

COMMUNITY ADVISORY COMMITTEE (CAC) MEETING

Tuesday, June 25, 2024 at 11:00 a.m.

2900 Buck Owens Blvd. Bakersfield, CA 93308 1st Floor Board Room

For more information, call (661) 664-5000

AGENDA

COMMUNITY ADVISORY COMMITTEE (CAC)

KERN HEALTH SYSTEMS

2900 Buck Owens Boulevard

Bakersfield, California 93308

1st Floor Board Room

Tuesday, June 25, 2024

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: Ashton Chase, F.N.P., Beatriz Basulto, Evelin Torres-Islas, Jasmine Ochoa, Jay Tamsi, Jennifer Wood-Slayton, Jessika Lopez, Jesus Gonzalez, Lourdes Bucher, Mark McAlister, Michelle Bravo, Nalasia Jewel, Rocio Castro, Rukiyah Polk, Tammy Torres

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

This part of the meeting is for persons to talk to the Community Advisory Committee (CAC) on items not on the agenda. Items should be within the scope of the CAC. The CAC may respond to items. They may ask questions to learn more. The CAC may also take action. They may direct staff to place an item on a future meeting.

PERSONS HAVE TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME FIRST. THANK YOU!

CAC MEMBER UPDATES AND REPORTS

- 2) On their own initiative, Committee members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a])
- CA-3) Minutes for CAC meeting on March 26, 2024 APPROVE
- CA-4) Report on May 2024 Medi-Cal Membership Enrollment RECEIVE AND FILE
- CA-5) Report on Wellness and Prevention for Q1 2024 RECEIVE AND FILE
 - 6) Report on Member Services Grievance Operational Report and Grievance Summary for Q1 2024 APPROVE
 - 7) Culturally and Linguistically Appropriate Services (CLAS) APPROVE
 - 8) CAC Meeting Extended Time APPROVE

- 9) Member Rewards Flyer APPROVE
- 10) Website Survey PRESENTATION
- 11) Member Satisfaction Survey Results PRESENTATION

END THE MEETING TO TUESDAY, SEPTEMBER 24, 2024, AT 11:00 A.M.

CAC Meeting Dates for Year 2024

Tuesday, December 10, 2024 @ 11:00am

(This date may change due to a holiday or if the CAC cannot attend.)

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.

AGENDA

COMITÉ ASESOR COMUNITARIO (CAC)

KERN HEALTH SYSTEMS

2900 Buck Owens Boulevard

Bakersfield, California 93308

Sala de juntas del 1º piso

martes, 25 de junio de 2024

11:00 A. M.

Toda la documentación de respaldo de los puntos de la agenda está disponible para revisión pública en el sitio web de Kern Health Systems: https://www.kernfamilyhealthcare.com/about-us/committees/ Después de la publicación de la agenda, cualquier documentación de respaldo relacionada con un tema de la agenda para una sesión abierta de cualquier reunión regular que se distribuya después de la publicación de la agenda y antes de la reunión también estará disponible en el sitio web de KHS.

RECUERDE APAGAR TODOS LOS TELÉFONOS CELULARES, LOCALIZADORES O DISPOSITIVOS ELECTRÓNICOS DURANTE LAS REUNIONES.

NUEVA REUNIÓN CONVOCADA DEL COMITÉ

Miembros: Ashton Chase, F.N.P., Beatriz Basulto, Evelin Torres-Islas, Jasmine Ochoa, Jay Tamsi, Jennifer Wood-Slayton, Jessika Lopez, Jesus Gonzalez, Lourdes Bucher, Mark McAlister, Michelle Bravo, Nalasia Jewel, Rocio Castro, Rukiyah Polk, Tammy Torres

AGENDA DE CONSENTIMIENTO/OPORTUNIDAD PARA COMENTARIOS PÚBLICOS: TODOS LOS ARTÍCULOS CON UNA "CA" SON CONSIDERADOS COMO RUTINARIOS Y NO CONTROVERSIALES POR EL PERSONAL DE KERN HEALTH SYSTEMS. LA "CA" LA DE CONSENTIMIENTO. LOS ARTÍCULOS REPRESENTA AGENDA CONSENTIMIENTO SE CONSIDERARÁN PRIMERO Y PODRÁN APROBARSE MEDIANTE UNA MOCIÓN SI NINGÚN MIEMBRO DEL COMITÉ O DE LA AUDIENCIA DESEA COMENTAR O HACER PREGUNTAS. SI ALGUIEN DESEA HACER COMENTARIOS O INICIAR UN DEBATE, EL ARTÍCULO SE QUITARÁ DE LA AGENDA DE CONSENTIMIENTO Y SE CONSIDERARÁ EN LA SECUENCIA INDICADA CON UNA OPORTUNIDAD PARA QUE CUALQUIER MIEMBRO DEL PÚBLICO SE DIRIJA AL COMITÉ SOBRE EL ARTÍCULO ANTES DE TOMAR ACCIÓN.

LA RECOMENDACIÓN DEL PERSONAL SE MUESTRA EN MAYÚSCULAS

PRESENTACIONES PÚBLICAS

Esta parte de la reunión es para que las personas hablen con el Comité Asesor Comunitario (CAC) sobre temas que no están en la agenda. Los elementos deben estar dentro del alcance del CAC. El CAC puede responder a los artículos. Es posible que hagan preguntas para obtener más información. El CAC también puede tomar medidas. Pueden indicarle al personal que incluyan un asunto para analizar en una reunión futura.

LAS PERSONAS TIENEN DOS MINUTOS. INDIQUE Y DELETREE SU NOMBRE PRIMERO. ¡GRACIAS!

INFORMES O ACTUALIZACIONES DE LOS MIEMBROS DEL CAC

- 2) Por propia iniciativa, los miembros del Comité podrán hacer un anuncio o un informe sobre sus propias actividades. Pueden hacer una pregunta para aclarar, hacer una referencia al personal o tomar medidas para que el personal incluya un asunto en una agenda futura (Código de Gobierno Sec. 54954.2[a])
- CA-3) Actas de la reunión del CAC del 26 de marzo de 2024 APROBAR
- CA-4) Informar sobre la inscripción de membresía de mayo de 2024 RECIBIR Y ARCHIVAR
- CA-5) Informar sobre la Prevención y el Bienestar para el T1 de 2024 RECIBIR Y ARCHIVAR
 - 6) Informar sobre el reporte operative de quejas formales de los Servicios para Miembros y resumen de quejas formales para el T1 de 2024 APROBAR
 - 7) CLAS (CLAS) APROBAR
 - 8) Tiempo extendido de la reunión del CAC APROBAR
 - Folleto de premios para miembros APROBAR
 - 10) Encuesta del sitio web PRESENTACIÓN

11) Resultados de la encuesta de satisfacción de miembros PRESENTACIÓN

TERMINAR LA REUNIÓN PARA EL MARTES, 24 DE SEPTIEMBRE DE 2024 A LAS 11:00 A. M.

Fechas para la reunión del CAC para el año 2024

martes, 10 de diciembre de 2024 a las 11:00 a.m.

(Esta fecha puede cambiar por un día festivo o si el CAC no puede asistir.)

LEY DE ESTADOUNIDENSES CON DISCAPACIDADES (Código de Gobierno Sección 54953.2)

Los centros de reuniones de Kern Health Systems son accesibles para personas con discapacidades. Las personas con discapacidades que necesiten asistencia especial para ir o participar en una reunión del Comité pueden solicitar asistencia en la oficina de Kern Health Systems, 2900 Buck Owens Boulevard, Bakersfield, California 93308 o llamando al (661) 664-5000. Se hará todo lo posible para acomodar razonablemente a las personas con discapacidades haciendo que el material de la reunión esté disponible en formatos alternativos. Las solicitudes de asistencia deben hacerse cinco (5) días laborables antes de una reunión siempre que sea posible.

COMMITTEE: COMMUNITY ADVISORY COMMITTEE (CAC)

DATE OF MEETING: MARCH 26, 2024

CALL TO ORDER: 11:07 AM by Rukiyah Polk - Chair

| Members | Rukiyah Polk | Members Absent: | Staff | Anastasia Lester, Senior Health Equity Analyst |
|----------|--|-----------------|----------|---|
| Present: | Present: Beatriz Basulto Jasmine Ochoa | | Present: | Stephanie Rico, Member Engagement Coordinator |
| | Evelin Torres-Islas | Lourdes Bucher | | Vanessa Nevarez, Health Equity Coordinator |
| | Tammy Torres | Ashton Chase | | Louis Iturriria, Sr Director of Marketing & Member Engagement |
| | Jay Tamsi | | | Lela Criswell, Member Engagement Manager |
| | Jennifer Wood-Slayton | | | Nate Scott, Senior Director of Member Services |
| | Jessika Lopez | | | Cynthia Jimenez, Cultural & Linguistics Specialist |
| | Jesus Gonzalez | | | Nohemy Campos, Cultural & Linguistics Specialist |
| | Rocio Castro | | | Isabel Silva, Senior Director of Wellness & Prevention |
| | Mark McAlister | | | Amy Carrillo, Member Services Manager |
| | Michelle Bravo | | | Traco Matthews, Chief Health Equity Officer |
| | Nalasia Jewel | | | Finster Paul, Manager of Health & Wellness |

| Agenda Item | Discussion/Conclusion | Recommendations/Action | Date Resolved |
|---------------------|---|------------------------------------|---------------|
| Quorum | 13 committee members present; Ashton Chase, Lourdes Bucher and Jasmine Ochoa were absent. | Committee quorum requirements met. | N/A |
| Call to Order | Rukiyah Polk, Chair, called meeting to order at 11:07 am. | N/A | N/A |
| Public Presentation | There were no public presentations. | N/A | N/A |

| Agenda Item | Discussion/Conclusion | Recommendations/Action | Date Resolved |
|----------------------------|---|---|---------------|
| Committee Announcements | Rukiyah gave the opportunity for member updates. Jennifer W. announced there was a Racial Equity Commission Meet & Greet in Lamont on Wednesday, March 20th. Jesus G. announced there will be a Pan Ethnic Network Event Thursday at 5:00pm. We announced that there was a Department of Health Services Advisory Committee on Feb. 15^{th.} Anastasia L. announced that the CAC survey is due Thursday. | Informational Only. | N/A |
| Committee Minutes | Approval of Minutes CA-3) The Committee's Chairperson, Rukiyah Polk, presented the CAC Minutes for approval. | Action: Jennifer W. first, Tammy T. second. All aye's. Motion carried. | 3-26-24 |
| Old Business | There was no old business to present. | N/A | N/A |
| New Business | Consent Agenda Items CA-4) March 2024 Medi-Cal Membership Enrollment Report • Jennifer W. requested to table item CA-4. | Action: Jennifer W. first, Mark M. second. All aye's. Motion carried. Item CA-4 is tabled until June 25, 2024. | 3-26-24 |

| CA-5) Member Services Grievance Operational Report | Action: | 3-26-24 |
|---|---|---------|
| & Summary Q4 2023 Report Amy C. presented the Member Services Grievance Report. Beatriz B. commented that her community is | Lela C. explained that Member | |
| not educated or aware of how to file a grievance. Beatriz B. offered to help promote Member Engagement flyers in her community. Jay T. inquired to know what will be done to address this issue. Jesus G. asked if KHS has data on member services wait times. | Engagement helps people understand their benefits. Amy C. will be giving a stack of handbooks to Beatriz B. with flagged pages as well as links that explain the process, prior to the June 25, 2024, meeting. Tammy T. first, Michelle B. second. All aye's. Motion carried. | |
| 6) Orientation Binder Review | Informational only. | 3-26-24 |
| Anastasia L. provided an overview of the information contained in the CAC binder that all members received. Beatriz B. thanked Anastasia L. for providing CAC materials in both Spanish and English. | | |
| 7) Report on Wellness and Prevention for Q4 2023 Isabel S. gave an overview of Wellness & Prevention for Q4 2023. | Tammy T. first, Michelle B. second. All aye's. Motion carried. | |

| | 8) Wellness & Prevention Presentation | Action: | 3-26-24 |
|--------------|--|--|---------|
| | Isabel S. gave a Wellness & Prevention PowerPoint presentation. Evelin T. asked if KHS could extend the school wellness program to Arvin. Rocio C. asked if anything was being included for ASL. | Isabel S. responded that Arvin needs to apply, and she will share the flyer with Evelin T. regarding when the application cycle opens, prior to the June 25, 2024, meeting. Isabel S. also responded that KHS would ask about how to enhance the program to incorporate ASL, prior to the June 25, 2024, meeting. | |
| | 9) Member Engagement Presentation Lela C. gave a Member Engagement PowerPoint presentation. Jennifer W. commented about the different locations included in the data. Beatriz B. commented that programs prioritize foster, migrant, and low-income children, but not others. | Lela C. explained that Member Engagement has presence in North, West, and East Kern communities and participates in collaboratives in those communities. Lela C. assured Beatriz B. that Member Engagement will expand to cover Arvin and Lamont. | |
| Next Meeting | The next meeting will be held Tuesday, June 25, 2024, at 11:00am. | N/A | N/A |

| Adjournment | The Committee adjourned at 12:04pm. | Tamme T. first, Evelin T. second. | N/A |
|-------------|--|-----------------------------------|-----|
| | | All aye's. Motion carried. | |
| | Respectfully submitted: | | |
| | Vanessa Nevarez, Health Equity Project Coordinator | | |
| | | | |

COMITÉ: COMITÉ ASESOR COMUNITARIO (COMMUNITY ADVISORY COMMITTEE, CAC)

FECHA DE LA JUNTA: 26 DE MARZO DE 2024

LLAMADA AL ORDEN: 11:07 A.M. por Rukiyah Polk - Presidenta

| Miembros | Rukiyah Polk | Miembros | Personal | Anastasia Lester, Analista Principal de Equidad de la salud |
|----------------|--------------------------------------|----------------|--|--|
| presentes: | presentes: Beatriz Basulto ausentes: | | Presente: | Stephanie Rico, Coordinadora de Participación de los miembros |
| | Evelin Torres-Islas | Jasmine Ochoa | | Vanessa Nevárez, Coordinadora de Equidad de la salud |
| | Tammy Torres | Lourdes Bucher | | Louis Iturriria, Director Sénior de Marketing y Participación de los |
| | Jay Tamsi | Ashton Chase | | miembros |
| | Jennifer Wood-Slayton | | | Lela Criswell, Directora de Participación de los miembros |
| | Jessika López | | | Nate Scott, Director Sénior de Servicios para miembros |
| Jesús González | | | Cynthia Jimenez, Especialista en Cultura y lingüística | |
| | Rocío Castro | | | Nohemy Campos, Especialista en Cultura y lingüística |
| | Mark McAlister | | | Isabel Silva, Directora Sénior de Bienestar y prevención |
| | Michelle Bravo | | | Amy Carrillo, Gerente de Servicios para miembros |
| | Nalasia Jewel | | | Traco Matthews, Director Principal de Equidad de la salud |
| | | | | Finster Paul, Gerente de Salud y bienestar |

| Punto en la agenda | Debate/Conclusión | Recomendaciones/Acción | Fecha Resuelto |
|----------------------|--|---|----------------|
| Quorum | 13 miembros del comité presentes; Ashton Chase, Lourdes Bucher and Jasmine Ochoa estuvieron ausentes. | Los requerimientos de votación nominal se cumplieron. | N/A |
| Llamada al orden | Rukiyah Polk, presidente, llamó al orden a la junta a las 11:07 | N/A | N/A |
| Presentación pública | a. m. No hubo presentaciones públicas | N/A | N/A |

| Punto en la agenda | Debate/Conclusión | Recomendaciones/Acción | Fecha Resuelto |
|------------------------|---|---|----------------|
| Anuncios del Comité | Rukiyah dio la oportunidad para actualizar a los miembros. Jennifer W. anunció que habrá una reunión de la Comisión de Equidad Racial en Lamont el miércoles, 20 de marzo. Jesús G. anunció que habrá un Evento de la Red Pan-Étnica el jueves a las 5:00 p. m. Nosotros anunciamos que hubo un Comité Asesor del Departamento de Servicios de Salud el 15 de febrero. Anastasia L. anunció que la encuesta del CAC se vence el jueves. | Solo informativo. | N/A |
| Resumen del comité | Aprobación del resumen CA-3) El presidente del comité, Rukiyah Polk, presentó el resumen del CAC para su aprobación. | Acción: Jennifer W. moción, Tammy T. apoya la moción. Todos síes. Moción aprobada. | 3-26-24 |
| Asuntos anteriores | No hubo asuntos anteriores que presentar. | N/A | N/A |
| Asuntos nuevos | Aprobación de los puntos en la agenda CA-4) Marzo 2024 Reporte de la inscripción de membresía de Medi-Cal Jennifer W. Solicitó que se posponga el punto CA-4. | Acción: Jennifer W. moción, Mark M. apoya la moción. Todos síes. Moción aprobada. Punto CA-4 se pospondrá hasta el 25 de junio de 2024. | 3-26-24 |

| CA-5) Reporte y resumen operativo de quejas formales de Servicios para Miembros T4 2023 | Acción: | 3-26-24 |
|--|---|---------|
| Amy C. presentó el reporte de quejas formales de Servicios para Miembros. Beatriz B. comentó que su comunidad no está educada ni sabe cómo presentar una queja formal. Beatriz B. ofreció a ayudar a promocionar los folletos de Participación de los miembros en su comunidad. Jay T. preguntó qué se iba a hacer para solucionar este problema. Jesús G. preguntó si KHS tiene datos sobre los tiempos de espera de Servicios para Miembros. | Lela C. explicó que el Departamento de Participación del Miembro le ayuda a las personas a entender sus beneficios. Amy C. le dará una cantidad de manuales para miembros a Beatriz B. con las páginas marcadas, al igual que los enlaces que explican el proceso antes de la junta del 25 de junio de 2024. Tammy T. moción, Michelle B. apoya la moción. Todos síes. Moción aprobada. | |
| 6) Revisión de la carpeta de orientación Anastasia L. ofreció un resumen de la información que contiene la carpeta del CAC que recibieron todos los miembros. Beatriz B. le agradeció a Anastasia L. por proveer los materiales del CAC en español al igual que en inglés. 7) Reporte de Prevención y el Bienestar del T4 2023 | Tammy T. moción, Michelle B. apoya | 3-26-24 |
| Isabel S. ofreció un resumen de Prevención y el Bienestar del T4 2023. | la moción. Todos síes. Moción aprobada. | |

| | 8) Presentación de Bienestar y Prevención | Acción: | 3-26-24 |
|---------------|---|--|---------|
| | Isabel S. ofreció una presentación PowerPoint de Bienestar y Prevención. Evelin T. preguntó si KHS podía extender el programa de bienestar escolar a Arvin. Rocío C. preguntó si se estaba incluyendo algo para el lenguaje por señas americano (American Sign Language, ASL). | Isabel S. respondió que Arvin necesita aplicar, y ella compartirá el boletín con Evelin T. con respecto a cuándo se abre el ciclo de aplicaciones antes de la reunión del 25 de junio de 2024. Isabel S. también respondió que KHS preguntará sobre cómo mejorar el programa para incorporar ASL antes de la reunión del 25 de junio de 2024. | |
| | 9) Presentación de Participación de los Miembros Lela C. ofreció una presentación PowerPoint de Participación de los Miembros. Jennifer W. comentó acerca de las diferentes ubicaciones incluidas en los datos. Beatriz B. comentó que los programas dan prioridad a los niños de crianza, migrantes y de bajos ingresos, pero no a otros. | Lela C. explicó que Participación de los Miembros tiene presencia en las comunidades del norte, oeste y este de Kern y participa en colaboraciones en esas comunidades. Lela C. le aseguró a Beatriz B. que Participación de los Miembros se extenderá para cubrir Arvin y Lamont. | |
| Próxima junta | La próxima junta se celebrará el martes, 25 de junio de 2024, a las 11:00 a.m. | N/A | N/A |

| Aplazamiento | El comité levanta la sesión a las 12:04 p. m. | Tamme T. moción, Evelin T. apoya la moción, todos síes. Moción aprobada. | N/A |
|--------------|---|--|-----|
| | Respetuosamente presentado: Vanessa Nevárez, Coordinadora del Proyecto de Equidad de la Salud | | |

KHS JUNE 2024 ENROLLMENT:

Member Demographics

| Member Age | |
|------------|-----|
| 0-5 | 12% |
| 6-18 | 31% |
| 19-44 | 35% |
| 45-64 | 16% |
| 65+ | 6% |

| Ethnicity | |
|------------------|-----|
| Hispanic | 63% |
| Caucasian | 16% |
| No Valid Data | 10% |
| African American | 6% |
| Asian Indian | 1% |
| Filipino | 1% |
| Other | 3% |
| | |

| Language | |
|----------|-----|
| English | 67% |
| Spanish | 32% |
| Other | 1% |
| | |

Percentage Increase in Membership from previous month

| | Enrollment Type | | | | | | | | |
|----------|--|---------|--|--------|----------------|---|---------|--|--|
| | FAMILY-ADULT FAMILY-CHILD FAMILIY-OTHE | | FAMILY-CHILD FAMILIY-OTHERS* Disabilities (SPDs) Adult Expansion | | Long Term Care | Total KHS Medi-Cal Managed Care Enrollment | | | |
| 2024-05 | 74,880 | 169,831 | 23,208 | 22,233 | 114,346 | 511 | 405,009 | | |
| 2024-06 | 74,541 | 168,623 | 23,115 | 22,293 | 113,067 | 519 | 402,158 | | |
| % Change | -0.5% | -0.7% | -0.4% | 0.3% | -1.1% | 1.6% | -0.7% | | |

*Family-Others = Duals and BCCTP

Enrollment Update: The "automated discontinuance process" for Medi-Cal Redeterminations continues when beneficiaries do not complete the Annual Eligibility Redetermination process. Our Business Intelligence Department projects membership to grow by 2,400 members throughout the month of June.

Executive Summary

Report Date: April 1, 2024

OVERVIEW

Kern Health Systems' Wellness and Prevention (WP) 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 WP department. Following this summary reflects the statistical measurements for the WP department detailing the ongoing activity for Q1 2024.

1. Community Health and Wellness

- Partnership presentations to California Farmworkers Foundation and the following Family Resource Centers: Greenfield, Kern River Valley, McFarland, Shafter, Lamont, Lost Hills
- Partnering with the Bakersfield American Indian Health Project and The Center for Sexual Identity and Gender Diversity to host a pride seminar concentrating on mental health, cultural competence and medical help for the 2SLGBTQ community for Kern.
- Public Health Internship Extended agreement with CSUB and Bakersfield College to 3 years.
 Annual meetings will be arranged with both parties to evaluate and ensure parties goals are being met under the agreement. Working with CSUB to create a community health project that public health students can use towards class credit and experience towards completing their degree.
- Sponsorships sponsored the OneSight Vision Clinic where 831 students were screened and 94% received prescription eyewear.
- Live Better Program Program in Taft has been discontinued due to low attendance. Educational classes continue to be offered in Buttonwillow and Delano but fitness sessions are currently on hold while a new trainer is identified. Currently in discussions with Greenfield and Lake Isabella as new sites.

2. Community Events

 1st Quarter: Casa Loma Career Fair, Black Family Wellness Expo, Lamont Community Resource Fair, Sikh Women's Association, Kiwanis Club of Delano, Delano Kindergarten Blastoff Fair, Albany Park School Carnival

3. Wellness & Prevention Partnerships

3rd Party Memorandums of Understanding (MOUs) are required under KHS' contract with DHCS.
The MOUs are intended to enhance care coordination and improve the quality of care to
members. The WP department is leading this county effort with several agencies, such as Kern
Public Health, Aging & Adult Services, Kern Regional Center, Kern County Human Services, Kern
County Probation, and Women, Infant and Children (WIC).

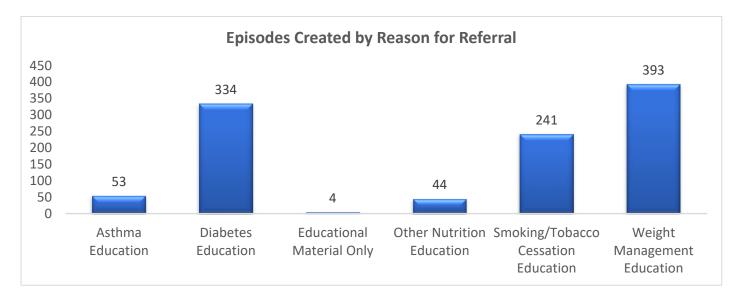
Respectfully submitted,

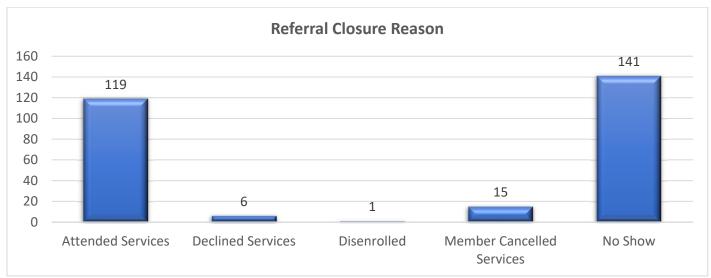
Isabel Silva, MPH, CHES Senior Director of Wellness and Prevention

Member Wellness and Prevention

Health Education Referrals

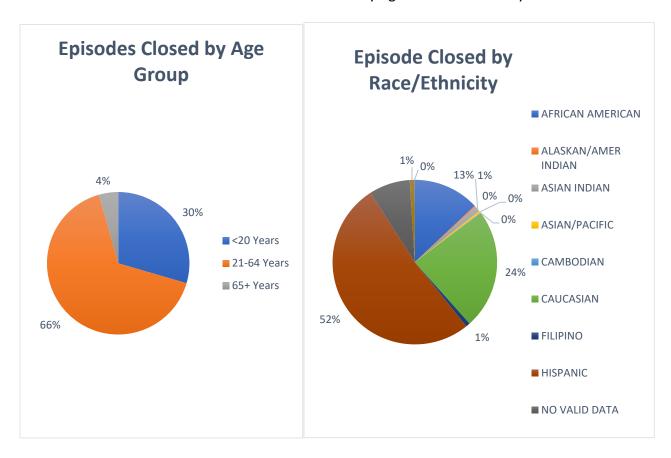
During Q1, there were 1068 referrals for Member Wellness and Prevention (MWP) services which is a 64% increase in comparison to the previous quarter. The increase observed in Q1 is due to the direct outreach to members based on relevant diagnosis: overweight, tobacco use, and diabetes. Changes on outreach strategies has led to a shift in the primary reason for services requested from Weight Management to Smoking/Tobacco Cessation and Diabetes management. Additionally, the health education class service acceptance rate decreased by 1% between Q4 to Q1 whereas the received services rate decreased from 48% in Q4 to 39% in Q1.

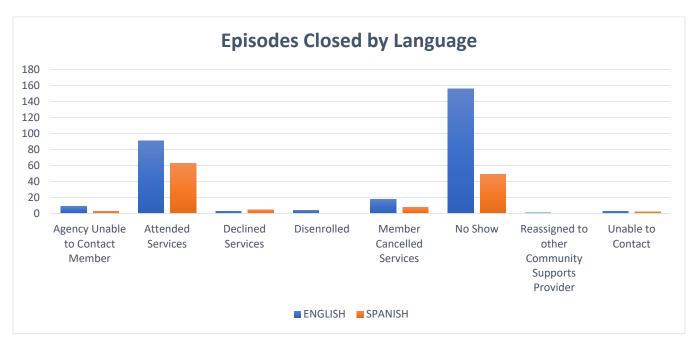


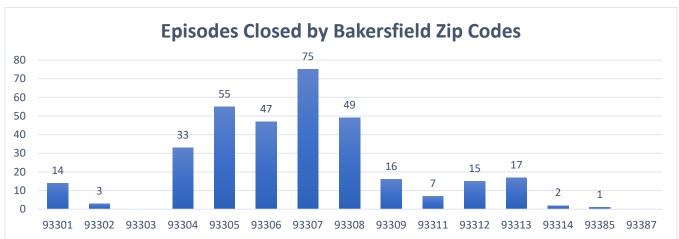


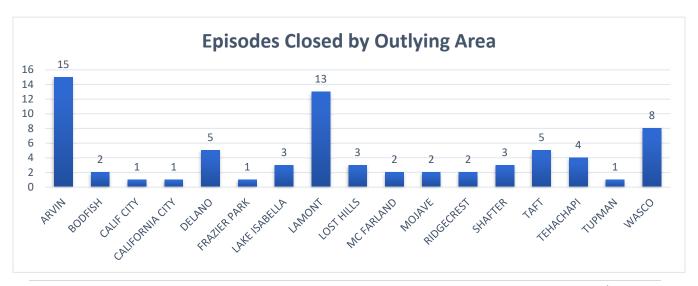
Demographics of Members

KHS provides services to a culturally and linguistically diverse member population in Kern County. Of the members who received services, the largest age groups were 21-64 years followed by <21 years. A breakdown of member classifications by race and language preferences revealed that many members who received services are Hispanic and preferred to receive services in English. The majority of members who received services reside in Bakersfield with the highest concentration in the 93307 area and Delano in the outlying areas of the county.









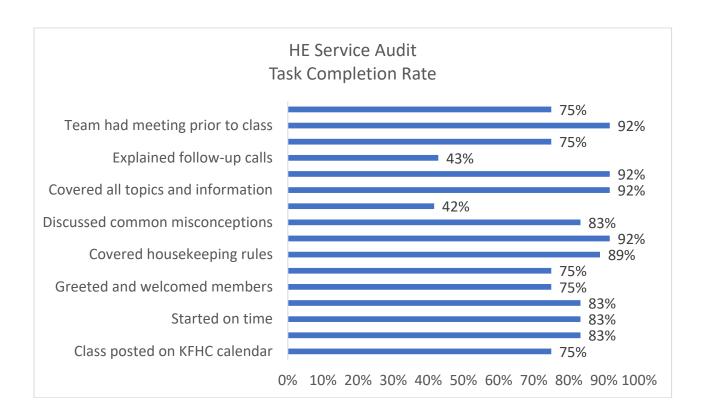
Health Education Class Service Audit

The Health Education Class Service Audit Tool considers a variety of markers to determine the quality of Health Education Class Services being provided to members. It includes observations on planning and preparation, implementation and delivery, and member engagement during health education classes. Service audit results will be reviewed quarterly in 2024.

In Q1, class facilitators reached 100% in the following areas: tracking class participants, covering all class material, explaining new topics or concepts, providing participants opportunities to engage by asking questions and doing hands on activities, and conducting administrative tasks.

During Q1, only 2 items were observed to fall below the 50% mark, highlighting the importance of ongoing training and development. To ensure our team is equipped with the best practices, we will be implementing training sessions on the teach back method. The teach back method is one way to check for member understanding on concepts related to their health or the topics discussed during the class.

In addition, in Q2, follow-up call information will be provided on facilitator manuals or class materials. This will serve as reminders to facilitators to mention the follow-up calls, including frequency, when conducting classes. Follow-up calls are an important piece in our evaluation process.



Health Education Class Evaluations

Health Education classes include an evaluation questionnaire for participants. The questionnaire is provided at the end of the class. Below is an analysis of the findings from open-ended questions in previous quarters.

What did you like most about the class?

More than half of participants who responded expressed great satisfaction in the workshops and suggested no change, and that everything was fine.

The remaining half of members responded:

- Appreciated learning about nutrition, healthy habits, smoking cessation, and managing allergies. Expressed that the classes were interactive and engaging through discussions and hands-on activities. They appreciated the content clarity. Participants felt supported and part of a community.
- Felt that facilitators were effective and that the information was relevant to their needs and the content applied practical strategies to improve their health by helping lower blood-pressure, eat healthier, and setting SMART goals.
- Expressed they enjoyed the flexibility of virtual classes, while others appreciated the transportation services provided by KHS.

In addition, members provided the following suggestions:

- Adding more visual aids, physical activities, and cooking demos for added practicality and classroom engagement.
- Longer classes and follow-up sessions for an extended learning experience.
- Community resources that are relevant to the topic.

How could we improve the class?

Members responded:

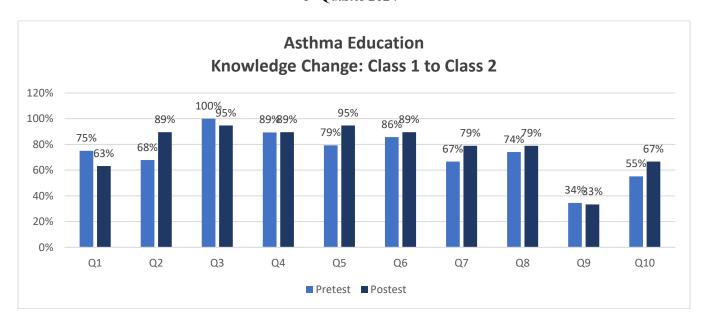
- More videos and interactive questions and visual diagrams to enhance participant engagement.
- Schedule flexibility offer more or other times, including weekends, if possible.
- Longer sessions to allow for more questions and answers with the facilitators and group discussions.

In addition, members referred to the Kick it California (KIC) Quitline are surveyed to gauge satisfaction with this service. Two members were referred to KIC in Q1. Attempts were made to conduct the satisfaction survey, and one members was unable to contact while the other member declined to take the survey.

Health Education Class Effectiveness

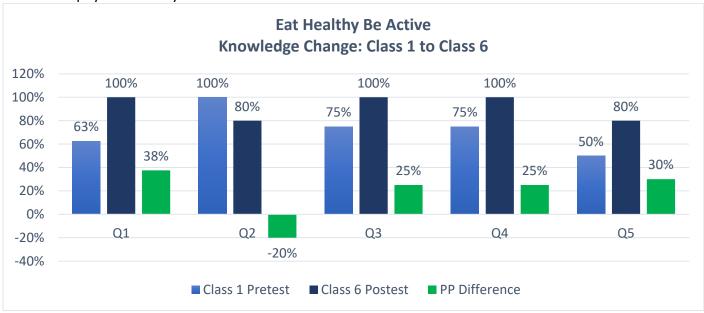
Asthma

The asthma education program consists of 2 classes and at least 2 follow-up calls. A pre and posttest questionnaire is distributed per series. During Q1, findings revealed there was an average 5 percentage point increase in knowledge gained after completing the series. The largest increase in understanding was in understanding common triggers, long-term controller medicines, strong emotions can cause asthma symptoms, and in reducing environmental asthma triggers.



Nutrition: Eat Healthy, Be Active

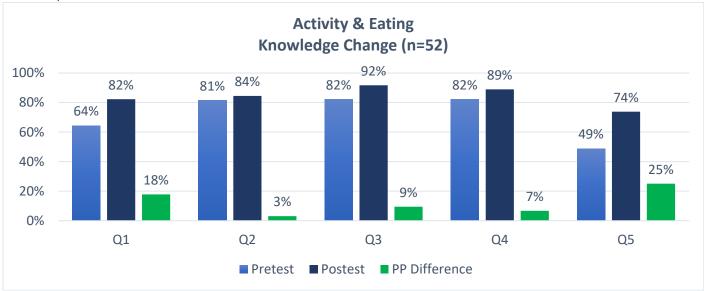
The Eat Healthy, Be Active curriculum was launched in September 2023. This is a 6-class series, each class lasts about 90 minutes. A pre and posttest questionnaire is distributed per class. During Q1, findings revealed that among those members who completed the pre and posttest, there was an average 20 percentage point increase in knowledge gained after completing classes. The largest increase in understanding minutes of physical activity but there was a decrease in understanding in benefits of physical activity.



Nutrition: Activity + Eating

The Activity + Eating curriculum was launched in September 2023. This is a 1-time class that lasts about 90 minutes. The evidence shows that it can impact behavior around physical activity. A pre and posttest questionnaire is distributed at each class. During Q1, findings revealed a 12-

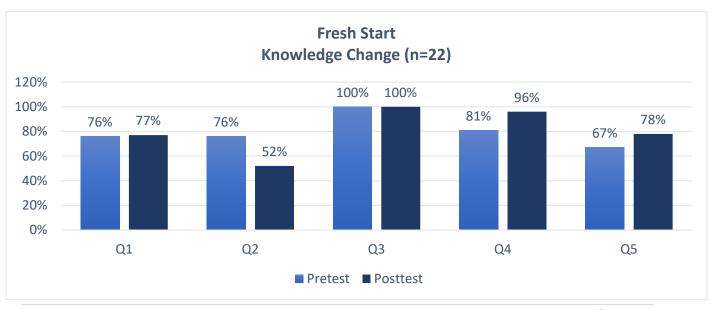
percentage point increase in knowledge when comparing members who completed a pretest (average 72% correct answers) to members who completed a posttest (average 84% correct answers).



Members who participated and completed the tests seem to have increased awareness on the relationship of calorie intake and physical activity and weight management. However, there was a decrease in understanding in benefits of physical activity overall.

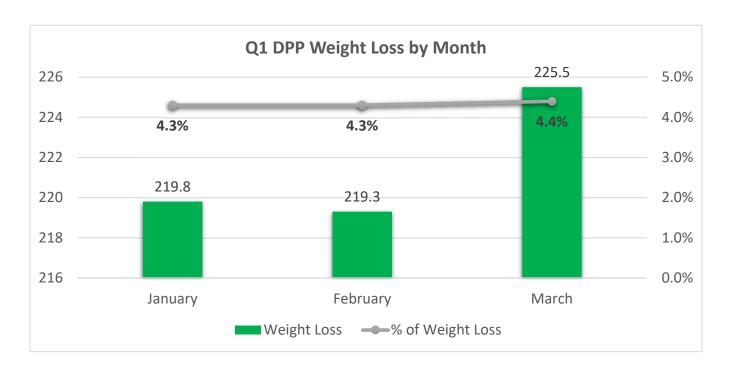
Smoking/Tobacco Cessation: Fresh Start

The Fresh Start program has the goal of reducing harm from tobacco products. Knowledge tests are implemented at each series. In Q1, 22 members completed a pre- and posttest, with a total of 86 tests completed during this period. Members appear to gain or maintain knowledge on withdrawal symptoms, triggers, committing to a quit date, and Nicotine Replacement Therapy. More emphasis is needed in learning about and having a quit plan.



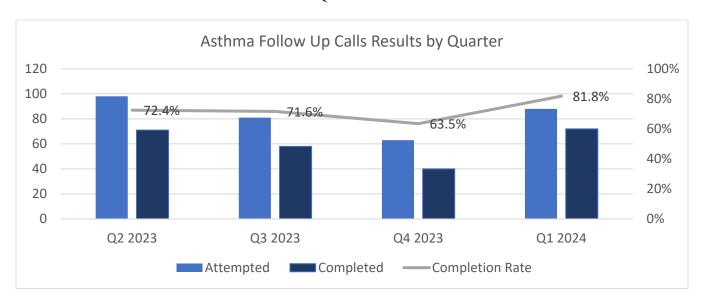
Chronic Disease Prevention and Management: Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program designed to prevent or delay the onset of type 2 diabetes among at risk members. Weight loss totals and percentages that compare initial combined cohort weight with combined weight at the end of each month in Q1 2024 are shown in the chart below. By the end of Q1 2024, 29 members were enrolled in the Spanish DPP cohort with an average weight loss of 4.4%. There was no English DPP series being offered in Q1 2024.



Chronic Disease Prevention and Management: Asthma Education Effectiveness

Members who have attended the KFHC Breathe Better Asthma Classes are offered asthma follow up calls. These calls occur at 1 month, 3 months, and 6 months (optional or only if needed) after attending the classes. During the follow up call, members are screened to determine if asthma symptoms are well controlled using the Asthma Control Test (ACT) screening tool. An ACT score of 20 or higher is an indicator of well controlled asthma. During Q1 2024, 81.8% of members completed an asthma follow up call. This was an improvement compared to 63.5% during the previous quarter. The average ACT score improved slightly for both members under 12 years old and those 12 years and older when comparing the initial assessment to the 1 and 3 month follow ups.



| Q1 20 | 24 Average ACT Scores During Asthn | na Follow Up Calls |
|------------|------------------------------------|--------------------|
| Call Month | <12 years of age | 12+ years of age |
| Initial | 17.6 | 15.8 |
| 1 | 18.1 | 17.6 |
| 3 | 19.3 | 19.3 |
| 6 | No data | Only 1 score |



To: KHS Community Advisory Committee Meeting

From: Nate Scott

Date: June 25, 2024

Re: Executive Summary for 1st Quarter 2024 Operational Board Update - Grievance

Report

Background

Executive Summary for 1st Quarter 2024 Operational Board Update - Grievance Report: When compared to the previous four quarters, the following trends were identified related to the Grievances and Appeals received during the 1st Quarter, 2024.

• There was an increase in Grievances and Appeals in Quarter 1, 2024 when compared to 2023. With the significant increase in membership during the first three months of the year, the increase in Grievance and Appeal volume was expected. The impacted categories were Quality of Service, Quality of Care, and Other Issues.

KHS Standard Grievance and Appeals per 1,000 members = 3.25 per month.

Requested Action

Receive and Approve

1st Quarter 2024 Operational Report

Alan Avery
Chief Operating Officer



1st Quarter 2024 Grievance Report

| Category | 1st Quarter 2024 | Status | Issue | Q4 2023 | Q3 2023 | Q2 2023 | Q1 2023 |
|---------------------------------------|------------------------|--------|--|------------|------------|------------|------------|
| Access to Care | 412 | | Appointment Availability | 347 | 303 | 233 | 123 |
| Coverage Dispute | 0 | | Authorizations and Pharmacy | 0 | 0 | 0 | 0 |
| Medical Necessity | 409 | | Questioning denial of service | 423 | 478 | 420 | 363 |
| Other Issues | 104 | | Miscellaneous | 39 | 65 | 55 | 53 |
| Potential Inappropriate Care | 664 | | Questioning services provided. All cases forwarded to Quality Dept. | 522 | 644 | 703 | 758 |
| Quality of Service | 402 | | Questioning the professionalism, courtesy and attitude of the office staff. All cases forwarded to PR Department | 296 | 326 | 282 | 216 |
| Discrimination (New Category) | 69 | | Alleging discrimination based on the protected characteristics | 40 | 45 | 64 | 62 |
| Total Formal Grievances | 2060 | | | 1667 | 1861 | 1757 | 1575 |
| Exempt | 2002 | | Exempt Grievances | 1620 | 2026 | 1873 | 1606 |
| Total Grievances (Formal & Exempt) | 4062 | | | 3287 | 3887 | 3630 | 3181 |



Additional Insights-Formal Grievance Detail

| Issue | 2024 1st Quarter Grievances | Upheld Plan Decision | Further Review by Quality | Overturned Ruled for Member | Still Under Review |
|---------------------------------|-----------------------------------|----------------------------|------------------------------------|--------------------------------|-----------------------|
| Access to Care | 1196 | 175 | 0 | 1020 | 1 |
| Coverage Dispute | 0 | 0 | 0 | 0 | 0 |
| Specialist Access | 140 | 71 | 0 | 66 | 3 |
| Medical Necessity | 409 | 196 | 0 | 212 | 1 |
| Other Issues | 251 | 80 | 0 | 170 | 1 |
| Potential Inappropriate Care | 664 | 546 | 4 | 114 | 4 |
| Quality of Service | 1333 | 332 | 0 | 997 | 4 |
| Discrimination | 69 | 67 | 0 | 2 | 0 |
| Total | 4062 | 1467 | 0 | 2581 | 14 |





To: KHS Community Advisory Committee Meeting

From: Nate Scott

Date: June 25, 2024

Re: Executive Summary for 1st Quarter 2024 Grievance Summary Report

Background

Executive Summary for the 1st 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.

For the 1st quarter, 2024, we had four thousand, sixty-two (4,062) Grievances and Appeals (G&A) received. Here are the top three grievance categories:

- Access to Care/Difficulty Accessing Specialists at 32.9% of grievances received.
- Quality of Service at 32.8% of grievances received.
- Quality of Care at 16% of grievances received.

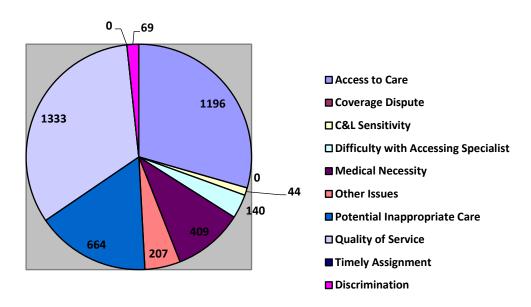
Of the 4,062 G&A received:

- 2,060 (50.7%) G&A were Standard Grievances and took up to 30 days to investigate and resolve.
- 2,002 (49.3%) G&A were Exempt Grievances and were resolved within one business day.
- 2,581 (63.5%) closed in Favor of the Enrollee
- 1,467 (36.1%) closed in Favor of the Plan/Provider
- 14 (.03%) are still open for review.

Requested Action

Receive and Approve

| Issue | Number | In Favor of Health Plan | In favor of Enrollee | Still under review |
|---------------------------------------|--------|----------------------------|-------------------------|--------------------|
| Access to care | 1196 | 175 | 1020 | 1 |
| Coverage dispute | 0 | 0 | 0 | 0 |
| Cultural and Linguistic Sensitivity | 44 | 11 | 33 | 0 |
| Difficulty with accessing specialists | 140 | 71 | 66 | 3 |
| Medical necessity | 409 | 196 | 212 | 1 |
| Other issues | 207 | 69 | 137 | 1 |
| Potential Inappropriate care | 664 | 546 | 114 | 4 |
| Quality of service | 1333 | 332 | 997 | 4 |
| Timely assignment to provider | 0 | 0 | 0 | 0 |
| Discrimination | 69 | 67 | 2 | 0 |



Type of Grievances

KHS Grievances and Appeals per 1,000 members = 3.25/month

During the first quarter of 2024, there were four thousand sixty-two grievances and appeals received. Two thousand sixty cases were standard, and two thousand and two were exempt closed within one business day. Two thousand five hundred eighty-one cases were closed in favor of the Enrollee. One thousand four hundred sixty-seven cases were closed in favor of the Plan. There are fourteen still under review. Of the four thousand sixty-two, three thousand eight hundred thirteen cases closed within thirty days; two hundred thirty-five cases were pended and closed after thirty days.

Access to Care

There were one thousand one-hundred ninety-six grievances pertaining to access to care. Three hundred fourteen were standard, and eight hundred eighty-two were exempt cases that closed within one business day. One hundred seventy-five closed in favor of the Plan. One thousand and twenty cases closed in favor of the Enrollee. There is one cases pending review. The following is a summary of these issues:

One hundred thirty-eight members complained about the lack of available appointments with their Primary Care Provider (PCP). Twenty-six cases closed in favor of the Plan after the responses indicated the offices provided the appropriate access to care based on the Access to Care standards. One hundred and twelve 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. There are no cases pending review.

Six hundred and three members complained about the wait time to be seen for a Primary Care Provider (PCP) appointment. Sixty cases closed in favor of the Plan after the responses indicated the members were seen within the appropriate wait time for a scheduled appointment or the members were at the offices to be seen as a walk-in, which are not held to the Access to Care standards. Five hundred forty-two cases closed in favor of the Enrollee after the response indicated the member was not seen within the appropriate wait time for a scheduled appointment. There is one case pending review.

Three hundred and one members complained about the telephone access availability with their Primary Care Provider (PCP). Forty-three cases closed in favor of the Plan after the responses indicated the members were provided with the appropriate telephone access availability. Two hundred fifty-eight cases closed in favor of the Enrollee after the responses indicated the members may not have been provided with the appropriate telephone access availability. There are no cases pending review.

One hundred forty-eight members complained about a provider not submitting a referral authorization request in a timely manner. Forty-five cases closed in favor of the Plan after it was determined the referral authorization request had been submitted in a timely manner. One hundred and three cases closed in favor of the Enrollee after it was determined the referral authorization request may not have been submitted in a timely manner. There are no cases pending review.

Three members complained about geographic access to provider. One case closed in favor of the Plan after it was determined the geographic access have been appropriate. Two cases closed in favor of the Enrollee after it was determined the geographic access may not have been appropriate. There are no cases pending review.

Two members complained about physical access to provider. Two cases closed in favor of the Enrollee after it was determined the physical access may not have been appropriate. There are no cases pending review.

One member complained about out-of-network access to provider. The case closed in favor of the Enrollee after it was determined the out-of-network access may not have been appropriate. There are no cases pending review.

Coverage Dispute

There were no grievances pertaining to a Coverage Dispute issue.

Cultural and Linguistic Sensitivity

There were forty-four grievances pertaining to the lack of available interpreting services to assist during their appointments Sixteen were standard cases and twenty-eight were exempt cases that closed within one business day. Eleven cases 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. Thirty-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. There are no cases pending review.

Difficulty with Accessing a Specialist

There were one hundred forty grievances pertaining to Difficulty Accessing a Specialist. Ninety-eight were standard cases and forty-two were exempt cases closed within one business day. Seventy-one cases closed in favor of the Plan. Sixty-six cases closed in favor of the Enrollee. There are three cases still under review. The following is a summary of these issues:

Twenty-four members complained about the lack of available appointments with a specialist. Twelve cases closed in favor of the Plan after the responses indicated the members were provided the appropriate access to specialty care based on the Access to Care Standards. Eleven 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. There is one case still under review.

Seventy members complained about the wait time to be seen for a specialist appointment. Fifteen cases closed in favor of the Plan after the response indicated the member was provided with the appropriate wait time for a scheduled appointment based on the Access to Care Standards. Fifty-five cases closed in favor of the Enrollee after the response indicated the member may not have been provided with the appropriate wait time for a scheduled appointment based on the Access to Care Standards. There are no cases under review.

Twenty-seven members complained about the telephone access availability with a specialist office. Twenty-seven cases closed in favor of the Plan after the response indicated the member was provided with the appropriate telephone access availability. There are no cases under review.

Nineteen members complained about a provider not submitting a referral authorization request in a timely manner. Seventeen cases closed in favor of the Plan after it was determined the referral authorization request had been submitted in a timely manner. There are two cases under review.

Medical Necessity

There were four hundred and nine appeals pertaining to Medical Necessity. One hundred and ninety-six 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. Of the cases that were closed in favor of the Plan, two were partially overturned. Two hundred and twelve were closed in favor of the Enrollee. There is one case under review.

Other Issues

There were two hundred and seven grievances pertaining to Other Issues that are not otherwise classified in the other categories. Eighty-eight were standard and one hundred nineteen were exempt cases that closed within one business day. Sixty-nine cases were closed in favor of the Plan after the responses indicated the appropriate services were provided. One hundred thirty-seven cases closed in favor of the Enrollee after the responses indicated the appropriate services may not have been provided. There is one standard case still under review.

Potential Inappropriate Care

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

Quality of Service

There were one thousand, three hundred and thirty-three grievances involving Quality of Service issues. Four hundred and two were standard and nine hundred and thirty-one were exempt cases closed within one business day. Three hundred thirty-two cases closed in favor of the Plan after the responses determined the members received the appropriate service from their providers. Nine hundred ninety-seven cases closed in favor of the Enrollee after the responses determined the members may not have received the appropriate services. There are four cases still under review.

Timely Assignment to Provider

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

Discrimination

There were sixty-nine standard grievances pertaining to Discrimination. Sixty-seven cases closed in favor of the Plan as there was no discrimination found. Two cases closed in favor of the Enrollee. There are no cases under review. All grievances related to Discrimination, are forwarded to the DHCS Office of Civil Rights upon closure.

Kern Health Systems Cultural & Linguistic Services Activities Report 1st Ouarter 2024

Executive Summary

Report Date: April 1, 2024

OVERVIEW

Kern Health Systems' Cultural and Linguistic (C&L) Services Program helps ensure that comprehensive, culturally, and linguistically competent services are provided to plan members with the intent of 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 C&L Team. Following this summary reflects the statistical measurements for the C&L Services Program detailing the ongoing activity for Q1 2024.

1. Service Monitoring

- Linguistic Performance:
 - √ 100% members satisfaction with in-person interpreter
 - √ 100% member satisfaction with telephonic interpreter
 - ✓ 96% of KHS calls and 91% of vendor calls reviewed did not have difficulty communicating with members in a non-English language
 - ✓ 98% members satisfaction with bilingual KHS staff communications
 - ✓ 98% KHS staff satisfaction with vendor Over-the-Phone Interpreter (OPI) communications

Respectfully submitted,

Isabel Silva, MPH, CHES Senior Director of Wellness and Prevention

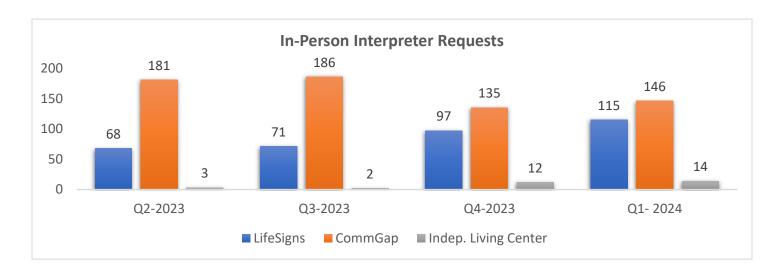
Kern Health Systems Cultural & Linguistic Services Activities Report 1st Quarter 2024

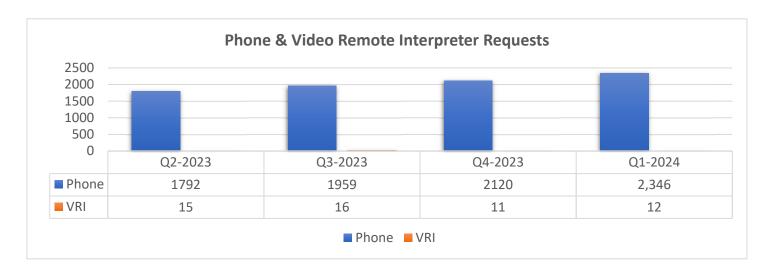
Cultural and Linguistic Services

Interpreter Requests

During this quarter, there were 146 requests for Face-to-Face Interpreting, 2,346 requests for Telephonic Interpreting, 12 for Video Remote Interpreting (VRI) and 115 requests for an American Sign Language (ASL) interpreter.

| Interpreting Languages Requested | Interpreting Languages Requested | | | | |
|----------------------------------|----------------------------------|--|--|--|--|
| Phone and Video Remote | In- person | | | | |
| Spanish | Spanish | | | | |
| Punjabi | Cantonese | | | | |
| Arabic | Arabic | | | | |



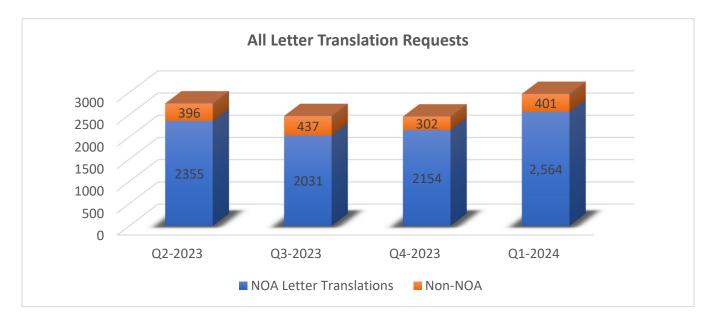


Kern Health Systems Cultural & Linguistic Services Activities Report 1st Quarter 2024



Written Translations

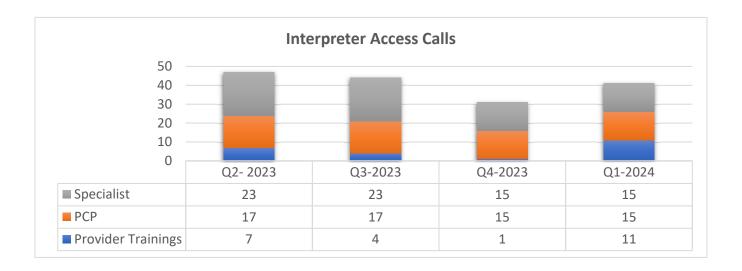
The W&P department coordinates the translation of written documents for members. Translations are performed in-house by qualified translators or outsourced through a contracted translation vendor. During this quarter, 2,965 requests for written translations were received.



Interpreter Access Survey Calls

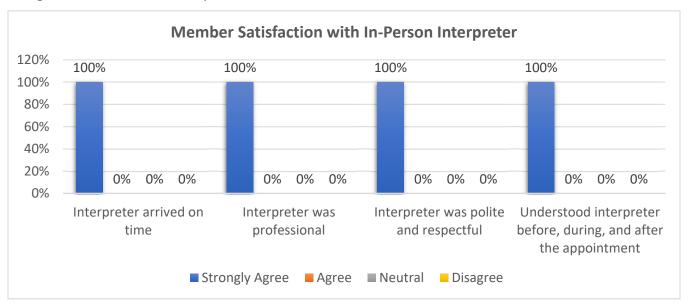
Each quarter, the Provider Network Management (PNM) department conducts an interpreter access survey among KHS providers. During Q1, 15 PCPs and 15 Specialists participated in this survey. Of these providers, 11 needed a refresher training on KHS' C&L services.

Kern Health Systems Cultural & Linguistic Services Activities Report 1st Quarter 2024



Member Satisfaction Surveys

During this quarter, a total of 30 satisfaction surveys were collected from members who received in-person interpreting services and more than 100% of members reported they "Strongly Agreed" being satisfied with their interpreter.



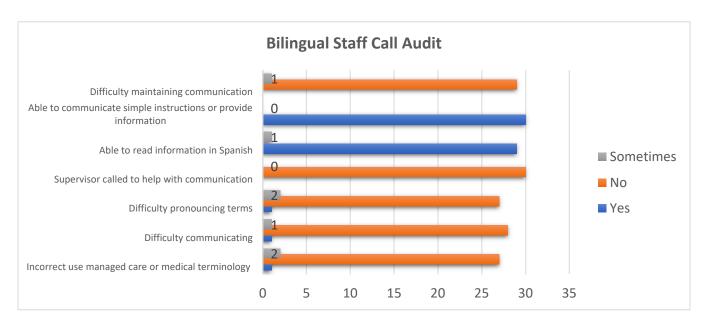
Over-the-Phone (OPI) Interpreter Call Monitoring

During this quarter, an audit was performed on 30 random OPI interpreter services calls. Calls audited were in Arabic, Punjabi, Spanish, Hindi, and Tagalog. Calls were evaluated for the interpreter's Customer Service, Interpretation Skills, and the ability to follow the Code of Ethics and Standards of Practice. Audit findings revealed 100% of calls Met Expectations.

Kern Health Systems Cultural & Linguistic Services Activities Report 1st Ouarter 2024

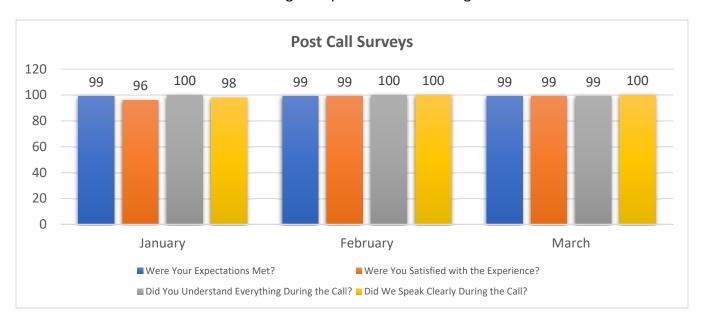
Bilingual Staff Call Audit

During this quarter, a total of 30 Spanish audio calls from KHS member facing departments were reviewed to assess the linguistic performance of the Bilingual Staff. Findings revealed that 96% of Bilingual staff did not have difficulty communicating with members in a non-English language.



Post Call Surveys

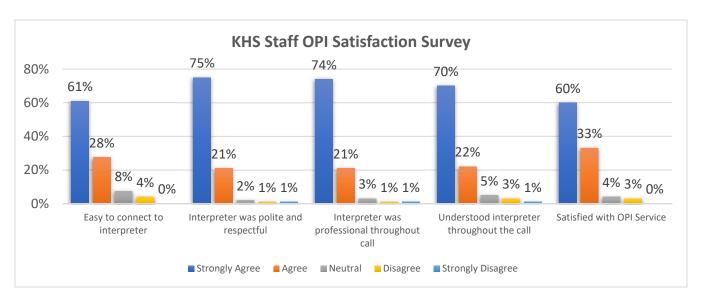
During this quarter, a total of 7,951 Spanish Post Call Surveys were collected from members for all KHS member facing departments to assess the linguistic performance of the Bilingual Staff. KHS' post call survey evaluates member's call experience by language. Findings revealed that 98% of members are satisfied with the linguistic performance of bilingual staff.



Kern Health Systems Cultural & Linguistic Services Activities Report 1st Ouarter 2024

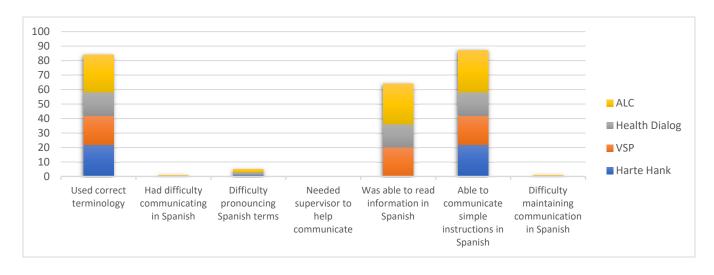
KHS Staff Satisfaction Over-the-Phone (OPI) Survey

During this quarter, a total of 145 surveys were received from KHS member facing department staff regarding their satisfaction with our vendor Language Line Services concerning over-the-phone interpretation. Findings revealed that 98% of KHS staff are satisfied with the linguistic performance of our vendors' interpreters.



Vendor Bilingual Call Audits

During this quarter, a total of 106 Spanish audio calls were received from contracted vendors with KHS. These vendors include: ALC Transportation, Health Dialog, VSP, and Harte Hank. These audio calls were reviewed to assess the linguistic performance of the vendor's Bilingual staff. Findings revealed that 91% of Bilingual staff did not have difficulty communicating with members in a non-English language.



KFHC Language Assistance Cynthia Cardonalona

Cultural & Linguistics Services Manager



KFHC Services

Equal Language Access

- Title VI of the Civil Rights Act
- Executive Order 13166
- The Affordable Care Act
- The Americans with Disabilities Act

What is Language Access?

- Ability to communicate effectively
- Accommodations for limited English
 Proficient (LEP) members
- Expanding Access to underserved populations

National CLAS Standards

Culturally & Linguistically Appropriate Services

- "Intended to advance health equity, improve quality, and help eliminate health care disparities."
- 15 Standards Divided into 4 Themes:





KFHC Services

Communication & Language Assistance

- Over-the-phone (OPI) Interpreters
- Onsite Interpreters (In-person)
 - (Spoken/ASL)
- Video Remote Interpreting (VRI)
 - On Demand/Scheduled
 - (Spoken/ASL)
- Translation Services
- Alternative Formats

- No Cost
- Available services 24/7
- Monitor & Evaluate Language
 Support Services





How to Request Services

Our Member Services staff can help you get an interpreter for your next doctor's visit. Call us at 661.632.1590 or 800.391.2000



THANKYOU.! Questions?



To: KHS Community Advisory Committee

From: Anastasia Lester

Date: June 25, 2024

Re: Community Advisory Committee Meeting Extended Time

Background

Community Advisory Committee Meeting Extended Time:

- The NCQA requires more anecdotal information and discussion recorded in the minutes of the meeting. Currently there is not enough time allotted for the meeting to provide thorough discussion and anecdotal information.
- The request would be to extend the meeting by thirty (30) minutes.

Requested Action

Receive and Approve



To: KHS Community Advisory Committee

From: Lela Criswell, Member Engagement Manager

Date: June 25, 2024

Re: 2024 Member Engagement Rewards Program Flyer

Background

The Kern Family Health Care (KFHC) Quality Performance Department started a Member Engagement Rewards Program (MERP) in 2019 to encourage members to attend wellness and prevention screening medical visits. The MERP flyer was created to let members know about the wellness and prevention visits that are included in the program and the reward amount for each qualifying visit.

Effective 1/1/2024, three new screening measures have been added to the MERP. The flyer is revised to reflect this change.

Requested Action

Approve the revised flyer.

Attachment – 2024 Member Engagement Rewards Program Flyer



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.

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.

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.**

Chlamydia – \$25

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

Follow Up for Mental Health Emergency Room Visit – \$25

Members 6 years of age and older, visit your doctor within 30 days after being seen for mental illness in the emergency room.**

Follow up for Substance Abuse Emergency Room Visit – \$25

Members 13 years of age and older, visit your doctor within 30 days after being seen for substance abuse in the emergency room.**

Hemoglobin A1c Blood Test Screening – \$25

Members 18-75 years of age with diabetes, complete a blood test screening. **

Scan to learn more.



**Limit 1 reward per year.

*Limit 1 reward per pregnancy.





Premios para Miembros

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.

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

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

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.**

*Limite de 1 premio por embarazo.

**Limite de 1 premio por año.

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.**

Seguimiento de la Visita a la Sala de Emergencias por una Enfermedad Mental – \$25

Miembros de 6 años de edad y mayores que visiten a su doctor dentro de los primeros 30 días después de haber sido atendidos por una enfermedad mental en la sala de emergencias.**

Seguimiento de una Visita a la Sala de Emergencias por Abuso de Sustancias – \$25

Miembros de 13 años de edad y mayores que visiten a su doctor dentro de los primeros 30 días después de haber sido atendido por abuso de sustancias en la sala de emergencias.**

Análisis de Sangre de la Hemoglobina A1c – \$25

Miembros de 18-75 años de edad con diabetes que completen un análisis de sangre.**

Escanear para obtener más información.





To: KHS Community Advisory Committee

From: Lela Criswell, Member Engagement Manager

Date: June 25, 2024

Re: 2024 Kern Family Health Care Corporate Website Usability Test

Background

The State of California, Department of Health Care Services is requiring all Medi-Cal Managed Care Plans to become accredited with the National Committee for Quality Assurance (NCQA). According to the requirements, KFHC must review the content quality and usability of the public facing Corporate Website and report on the findings of that review. To assist with this effort, KFHC has created a short usability test that we would ask the KFHC Members who are members of the Community Advisory Committee (CAC) to complete the test as part of the review. The results of this test will be used for the report that will be submitted to the NCQA as part of the application requirements.

Requested Action

Complete and return the 2024 Kern Family Health Care Usability Test as to fulfill the quality and content review requirements per NCQA.

Attachment – 2024 Kern Family Health Care Usability Test



CORPORATE WEBSITE USABILITY TEST

The purpose of this test is to see how well the Kern Health Systems (dba Kern Family Health Care) Corporate Website provides information to our members. Please provide your feedback for each step of the test. Include any comments at the end. You do not have to complete this test. This test will not affect your Medi-Cal benefits. *We thank you for your time*.

Name: Click or tap here to enter text.

| C | Date: Click or tap to enter a | date. | | | | | |
|----|---|------------------|-----------------|------------------|-----------|-------------|--|
| | | | | | yhealth | ncare.co | m |
| 1. | . Please rate the quality of Very low | the webs | ite layout 2 | i. 1 3 | 4 | 5 | Very high |
| 2 | 2. Click on the search tool. Was this feature easy to use the search tool. If no, please explain: Click | use? | ☐ Yes | ☐ No | oox and o | click the s | pyglass to initiate the search. |
| | Successful in locating your lf no, please explain: Click | | | ☐ No er text. | | | |
| 3 | B. Click on the Classes & Ev Disappointing | rents cale | endar. Ple | ase rate | the qua | lity of the | events calendar. Exceptional |
| 4 | . Click on an event in the o | calendar. | Please ra | te the q | uality of | the event | information. Very informative |
| 5 | 5. Navigate to the Member Not easy at all | menu. Plo □ 1 | ease rate | the eas | e of use. | . 🗖 5 | Very easy |
| 6 | 6. Choose "Get the care you Please rate the how easy Not easy to read | | | | enu and | read the in | nformation on the page. Very easy to read |
| | Does this page tell you h | | hen you | can get | referrals | and auth | orizations for services? |
| 7 | '. Go to the Member Portal create an account. | tab at the | e top left | side of t | he page | and click | "Member Portal". Log in or |
| | After logging in, click "Ch PCP, but do not click sub | | | | | | low the steps to change your CP. |
| | If you changed your PCF | , please | provide o | old PCP' | s name: | | |
| | Please rate how easy it w Not easy | | | | | | d to. Very easy |
| 8 | 3. Click Español in the men exercises. Was all text on | the webs | | - | - | | Repeat navigation and quality |
| 9 |). Would you recommend th | | te to a frie | end? | | | |
| | Why, or why not? | | | | | | |
| 1 | O. How might this website | be improv | ved? | | | | |
| 1 | 1. What feature do you like | most? | | | | | |

Please share any additional comments or suggestions. Click or tap here to enter text.



PRUEBA DE FACILIDAD DE USO DELSITIO WEB CORPORATIVO

El propósito de esta prueba es ver qué tan bien el sitio web corporativo de Kern Health Systems (haciendo negocios como Kern Family Health Care) proporciona información a nuestros miembros. Por favor, proporcione su opinión en cada paso de la prueba. Incluya algún comentario al final. Usted no tiene que completar esta prueba. Esta prueba no afectará sus beneficios de Medi-Cal. **Le agradecemos su tiempo.**

Nombre: Haga clic o toque para introducir un texto.

Fecha: Haga clic o toque para introducir una fecha. Visite www.kernfamilyhealthcare.com 1. Califique la calidad del diseño del sitio web. Muy baja **1 2 3 4 5** Muy alta 2. Haga clic en la herramienta de búsqueda. Escriba un tema en el cuadro de texto y haga clic en la lupa para iniciar la búsqueda. Esta función... ¿Fue fácil de usar? ■ Sí ■ No Si es no, explique: Haga clic o toque para introducir un texto. ¿Logró encontrar su tema?

Sí Si es no, explique: Haga clic o toque para introducir un texto. 3. *Haga clic en Calendario de eventos*. Califique la calidad del Calendario de eventos. Decepcionante **1 2 3 4 5** Excepcional 5. Haga clic en un evento en el calendario. Califique la calidad de la información del evento. \square 2 **4** Poco informativo **1 3** Muy informativo 6. Navegue por el menú "Miembros". Califique la facilidad de uso. Nada fácil **2 3 4 5 1** Muy fácil 7. Seleccione "Reciba la atención que necesita" en el menú "Miembros" y lea la información en la página. Califique qué tan fácil es leer esta página. No es fácil de leer **1 2 4 5** Muy fácil de leer **3** ¿Le indica esta página cómo y cuándo puede obtener referencias y autorizaciones de servicios? ☐ Sí 7. Vaya a la pestaña "Portal para Miembros" en la parte superior izquierda de la página y haga clic en "Portal para Miembros". Ingrese o registre una cuenta. Después de ingresar, haga clic en "Cambiar mi PCP" en el menú "Enlaces rápidos". Siga los pasos para cambiar su PCP, pero no haga clic "enviar" a menos que esté seguro de que desea cambiar su PCP. Si ha cambiado su PCP, favor de proporcionar el nombre de su PCP anterior: Califique lo fácil que fue para usted cambiar su PCP, si lo deseaba. No fue fácil **1 2 3 4 5** Muy fácil 8. Haga clic en "Español" en la barra de menú y seleccione "Español" como idioma. Repita los ejercicios de navegación y calidad. ¿Se tradujo todo el texto en la página web al español? ☐ Sí ■ No 9. ¿Recomendaría este sitio web a un amigo? ¿Por qué sí o por qué no? ______

Por favor, comparta cualquier comentario o sugerencia adicional. Haga clic o toque para introducir un texto.

10. ¿Cómo se podría mejorar este sitio web? ______

11. ¿Cuál función le gusta más? ______



To: KHS Community Advisory Committee

From: Lela Criswell, Member Engagement Manager

Date: June 25, 2024

Re: 2023 Member Satisfaction Survey Summary

Background

Kern Health Systems (KHS) in partnership with participating providers, is committed to meeting the expectations of our members as they interact with the health plan and when receiving health care services through our provider network. Annually, KHS conducts a Member Satisfaction Survey to measure and evaluate how well we are meeting members' expectations.

For the past eight years, KHS has engaged SPH Analytics, now known as Press Ganey, to conduct our Member Satisfaction Survey. Press Ganey is a National Committee for Quality Assurance (NCQA) certified HEDIS® Survey Vendor.

2023 was the fourth year KHS selected Press Ganey to conduct the KHS MY 2022 CAHPS® Medicaid Adult Simulation Survey for the 2023 Member Satisfaction Survey. (NCQA made no changes to the survey or program for 2023 which is why the MY 2022 CAHPS® Medicaid Adult Simulation Survey was used again.) NCQA requires health plans to submit CAHPS survey results in compliance with HEDIS® accreditation requirements. The objective of the study is to capture accurate and complete information about member-reported experiences with health care to measure how well health plans are meeting their members' expectations.

Press Ganey uses scores from several benchmarks to provide comparative and trending data for the results from member responses to the forty questions provided in the survey tool. Their report provides two sets of benchmarks to consider – (1) National NCQA Accredited Adult Medicaid Health Plans and (2) Regional Health and Human Services Region 9 health care plans which includes California, Hawaii, Arizona, and Navada. As KHS is not yet NCQA accredited, we consider the Region 9 benchmark which is heavily weighted by California Health Plans.

The 2023 Member Satisfaction Survey results show that KHS has a 72.0% overall satisfaction rate which is higher than the 60.7% Region 9 benchmark. We continue our efforts to encourage members to be engaged in their health care and to use the results of tools such as the Member Satisfaction Survey to listen to their needs and improve our member engagement strategies.

Requested Action

Receive and File.



2024 Member Satisfaction Survey



Introduction and Objectives

Kern Health Systems conducts its MY 2023 CAHPS® Medicaid **Adult Simulation** Survey in compliance with HEDIS® accreditation requirements for the year.

- Capture accurate and complete information about consumer-reported experiences with health care.
 - Measure how well plans are meeting their members' expectations and goals.
 - Determine which areas of service, have the greatest effect on members' overall satisfaction.
- 1dentify areas of opportunity for improvement, which can aid plans in increasing the quality of provided care.

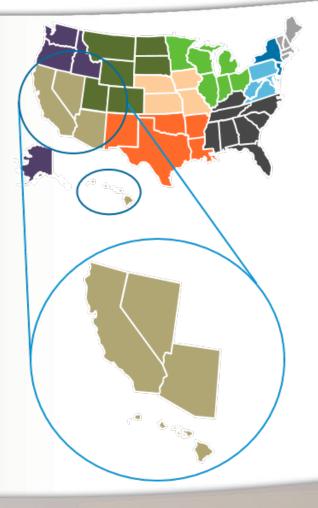


Methodology

- A sampling of 5,000 KFHC eligible member households was selected and 4997 were eligible.
 - Qualified respondents:
 - 18 years and older (as of December 31st of the measurement year)
 - Continuously enrolled in the plan for at least five of the last six months of the measurement year
 - There were a total of 540 completed responses.
 - 334 completed responses by mail.
 - 206 completed responses on the internet.
 - 10.8% response rate, with a 10.2% increase versus last year.
- Results were measured in comparison with other plan survey data for the Region
- The study is used to identify areas of needed improvement
- Strategies are developed and implemented to improve member experience and satisfaction

Region 9: San Francisco

- American Samoa (not shown)
- California
- Hawaii
- Arizona
- · Guam (not shown)
- Nevada





Regional Performance

KHS scored significantly higher than the regional rate for Rating Health Plans and exceeded the regional rates of other measurement areas. The results for Getting Care Quickly, Coordination of Care, and How Well Doctors Communicate show a need for improvement.

| Patient Experience | KHS Summary Rate (%) | 2023 SPH BoB Region (%) | Performance Indicator |
|------------------------------|-------------------------|----------------------------|--------------------------|
| Rating of Health Plan | 72.0 | 60.7 | • |
| Rating of Health Care | 61.5 | 53.5 | 1 |
| Rating of Personal Doctor | 71.6 | 65.1 | 1 |
| Getting Needed Care | 84.5 | 78.4 | 1 |
| Getting Care Quickly | 80.7 | 75.4 | 1 |
| Customer Service | 91.6 | 88.2 | 1 |
| Coordination of Care | 82.7 | 83.6 | ♣ |
| How Well Doctors Communicate | 92.5 | 91.1 | 1 |



Key Drivers of Rating of Health Plan

TOP 10 KEY DRIVERS

These items have a relatively large impact on the Rating of Health Plan. Leverage these questions since they are important to your members and the Rating of Health Plan score for this plan. They are listed in descending order of importance for your plan.

PG Book of Business regression analysis has identified **Key Drivers** of Rating of Health Plan. The numbers represent the ranked importance across the entire Book of Business.

| ALIGNMENT Are your key drivers | | | | ATTRIBUTE | SUMMARY RA | PG BoB | | CLASSIFICATION | | | |
|--------------------------------|--------------|----------|-----|-----------------------------------|------------|--------------------|-------------------------|----------------|-------|---------------|-------------|
| typical of the industry? | YOUR PLAN | INDUSTRY | | ATTRIBUTE | YOUR PLAN | YOUR PLAN INDUSTRY | | %TILE* | | | Sample 2 |
| | | | Q28 | Rating of Health Plan | 72.0% | 63.6% | 96 th | (+3) | | | |
| \checkmark | 1 | 1 | Q8 | Rating of Health Care | 61.5% | 56.8% | 83 rd | (+2) | Power | | Power |
| \checkmark | 2 | 3 | Q18 | Rating of Personal Doctor | 71.6% | 69.2% | 68 th | (+37) | Орр. | → | Power |
| \checkmark | 3 | 4 | Q9 | Getting care, tests, or treatment | 85.4% | 84.8% | 55 th | (+14) | Орр. | → | Power |
| \checkmark | 4 | 8 | Q24 | Provided information or help | 88.9% | 84.5% | 82 nd | (+22) | Power | ш | Power |
| \checkmark | 5 | 6 | Q4 | Getting urgent care | 83.7% | 82.7% | 54 th | (+27) | Орр. | → | Power |
| \checkmark | 6 | 9 | Q13 | Dr. listened carefully | 92.7% | 92.9% | 47 th | (+37) | Wait | \rightarrow | Орр. |
| \checkmark | 7 | 7 | Q25 | Treated with courtesy and respect | 94.3% | 95.0% | 38 th | (-1) | Wait | \rightarrow | Орр. |
| \checkmark | 8 | 2 | Q22 | Rating of Specialist + | 67.5% | 67.4% | 53 rd | (+6) | Орр. | → | Power |
| | 9 | 11 | Q20 | Getting specialist appointment | 83.7% | 79.1% | 80 th | (+35) | Орр. | → | Retain |
| \checkmark | 10 | 10 | Q14 | Dr. showed respect | 96.9% | 94.6% | 89 th | (+39) | Wait | → | Retain |

| | CLASSIFICATION LEGEND | | | | | | | |
|---------------------|---|---|---|---|---|------|--|--|
| Power Opportunity I | | | Retain | | | Wait | | |
| • | Large impact on the rating of the Health Plan | • | Large impact on the rating of the Health Plan | • | Small impact on the rating of the Health Plan | • | Less impact on the rating of the Health Plan | |
| • | Health Plan performance is above average | • | Health Plan performance is below average | ٠ | Health Plan performance is above average | • | Health Plan performance is below average | |
| • | Promote and leverage strengths | • | Focus resources on improvement | • | Maintain performance | • | Less priority - can wait to be dealt with | |

2024 Performance Improvement Strategy

KHS will implement the following improvement strategies in 2024 based on the 2023 MSS responses.

- Continue to learn of ways to expand member engagement activities to assist members with coordination of care.
- Continue to discover opportunities for ways to improve member and provider communication through technology using multiple modalities.
- Continue ongoing and timely reminders and messaging to promote member rewards programs and encourage member engagement in their own health care.
- Continue efforts to improve customer relations management to improve the member experience.



2023 Performance Improvement Review

In 2022 the results of the study provided four key areas where there were opportunities for improvement. Listed are the strategies and subsequent efforts adopted by KHS to improve member experience and satisfaction. The 2023 results are evidence that the strategies KHS implemented assisted in improving the summary rate scores.

| Recommended Strategy | Result |
|---|---|
| Evaluate and implement institutionalizing telehealth and street medicine to alleviate access to care challenges. | KHS is now contracted with 2 street medicine provider groups and 128 telehealth provider groups with a total of 707 providers who provide these services. |
| Discover opportunities for improved member and provider communication through technology using multiple modalities. | KHS increased outreach in 2023 through manual outreach calls, robocalls, and text messages. KHS will soon be adding an email component as another outreach channel and we are looking at chatbot technology as well. KHS is continuing to explore other opportunities to improve member and provider communication. |
| Educate and engage members to encourage member action for health status improvement. | KHS operationalized staffing for satellite offices located in the Northern, Eastern, and Western regions of Kern County. Through this strategy, along with the aforementioned strategy for gaps in care outreach, KHS is working to enhance member education for the goal of encouraging members to be owners of their own care. KHS has developed a survey to gauge members' understanding of their benefits. Results will be used to improve ways in which we educate our members about their benefits and the importance of taking appropriate action to improve their health status. |
| Educate and engage providers to encourage improvement for how well doctors communicate with members. | KHS is utilizing Member Engagement staff to perform outreach to members who have gaps in care to schedule their appointments and connect them with their providers. |



