these programs at no cost to you.

## Who can use this program?

- If you are homeless
- Could be or might become homeless
- Have complex health issues
- Have a disability
- Have a Behavioral disorder
- Have a substance use disorder

## What are the Community Supports that Kern Family Health Care (KFHC) offers now?

- Help you find fixed housing or help you stay in your home.
- Help with rental deposit.
- Short-term housing after a hospital stay when you need help with your health needs.
- Asthma care such as an air purifier and other items to help control your asthma at home.

## What are the new Community Supports that KFHC will offer starting January 1, 2023?

- Medically tailored meals and nutritional counseling for members who have chronic sickness.
- Sobering centers to help you get well from being intoxicated and to help stop you from going to the emergency room or even jail.
- Respite services to allow the caregiver to do other duties or for office visits.

To learn more, please go to [www.kernfamilyhealthcare.com](http://www.kernfamilyhealthcare.com), or call 1-800-391-2000 and press choice number 6. (TTY/TDD 711)

## How to get a ride to your medical appointment

As a KFHC member, your transportation benefit covers round trip, non-medical transportation such as bus passes, GET On-Demand, rideshare, and mileage reimbursement to and from your medical appointment. Just call 1-800-391-2000 and select option 3 to request transportation. Reservation hours are Monday – Friday, 7 a.m. – 6 p.m. They are also available 24 hours a day, 7 days a week for urgent or after-hours help.



## LiNK up with KFHC

Do you have a KFHC Member Portal account? You can earn a \$10 gift card just for signing up! Download the KFHC mobile app, LiNK, or click the Member Portal button on [kernfamilyhealthcare.com](http://kernfamilyhealthcare.com). Sign up to see your benefits and use the self-service tools that are offered anywhere, anytime. You can check your health stage, look for a new doctor, change your mailing address and your contact information. Sign up today for text messaging, and much more! You can download LiNK at no cost from the App Store for your iPhone or iOS tablet, or the Google Play Store for your android phone or tablet. If you sign up your kids, you get a \$10 gift card for each of them too!

### Get text messages from KFHC

Have you told us that you would like to get text messages from KFHC? Don't miss out on important health reminders and reward messages! Sign into your KFHC Member Portal account and tell us YES! you want to get text messages. You can also call us at 1-800-391-2000 and tell us you want to get text messages.



800-391-2000 • [kernfamilyhealthcare.com](http://kernfamilyhealthcare.com)

# vaccinated. protected.

**Protect yourself against COVID-19 and the flu by getting vaccinated. It is safe to get your flu shot when you get your COVID-19 or booster shot.**

# KEEPING MEDI-CAL COVERAGE

Don't miss important information about your  
Medi-Cal health coverage.

**Make sure your county has your current name  
and contact information.**



**Name**



**Address**



**Phone**



**Email**

Report any changes by contacting your local  
Department of Human Services office online at  
**[www.benefitscal.com](http://www.benefitscal.com)**, by phone at **1-877-410-8812**,  
or by mail at **P.O. BOX 511, Bakersfield, CA 93302-9985**.

For a list of office locations visit **[www.kcdhs.org](http://www.kcdhs.org)**.

## **Did You Know?**

You can complete your annual renewal and report changes  
to your Medi-Cal case online.

Create your online account today by going to  
**[www.benefitscal.com](http://www.benefitscal.com)** and select the "Create An Account" link.

Scan to learn more.





## MEMBER REWARDS

Kern Family Health Care wants to thank you for taking care of your health and the health of your family by offering rewards for our members.

### Check to see if you qualify for any of these gift cards.

For complete information on our rewards, check out [kernfamilyhealthcare.com](http://kernfamilyhealthcare.com).

#### **New Members – \$25**

Complete a wellness visit within 120 days of enrolling with KFHC.

#### **Annual Well Care – \$25**

Complete a yearly wellness exam between 3 and 21 years of age.\*\*

#### **Baby Well Care – up to \$160**

Complete 6 well baby visits between 0-15 months. 1st-4th visits \$15 each. 5th & 6th visits \$25 each. Complete 2 well baby visits between 15-30 months. 7th & 8th visits \$25 each.

#### **Blood Lead Screening – \$25**

Complete a blood lead test before your baby turns 2 years of age.

#### **Prenatal – \$50**

Visit your doctor within the 1st three months of becoming pregnant and submit the Prenatal Reward Form.\*

#### **Postpartum – \$30**

Visit your doctor for a postpartum visit within 1-12 weeks after giving birth.

#### **Chlamydia – \$25**

Women 18-24 years of age, complete a test for chlamydia.\*\*

#### **Breast Cancer Screening – \$25**

Women 50-74 years of age, complete a mammogram.\*\*

#### **Cervical Cancer Screening – \$25**

Women 21 to 64 years of age, complete a Pap Smear Test.\*\*

**\*Limit 1 reward per pregnancy.**

**\*\*Limit 1 reward per year.**



VIRTUAL INTERACTIVE CLASSES AT NO COST TO YOU

## To Help You Stop Smoking

We know it's not easy to quit and you don't have to do this alone! This 4-class series meets 1 time per week on-line where we will Inspire tobacco users to overcome addiction and provide support for quitting.

Call for a Fresh Start Today.

**1-800-391-2000**

Log in to the KFHC Member Portal:  
[kernfamilyhealthcare.com](http://kernfamilyhealthcare.com)

### Class topics for each week:

1. Why Start
2. When to Start
3. Making the Change
4. Keeping the Goal!

Get up to **\$130** worth of gift cards to help you quit smoking and stay healthy!

For each class you complete, you get rewarded with a gift card (from \$25 to \$40). You can choose gift cards from Amazon, Finish Line, Nike, Starbucks, Target or Walmart.

*Don't wait, REGISTER today!* (By Phone or the Member Portal)

# NONDISCRIMINATION NOTICE

Discrimination is against the law. Kern Family Health Care follows State and Federal civil rights laws. Kern Family Health Care does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Kern Family Health Care provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - ✓ Qualified sign language interpreters
  - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - ✓ Qualified interpreters
  - ✓ Information written in other languages

If you need these services, contact Kern Family Health Care at 1-800-391-2000 between 8:00am – 5:00pm, Monday through Friday. If you cannot hear or speak well, please call the California Relay Service at 711. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Kern Family Health Care  
2900 Buck Owens Boulevard  
Bakersfield, CA 93308  
1-800-391-2000  
711 (California Relay Service)

## HOW TO FILE A GRIEVANCE

If you believe that Kern Family Health Care has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Kern Family Health Care's Discrimination Grievance Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact Kern Family Health Care's Discrimination Grievance Coordinator between 8:00am – 5:00pm, Monday through Friday by calling 1-800-391-2000. Or, if you cannot hear or speak well, please call the California Relay Service at 711.
- **In writing:** Fill out a complaint form or write a letter and send it to:

Discrimination Grievance Coordinator  
Kern Family Health Care  
2900 Buck Owens Boulevard  
Bakersfield, CA 93308

## **NONDISCRIMINATION NOTICE, continued...**

- In person: Visit your doctor's office or Kern Family Health Care and say you want to file a grievance.
- Electronically: Visit Kern Family Health Care's website at [www.kernfamilyhealthcare.com](http://www.kernfamilyhealthcare.com).

### **OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (California Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights  
Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413**

Complaint forms are available at [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).

- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

### **OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

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

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

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

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



# LANGUAGE GUIDE

We're here for you in many languages. The law requires us to include a message in all of these different languages. Wondering what they say? We're beginning with English:

### English Tagline

ATTENTION: If you need help in your language call 1-800-391-2000 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-391-2000 (TTY: 711). These services are free of charge.

### الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-391-2000 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ 1-800-391-2000 (TTY: 711). هذه الخدمات مجانية.

### Հայերեն պիտակ (Armenian)

Ուշադրություն: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-391-2000 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-391-2000 (TTY: 711): Այդ ծառայություններն անվճար են:

### ប្រាសាទកម្ពុជា (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-391-2000 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពផ្ទុំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-391-2000 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

### 简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-800-391-2000 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 1-800-391-2000 (TTY: 711)。这些服务都是免费的。

### مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-391-2000 (TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-391-2000 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

## LANGUAGE GUIDE, continued...

### हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-391-2000 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-391-2000 (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

### Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-391-2000 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-391-2000 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

### 日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-800-391-2000 (TTY: 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-800-391-2000 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

### 한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-391-2000 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-391-2000 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

### ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໃບທາດປີ 1-800-391-2000 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນລິເລີຍ ແລະ ຄົນອາໄສພາຍໃນທີ່ບໍ່ສາມາດເຂົ້າໄປສູ່ໂຮງຮຽນ ຫຼື ໃຫ້ໃບທາດປີ 1-800-391-2000 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

### Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-391-2000 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-391-2000 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

### ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-391-2000 (TTY: 711). ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-391-2000 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

## **LANGUAGE** GUIDE, continued...

### **Русский слоган (Russian)**

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-391-2000 (линия ТТТ: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-391-2000 (линия ТТТ: 711). Такие услуги предоставляются бесплатно.

### **Mensaje en español (Spanish)**

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-391-2000 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-391-2000 (TTY: 711). Estos servicios son gratuitos.

### **Tagalog Tagline (Tagalog)**

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-391-2000 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-391-2000 (TTY: 711). Libre ang mga serbisyong ito.

### **แท็กไลน์ภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-391-2000 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-391-2000 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

### **Примітка українською (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-391-2000 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-391-2000 (TTY: 711). Ці послуги безкоштовні.

### **Khẩu hiệu tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-391-2000 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-391-2000 (TTY: 711). Các dịch vụ này đều miễn phí.



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# IMPORTANT THINGS TO KNOW

Community Supports Services.....2  
LiNK Up with KFHC.....3  
Keeping Medi-Cal Coverage.....4  
Member Rewards.....5  
Stop Smoking Classes.....6  
Nondiscrimination Notice.....7-8  
Language Guide.....9-11



800-391-2000 • kernfamilyhealthcare.com



# Alegría

*Días festivos saludables*

## **COSAS IMPORTANTES QUE DEBE SABER**

Servicios de Apoyos Comunitarios.....	2
LiNK conéctese con KFHC.....	3
Mantenga su cobertura de Medi-Cal.....	4
Premios para miembros.....	5
Clases para dejar de fumar.....	6
Aviso de no discriminación.....	7-8
Guía de idiomas.....	9-11



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# SERVICIOS DE APOYOS COMUNITARIOS

Nos gustaría informarle acerca de un programa de Medi-Cal llamado Servicios de Apoyos Comunitarios (Community Supports Services, CSS). CSS es un grupo de programas que le ayudarán a mejorar su salud y bienestar. Los programas le brindan la oportunidad de recibir atención adicional y a tener acceso a mejor atención en la ciudad en donde vive.

## ¿Puedo obtener este beneficio?

Los miembros de KFHC que necesitan apoyo adicional podrían utilizar estos programas sin costo alguno.

## ¿Quién puede utilizar estos programas?

- Usted, si no tiene hogar
- Se encuentra en riesgo de quedarse sin hogar
- Tiene problemas complejos de salud
- Tiene una discapacidad
- Padece de un trastorno conductual
- Presenta un trastorno por consumo de sustancias

## ¿Cuáles apoyos comunitarios ofrece Kern Family Health Care (KFHC) ahora?

- Asistencia para encontrar vivienda estable o para permanecer en su hogar
- Asistencia con el depósito de renta
- Vivienda a corto plazo después de una estadía en el hospital cuando requiera ayuda con sus necesidades médicas
- Atención del asma, por ejemplo, recibir un purificador del aire u otros suministros para ayudarle controlar el asma en su hogar

## ¿Cuáles nuevos apoyos comunitarios ofrecerá KFHC a partir del 1º de enero del 2023?

- Comidas médicamente diseñadas y asesoramiento nutricional para los miembros que sufren de enfermedades crónicas
- Centros de sobriedad para ayudarle a recuperarse cuando se encuentre intoxicado y para prevenir que vaya a la sala de emergencias o a la cárcel
- Servicios de relevo para permitir que la persona que lo cuida se ocupe de otros labores o de las citas médicas

Para obtener más información, por favor visite [www.kernfamilyhealthcare.com](http://www.kernfamilyhealthcare.com) o llámenos al 1-800-391-2000, y presione la opción número 6. (TTY/TDD 711)

## Cómo obtener transporte a su cita médica

Como miembro de KFHC, su beneficio de transporte cubre el viaje de ida y vuelta, el transporte no médico, como pases de autobús, servicios de transporte de GET On-Demand, viaje compartido (Rideshare) y el reembolso de millaje de ida y vuelta a su cita médica. Solo llame al 1-800-391-2000 y elija la opción 3 para solicitar transporte. El horario de reservación es de lunes a viernes de 7 a.m. a 6 p.m. También están disponibles las 24 horas del día, los 7 días de la semana para solicitar ayuda urgente o fuera del horario.



## **LiNK** **conéctese con KFHC**

¿Tiene una cuenta en el Portal para Miembros de KFHC? ¡Usted puede ganarse una tarjeta de regalo de \$10 por inscribirse! Descargue la aplicación móvil de KFHC, LiNK o presione el botón Portal para Miembros en [kernfamilyhealthcare.com](http://kernfamilyhealthcare.com). Regístrese para ver sus beneficios y utilice las herramientas de autoservicio que se ofrecen a todo momento y en todo lugar. Usted puede revisar su estado de salud, buscar un nuevo doctor, cambiar su dirección de correo y su información de contacto. ¡Regístrese hoy para recibir mensajes de texto y mucho más! Usted puede descargar LiNK sin ningún costo de la tienda de aplicaciones (App Store) para su iPhone o tableta iOS, o de la tienda Google (Google Play Store) para su teléfono android o tableta. Si usted inscribe a sus niños ¡también recibirá una tarjeta de regalo de \$10 por cada uno de ellos!

### **Reciba mensajes de texto de KFHC**

¿Nos ha dejado saber que quiere recibir mensajes de texto de KFHC? ¡No se pierda recordatorios importantes sobre su salud y mensajes sobre premios! Entre a su cuenta en el Portal para Miembros y díganos "SI" para recibir mensajes de texto. También nos puede llamar al 1-800-391-2000 y díganos que quiere recibir mensajes de texto.



**800-391-2000** • [kernfamilyhealthcare.com](http://kernfamilyhealthcare.com)

# **vacunado. protegido.**

**Protéjase contra el COVID-19 y la gripe vacunándose. Es seguro vacunarse contra la gripe cuando reciba su vacuna COVID-19 o de refuerzo.**

## Mantenga su Cobertura de **MEDI-CAL**

No se pierda información importante sobre su cobertura de salud de Medi-Cal.

**Asegúrese de que su condado cuente con su información actual para contactarlo.**



**Nombre**



**Dirección**



**Teléfono**



**Correo Electrónico**

Reporte cualquier cambio poniéndose en contacto con su oficina local del Departamento de Servicios Humanos en la página web **www.benefitscal.com**, por teléfono al **1-877-410-8812**, o por correo postal al **P.O. BOX 511, Bakersfield, CA 93302-9985**.

Para obtener una lista de las ubicaciones de oficinas, visite la página en **www.kcdhs.org**.

### **¿Sabía Usted Qué?**

Puede completar su renovación anual y reportar cambios a su caso de Medi-Cal en línea.

Crea tu cuenta en línea hoy mismo, visitando **www.benefitscal.com** elija el enlace "Create An Account".

Escanear para obtener más información.







Kern Family Health Care quiere agradecerle por cuidar su salud y la salud de su familia, ofreciendo **premios** para nuestros miembros.

**Verifique si usted califica para alguna de estas tarjetas de regalo.**

Para obtener información completa sobre nuestros premios, visite [kernfamilyhealthcare.com](http://kernfamilyhealthcare.com).

**Nuevos Miembros – \$25** 🎁

Complete una visita de bienestar dentro de los primeros 120 días de haberse inscrito en KFHC.

**Atención Anual de Bienestar – \$25** 🎁

Complete un examen anual de bienestar entre los 3 y 21 años de edad. \*\*

**Visita de Bienestar para el Bebé – hasta \$160** 🎁

Complete 6 visitas de bienestar para el bebé entre los 0 y 15 meses de edad. Se ofrecen \$15 por visita desde la 1ª hasta la 4ª, y \$25 en la 5ª y la 6ª. Complete 2 visitas de bienestar para el bebé entre los 15 y 30 meses de edad. Se ofrecen \$25 en la 7ª y la 8ª visita.

**Prueba de Detección de Plomo en la Sangre – \$25** 🎁

Lleve a su bebé a que le hagan una prueba de detección de plomo en la sangre antes de que cumpla 2 años de edad.

**Prenatal – \$50** 🎁

Visite a su doctor dentro de los primeros tres meses de quedar embarazada y envíe el Formulario Prenatal de Premios. \*

**Postparto – \$30** 🎁

Visite a su doctor para una consulta de postparto entre la semana 1 y 12 después de dar a luz.

**Clamidia – \$25** 🎁

Mujeres de 18 a 24 años de edad que se hagan una prueba de clamidia. \*\*

**Prueba de Detección de Cáncer de Mama – \$25** 🎁

Mujeres de 50 a 74 años de edad que se hagan un mamograma. \*\*

**Prueba de Detección de Cáncer Cervical – \$25** 🎁

Mujeres de 21 a 64 años de edad que se hagan una prueba de Papanicolaou. \*\*

\*Limite de 1 premio por embarazo.

\*\*Limite de 1 premio por año.



CLASES VIRTUALES INTERACTIVAS SIN COSTO PARA USTED

## Para Ayudarle a Dejar de Fumar

¡Sabemos que no es fácil dejar de fumar y usted no tiene que hacerlo solo!

Esta serie de 4 clases se reúne 1 vez por semana por Internet en donde inspiraremos a los consumidores de tabaco a superar la adicción y daremos apoyo para dejar de fumar.

Llame hoy mismo para un nuevo comienzo

**1-800-391-2000**

Ingrese al Portal para Miembros:  
[kernfamilyhealthcare.com](http://kernfamilyhealthcare.com)

### Temas de la clase para cada semana:

1. Por qué empezar
2. Cuándo empezar
3. Haciendo el cambio
4. ¡Manteniendo el objetivo!

¡Reciba hasta \$130 en tarjetas de regalo para ayudarle a dejar de fumar y mantenerse saludable!

Por cada clase que complete, usted será premiado con una tarjeta de regalo (de \$25 a \$40). Puede elegir tarjetas de regalo de Amazon, Finish Line, Nike, Starbucks, Target o Walmart.

*¡No espere más, **REGÍSTRESE** hoy!  
(Por teléfono o en el Portal para Miembros).*

# AVISO DE NO DISCRIMINACIÓN

La discriminación va en contra de la ley. Kern Family Health Care cumple con las leyes de derechos civiles estatales y federales. KFHC no discrimina ilegalmente, no excluye a las personas ni las trata de forma diferente por motivos de sexo, raza, color, religión, ascendencia, país de origen, identificación con un grupo étnico, edad, discapacidad física o mental, condición médica, información genética, estado civil, género, identidad de género u orientación sexual.

Kern Family Health Care ofrece:

- Ayudas y servicios gratuitos a las personas con discapacidades para ayudarlas a comunicarse mejor, como:
  - ✓ Intérpretes calificados en lenguaje de señas
  - ✓ Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y otros formatos)
- Servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés, como:
  - ✓ Intérpretes calificados
  - ✓ Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Kern Family Health Care llamando al 1-800-391-2000, de lunes a viernes, entre las 8:00 a. m. y las 5:00 p. m. O si no puede escuchar o hablar bien, por favor llame al Servicio de Retransmisión de California al 711. A petición de usted, este documento puede estar disponible en braille, letra grande, casete de audio o formato electrónico. Para obtener una copia en uno de estos formatos alternativos, por favor llame o escriba a:

Kern Family Health Care  
2900 Buck Owens Boulevard  
Bakersfield, CA 93308  
1-800-391-2000  
711 (**Servicio de Retransmisión de California**)

## CÓMO PRESENTAR UNA QUEJA FORMAL

Si considera que KFHC no le ha prestado estos servicios o que lo ha discriminado ilegalmente de otra forma por motivos de sexo, raza, color, religión, ascendencia, país de origen, identificación con un grupo étnico, edad, discapacidad física o mental, condición médica, información genética, estado civil, género, identidad de género u orientación sexual, usted puede presentar una queja ante el coordinador de quejas por discriminación de Kern Family Health Care. Puede presentar una queja por teléfono, por escrito, en persona o por vía electrónica.

- Por teléfono: Comuníquese con el coordinador de quejas por discriminación de Kern Family Health Care llamando al 1-800-391-2000, de lunes a viernes, entre las 8:00 a. m. y las 5:00 p. m. O si usted no puede escuchar o hablar bien, por favor llame al Servicio de Retransmisión de California al 711.
- Por escrito: Llene un formulario de quejas o escriba una carta y envíela a:

Coordinador de quejas por discriminación  
Kern Family Health Care  
2900 Buck Owens Boulevard  
Bakersfield, CA 93308

## **AVISO DE NO DISCRIMINACIÓN, continúa...**

- En persona: Vaya al consultorio de su doctor o a Kern Family Health Care y diga que quiere presentar una queja.
- Por vía electrónica: Visite el sitio web de Kern Family Health Care en [www.kernfamilyhealthcare.com](http://www.kernfamilyhealthcare.com).

### **OFICINA DE DERECHOS CIVILES- DEPARTAMENTO DE SERVICIOS DE ATENCIÓN MÉDICA DE CALIFORNIA**

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Servicios de Atención Médica de California por teléfono, por escrito o por correo electrónico:

- Por teléfono: Llame al **916- 440- 7370**. Si usted no puede hablar o escuchar bien, por favor llame al **711 (Servicio de Retransmisión de California)**.
- Por escrito: Llene un formulario de quejas o envíe una carta a:

**Deputy Director, Office of Civil Rights  
Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413**

Los formularios de quejas están disponibles en [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).

- Por correo electrónico: Envíe un email a [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

### **OFICINA DE DERECHOS CIVILES - DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS DE EE. UU.**

Si considera que ha sido discriminado por motivos de raza, color, país de origen, edad, discapacidad o sexo, usted puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE.UU. por teléfono, por escrito o por vía electrónica:

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

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

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

- Por vía electrónica: Visite el Portal de Quejas de la Oficina de Derechos Civiles en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

# GUÍA DE IDIOMAS

**Estamos a su disposición en muchos idiomas. La ley requiere que incluyamos un mensaje en idiomas diferentes. ¿Se pregunta qué dicen? Vamos a empezar con el inglés:**

### English Tagline

ATTENTION: If you need help in your language call 1-800-391-2000 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-391-2000 (TTY: 711). These services are free of charge.

### الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-391-2000 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريال والخط الكبير. اتصل بـ 1-800-391-2000 (TTY: 711). هذه الخدمات مجانية.

### Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-391-2000 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք 1-800-391-2000 (TTY: 711): Այդ ծառայություններն անվճար են:

### ប្រាសាទខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-391-2000 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-391-2000 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

### 简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-800-391-2000 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 1-800-391-2000 (TTY: 711)。这些服务都是免费的。

### مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-391-2000 (TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-391-2000 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

## GUÍA DE IDIOMAS, continúa...

### हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-391-2000 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-391-2000 (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

### Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-391-2000 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-391-2000 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

### 日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-800-391-2000 (TTY: 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1-800-391-2000 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

### 한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-391-2000 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-391-2000 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

### ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-391-2000 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ແລະ ຄົນອາໄສທີ່ບໍ່ມີອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-391-2000 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

### Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-391-2000 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-391-2000 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

### ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-391-2000 (TTY: 711). ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-391-2000 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

## **GUÍA DE IDIOMAS, continúa...**

### **Русский слоган (Russian)**

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-391-2000 (линия ТТТ: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-391-2000 (линия ТТТ: 711). Такие услуги предоставляются бесплатно.

### **Mensaje en español (Spanish)**

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-391-2000 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-391-2000 (TTY: 711). Estos servicios son gratuitos.

### **Tagalog Tagline (Tagalog)**

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-391-2000 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-391-2000 (TTY: 711). Libre ang mga serbisyong ito.

### **แท็กไลน์ภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-391-2000 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-391-2000 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

### **Примітка українською (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-391-2000 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-391-2000 (TTY: 711). Ці послуги безкоштовні.

### **Khẩu hiệu tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-391-2000 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-391-2000 (TTY: 711). Các dịch vụ này đều miễn phí.



2900 Buck Owens Blvd.  
Bakersfield, CA 93308

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# **COSAS IMPORTANTES QUE DEBE SABER**

Servicios de Apoyos Comunitarios.....2  
LiNK conéctese con KFHC .....3  
Mantenga su cobertura de Medi-Cal..... 4  
Premios para miembros.....5  
Clases para dejar de fumar..... 6  
Aviso de no discriminación..... 7-8  
Guía de idiomas..... 9-11



**800-391-2000** • kernfamilyhealthcare.com





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

**From: Flor Del Hoyo, MPH**

**Date: 12/13/2022**

**Re: Member Newsletter**

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**Background**

KHS' 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. To help meet this requirement, KHS sends out a newsletter to all member households twice a year as a strategy to providing health education and member benefits information.

**Discussion**

Enclosed is a presentation on the member newsletter articles selected for the Winter 2022 issue and the proposed topics for the Spring 2023 issue.

**Fiscal Impact**

None

**Requested Action**

Receive and file

# Member Newsletter

Winter 2022 and Spring 2023



# Winter 2022 Newsletter

- In homes December 2022
- Topics covered
  - Lead toxicity
  - Menopause
  - Abdominal pain
  - Advice nurse line
  - Tuberculosis
  - Mental health and diabetes
  - Hemorrhoids
  - Breast cancer awareness
  - Tips for doctor visits
  - Member rights
  - Member informing materials
  - Medi-Cal redetermination
  - Fraud
  - Timely access to care



Kern Family Health Care

## FAMILY HEALTH

WINTER 2022



**DID YOU KNOW?**

- You can get a \$15 gift card when your child completes a blood lead screening by their second birthday.
- And \$10 gift cards each time your baby completes a wellness visit.
  - Up to six times by 15 months old.
  - Twice between 15 and 30 months old.

### Lead toxicity

October 23rd through 29th is National Lead Poisoning Prevention Week! U.S. laws have decreased rates a lot in the last 50 years by taking lead out of gas, paint, toys and plumbing. Sadly, lead poisoning is still common among young children. Even low levels of lead have been shown to change a child's growing brain. So what do we do?

- Get older homes and water checked for lead and remove it if any is found.
- Clean well around play spaces.
- Wash hands and toys often with soap and water.
- Feed children healthy foods with calcium, iron and vitamin C, which help keep lead out of the body.
- Talk to your child's doctor about getting a blood lead test. This is the clearest way to tell if they have been exposed to lead and is covered by Kern Family Health Care (KFHC). During a blood lead test, a small amount of blood is taken from the finger, heel or arm.

Sources: Check out the levels of lead in your area here: [calp.org/jature/csp/get-lead-out-statewide-map](http://calp.org/jature/csp/get-lead-out-statewide-map); Childhood Lead Poisoning Prevention Program | CDC How to Prevent Lead Poisoning in Children ([cdc.gov](http://cdc.gov)); Cómo prevenir el envenenamiento por plomo en los niños ([cdc.gov](http://cdc.gov))

**In this issue**

Page 2 Menopause symptoms

Page 4 Antipsychotics and diabetes

Page 6 Tips for talking to your doctor

**SOURCES OF LEAD EXPOSURE** See where lead can be found in a child's environment. Learn more from the graphic shown at [cdc.gov/nceh/lead/prevention/sources.htm](http://cdc.gov/nceh/lead/prevention/sources.htm).



## Spring 2023 Newsletter

- In homes June 2023
- Topics covered
  - Preparing for pregnancy
  - Well-child visits
  - Transportation
  - Interpreter services
  - California Children's Services
  - Kern Regional Center
  - Mental illness
  - Chlamydia
  - Cervical cancer/HPV
  - HIV testing
  - Fraud
  - Article 12?
  - Article 13?



# Thank you

Have a newsletter question or idea?

Contact:

**Flor Del Hoyo, MPH**  
Health Education Supervisor  
[flor.delhoyo@khs-net.com](mailto:flor.delhoyo@khs-net.com)  
661-617-2563

