



**KERN HEALTH
SYSTEMS**

**PUBLIC POLICY/COMMUNITY
ADVISORY COMMITTEE**

Tuesday, September 27, 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, September 27, 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 June 29, 2022
APPROVE
- CA-5) Report on September 2022 Medi-Cal Membership Enrollment RECEIVE AND FILE
- CA-6) Report on KFHC Grievance Summary for second quarter ending June 30, 2022
RECEIVE AND FILE
- CA-7) Report on Population Health Management for second quarter ending June 30, 2022
RECEIVE AND FILE
- CA-8) Report on Health Education for second quarter ending June 30, 2022
RECEIVE AND FILE
- 9) Report on Member Services Grievance Operational Report for second quarter ending June 30, 2022
RECEIVE AND FILE
- 10) Marketing Department Report
PRESENTATION

- 11) 2022 Population Needs Assessment Findings
PRESENTATION

ADJOURN TO TUESDAY, DECEMBER 20, 2022 AT 11:00 A.M.

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

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



To: Public Policy/Community Advisory Committee

From: Emily Duran, CEO

Date: September 27, 2022

Re: AB 361 Remote Meeting Resolution

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 September 2022 or until the state of emergency is lifted.



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 SEPTEMBER 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, 2021.

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 September 1, 2022, and shall be effective until the earlier of September 30, 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 27th day of September, 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, June 29, 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: 12 Present; 1 Absent – Yadira Ramirez

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

PUBLIC PRESENTATIONS

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NO ONE HEARD

PUBLIC PRESENTATIONS

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Louie Iturriria announced that member Jose Sanchez, who served on the PP/CAC Committee since August 2020, will be stepping down effective after today's meeting. He is no longer a KFHC member. Louie thanked Mr. Sanchez for his service to the committee.

- CA-3) Minutes for Public Policy/Community Advisory Committee meeting on March 29, 2022
APPROVED
Hefner-Hernandez Colin: 12 Ayes; 1 Absent – Ramirez
- CA-4) Report on June 2022 Medi-Cal Membership Enrollment
RECEIVED AND FILED
Hefner-Hernandez Colin: 12 Ayes; 1 Absent – Ramirez
- CA-5) Report on KFHC Grievance Summary for first quarter ending March 31, 2022
RECEIVED AND FILED
Hefner-Hernandez Colin: 12 Ayes; 1 Absent – Ramirez
- CA-6) Report on Population Health Management for first quarter ending March 31, 2022
RECEIVED AND FILED
Hefner-Hernandez Colin: 12 Ayes; 1 Absent – Ramirez

- 7) Report on Member Services Grievance Operational Report for first quarter ending March 31, 2022
RECEIVED AND FILED
McAlister-Hernandez Colin; 12 Ayes; 1 Absent – Ramirez

Amy Carrillo, Member Services Manager presented the Q1 report to committee.

Committee members Quon Louey and Kaelsun Singh Tyiska asked similar questions regarding the Grievance Report. Amy Carrillo, Member Services Manager went over the following in response to their questions:

KHS added the Grievance Category “Discrimination” to our reporting for 2022. This is a new classification DHCS required last year, and after outlining a two-step process for the categorization of Discrimination grievances, KHS added them to our internal reporting for 2022. All Grievances classified as Discrimination must be sent to the DHCS Office of Civil Rights within 10 days of the grievance closing.

A member can file one grievance and it can be broken up into multiple categories. An example would be a member called to file a complaint against Dr. Doe’s office. Member said she had to wait 2 hours for a scheduled appointment, and once she was seen, Dr. Doe made an inappropriate comment about member’s weight and then prescribed a medication that is noted she has had a previous reaction to.

In this one complaint, there are 3 grievance categories:

- **Timely Access for the long wait time for an appointment**
- **Provider Staff Attitude for the inappropriate comment about member’s weight**
- **Quality Of Care for prescribing a medication member noted having a previous reaction to**

- 8) Marketing Department Report
PRESENTATION

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

- **KHS Chief Executive Officer transition taking place July 6, 2022**
- **2022 marks the 7th year that KHS has accepted applications for our Community Grant Program. This year 72 grant applications were approved.**

- 9) Report on Health Education for first quarter ending March 31, 2022
RECEIVED AND FILED
Hernandez Colin-Hefner: 12 Ayes; 1 Absent – Ramirez

Isabel Silva, Director of Health Education and Cultural and Linguistics Services presented the Q1 Health Education Report to the committee, and went over these highlights:

- **KFHC school partnership efforts – including the School Wellness Grant Program and the Student Behavioral Health Incentive Program (SBHIP). The grant program has invested over \$500,000 in Kern County schools since 2015, and 7 additional schools were awarded in 2022. SBHIP will increase access to behavioral health services to school age children through a local partnership among health plans, County Behavioral Health, County Office of Education, and 9 different school districts. It will be implemented through the end of 2024.**

Meeting adjourned by Louie Iturriria, Director of Marketing and Public Relations, at 11:49 AM to September 27, 2022 at 11:00 AM.

KHS September 2022 ENROLLMENT:

Medi-Cal Enrollment

As of September 1, 2022, Medi-Cal enrollment is 218,316 which represents an increase of 0.1% from August enrollment.

Seniors and Persons with Disabilities (SPDs)

As of September 1, 2022, SPD enrollment is 16,726, which represents a decrease of .01% from August enrollment.

Expanded Eligible Enrollment

As of September 1, 2022, Expansion enrollment is 92,298, which represents an increase of 1.5% from August enrollment.

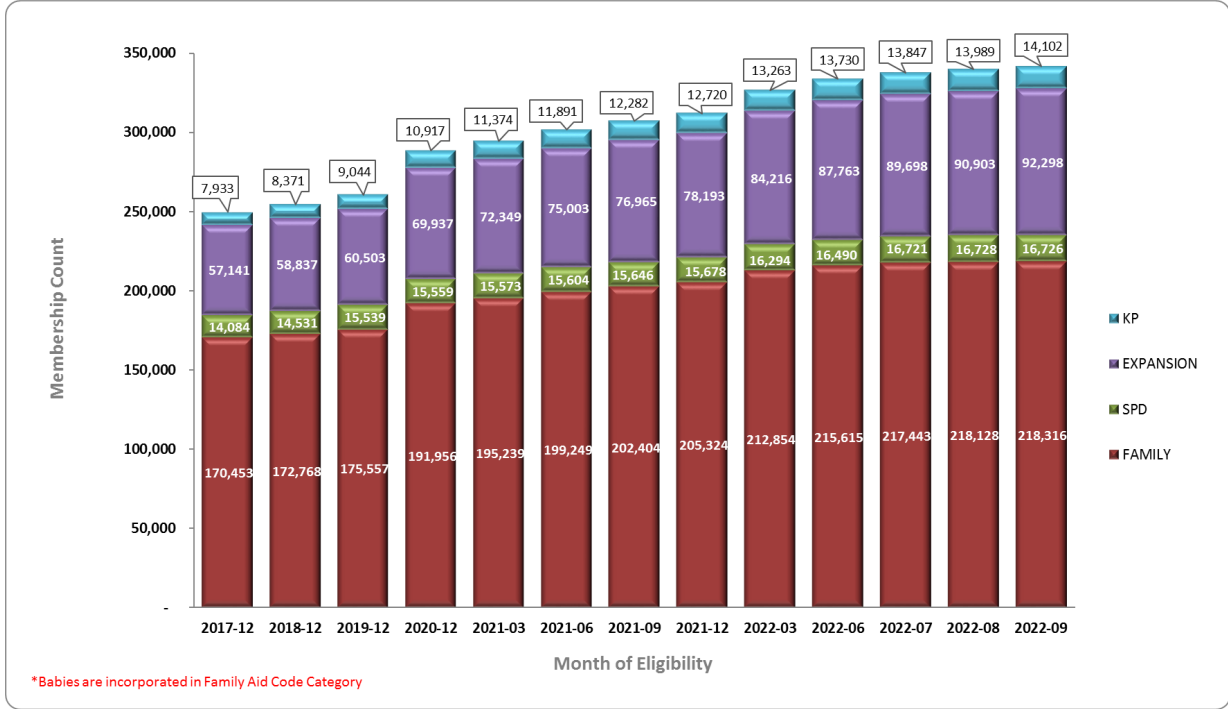
Kaiser Permanente (KP)

As of September 1, 2022, Kaiser enrollment is 14,102 which represents an increase of 0.8% from August enrollment.

Total KHS Medi-Cal Managed Care Enrollment

As of September 1, 2022, total Medi-Cal enrollment is 341,442 which represents an increase of .5% from August enrollment.

Membership as of Month of Eligibility	FAMILY	SPD	EXPANSION	KP	BABIES	Member Total
2017-12	170,006	14,084	57,141	7,933	447	249,611
2018-12	172,290	14,531	58,837	8,371	478	254,507
2019-12	175,128	15,539	60,503	9,044	429	260,643
2020-12	191,549	15,559	69,937	10,917	407	288,369
2021-03	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	201,888	15,646	76,965	12,282	516	307,297
2021-12	204,875	15,678	78,193	12,720	449	311,915
2022-03	212,429	16,294	84,216	13,263	425	326,627
2022-06	215,150	16,490	87,763	13,730	465	333,598
2022-07	216,986	16,721	89,698	13,847	457	337,709
2022-08	217,622	16,728	90,903	13,989	506	339,748
2022-09	217,833	16,726	92,298	14,102	483	341,442





To: Public Policy/Community Advisory Committee Meeting

From: Nate Scott

Date: September 27, 2022

Re: Executive Summary for 2nd Quarter 2022 Grievance Summary Report

Background

Executive Summary for the 2nd 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

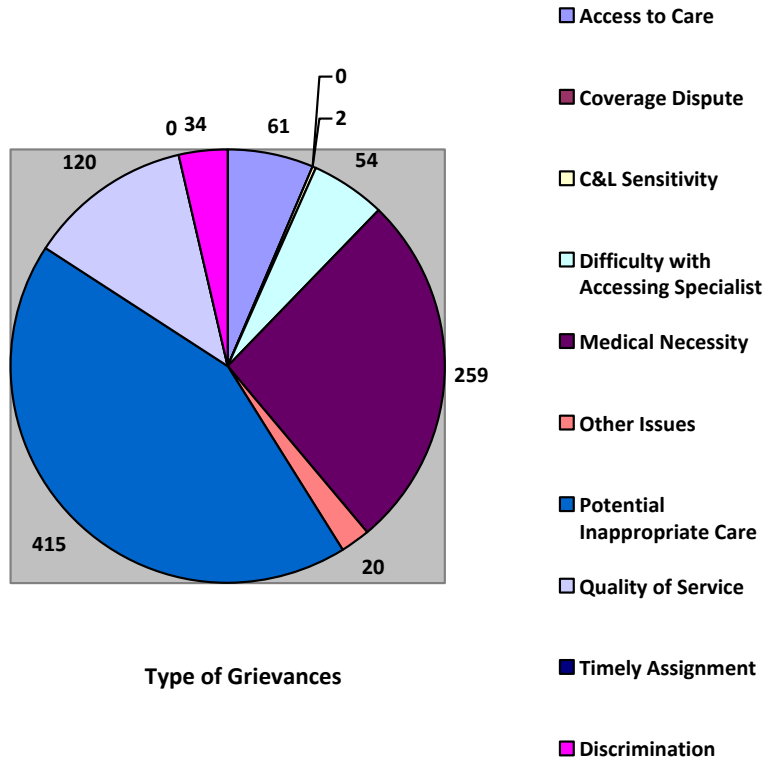
During the second quarter of 2022, there were one hundred twelve grievances and appeals received by KFHC members assigned to Kaiser Permanente. Forty-Seven cases closed in favor of the Plan; Thirty-Seven cases closed in favor of the Enrollee; and Twenty-Eight cases were still open for processing at the time of reporting. The Grievance Summary Report breaks down the cases by Grievance Category.

Requested Action

Receive and File

2nd 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	61	32	0	21	8
Coverage dispute	0	0	0	0	0
Cultural and Linguistic Sensitivity	2	1	0	1	0
Difficulty with accessing specialists	54	23	0	26	5
Medical necessity	259	138	0	96	25
Other issues	20	11	0	6	3
Potential Inappropriate care	415	8	380	0	27
Quality of service	120	90	0	23	7
Timely assignment to provider	0	0	0	0	0
Discrimination	34	31	0	0	3



KHS Grievances per 10,000 members = 9.167/month LHPC Averages 3.10-10.120

During the second quarter of 2022, there were nine hundred and sixty-five standard grievances and appeals received. One hundred seventy-three cases were closed in favor of the Enrollee. Three hundred and thirty-four cases were closed in favor of the Plan. Three hundred eighty cases have closed and are under review by the KHS Quality Improvement Department. Seventy-eight cases are still under review. Of the nine hundred and sixty-five standard grievances and appeals received, eight hundred eighty cases closed within thirty days; eighty-five cases were pending and closed after thirty days.

2nd Quarter 2022 Grievance Summary

Access to Care

There were sixty-one grievances pertaining to access to care. Thirty-two closed in favor of the Plan. Twenty-one cases closed in favor of the Enrollee. Eight cases are still under review. The following is a summary of these issues:

Eleven 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. Two 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. Two cases are still pending.

Sixteen members complained about the wait time to be seen for a Primary Care Provider (PCP) appointment. Nine 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. Five 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. Two cases are still pending review.

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

Twenty-six 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. Eleven cases closed in favor of the Enrollee after it was determined the referral authorization request may not have been submitted in a timely manner. Three cases are still under review.

One member complained about physical access availability with their Primary Care Provider (PCP). This case is still under review.

Coverage Dispute

There were no grievances pertaining to a Coverage Dispute issue.

Cultural and Linguistic Sensitivity

2nd Quarter 2022 Grievance Summary

Two members complained about the lack of available interpreting services to assist during their appointments. One case closed in favor of the Enrollee after the responses from the providers indicated the members may not have been provided with the appropriate access to interpreting services. One case 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

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

Fifteen members complained about the lack of available appointments with a specialist. Ten 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. Four cases closed in favor of the Enrollee after the responses indicated the members may not have been provided with the appropriate access to care based on the Access to Care Standards for specialty appointments. One case is still under review.

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

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

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

One member complained about not being satisfied with the service received from an In-Network provider and requested to see an Out-of-Network provider. This case closed in

2nd Quarter 2022 Grievance Summary

favor of the Plan after it was determined the member was provided with the appropriate service.

Medical Necessity

There were two hundred and fifty-nine appeals pertaining to Medical Necessity. One hundred and thirty-eight cases were closed in favor of the Plan. Ninety-six cases closed in favor of the Enrollee. Twenty-five cases are still under review. The following is a summary of these issues:

Two hundred and fifty-nine members complained about the denial or modification of a referral authorization request. One hundred and thirty-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. Ninety-six cases were closed in favor of the Enrollee as it was determined medical necessity was met and the denials were overturned and approved. Twenty-five cases are still under review.

Other Issues

There were twenty grievances pertaining to Other Issues that are not otherwise classified in the other categories. Eleven cases were closed in favor of the Plan after the responses indicated appropriate service was provided. Six cases closed in favor of the Enrollee after the responses indicated appropriate service may not have been provided. Three cases are under review.

Potential Inappropriate Care

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

Quality of Service

There were one hundred and twenty grievances involving Quality of Service issues. Ninety cases closed in favor of the Plan after the responses determined the members received the appropriate service from their providers. Twenty-three cases closed in favor of the enrollee after the responses determined the members may not have received the appropriate services. Seven cases are under review.

Timely Assignment to Provider

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

Discrimination

2nd Quarter 2022 Grievance Summary

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

Kaiser Permanente Grievances and Appeals

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

Access to Care

There were thirty-seven grievances pertaining to Access to Care. Fourteen cases closed in favor of the Plan. Fourteen cases closed in favor of the Enrollee. Nine cases are still under review

Medical Necessity

There were two appeals pertaining to Medical Necessity. Both cases closed in favor of the Plan.

Quality of Care

There were four grievances pertaining to Quality of Care. One case closed in favor of the Plan. Three cases closed in favor of the Enrollee.

Quality of Service

There were sixty-nine grievances pertaining to a Quality of Service. Thirty cases closed in favor of the Plan. Twenty cases closed in favor of the Enrollee. Nineteen cases are still under review.

**Kern Health Systems
Population Health Management Department
Executive Summary
2nd Quarter 2022**

PHM Staffing Update

- KHS is happy to announce our new Director of Population Health Management, Michelle Curioso, RN, PHN, MPA
- Currently KHS continues to recruit for a PHM Medical Director

COVID-19 Update

- KHS staff have been returning to work in phases currently working hybrid schedules rotating one week at the office and one at home.
- The office has been open to members since July 11, 2022.
- Company wide effort continue promoting COVID-related services, including incentives and outreach.

Population Health Management

- KHS continues to work on CalAIM initiatives. PHM is working with our new Director and outside consultants for Population Health program design and development, which aligns with regulatory mandates and evidence-based practice.
- PHM programs that are currently being developed and revamped, include Major Organ Transplant (MOT), Transition of Care (TOC), Potentially Preventable Admissions (PPA), Heart Failure Program, Diabetes Program, COPD Program, and Palliative Care Program.
- Focus is on risk stratifying the entire KHS population and ensuring members are receiving the right level of care
- Care coordination services will be provided through defined departments and special programs.
- Programs include an emphasis on Social Determinants of Health (SDoH).

Please see the following report for statistical measures for the Case Management department during Q2 2022.

Thank you,

Diane Lay, PHM Manager of Case Management, RN, CCM

KERN HEALTH SYSTEMS

CASE MANAGEMENT DEPARTMENT QUARTERLY REPORT

Report Date: July 7th, 2022

Reporting Period: April 1st, 2022- June 30th, 2022

During the months of April thru June, a total of 1,961 members were managed by the Case Management Department.

Episode Total (including previous members)	Closed Episodes	Open Episodes	Referral Episodes	Total
Nurse Case Manager Episodes	950	466	22	1,438
Social Worker Case Manager Episodes	304	216	3	523

Total 1,961

New Episodes April thru June 2022	Closed Episodes	Open Episodes	Referral Episodes	Total
Nurse Case Manager Episodes Assigned	751	219	117	1,087
Social Worker Case Manager Episodes Assigned	210	69	92	371

Total 1,458

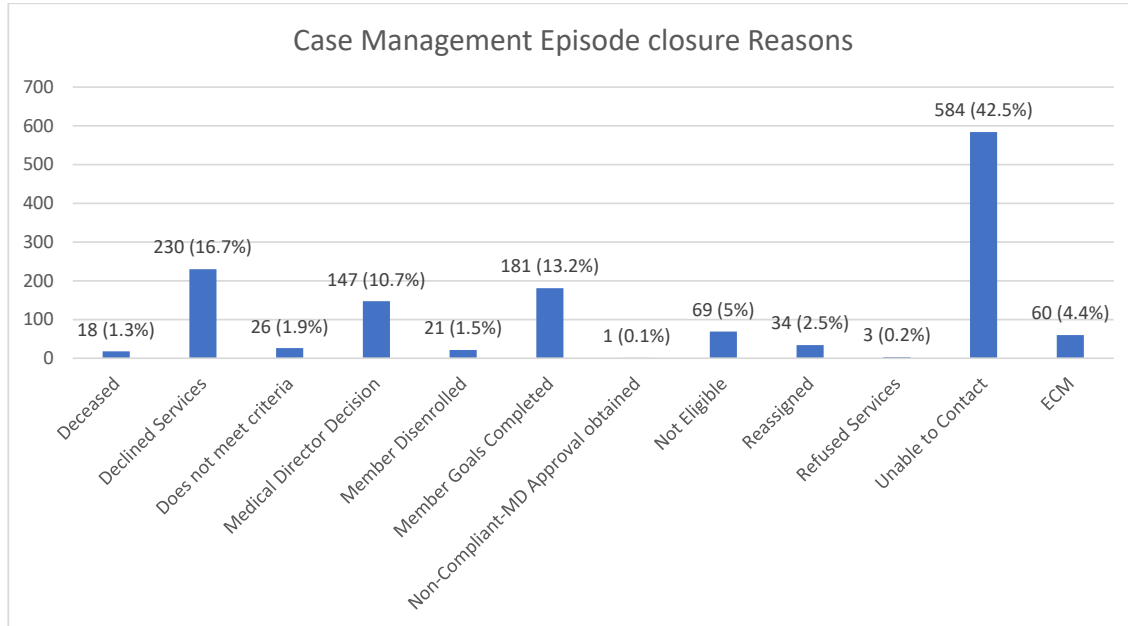
Severity Levels for Managed Episodes -908

Episode Severity Level	Severity- Critical	Severity- High	Severity- Medium	Severity- Low
Case Management	8 (1.3%)	93 (14.9%)	467 (74.8%)	56 (9%)
Behavioral Health Case Management	0 (0%)	4 (1.4%)	269 (94.7%)	11 (3.9%)
Total Combined	8 (0.9%)	97 (10.7%)	736 (81.1%)	67 (7.4%)

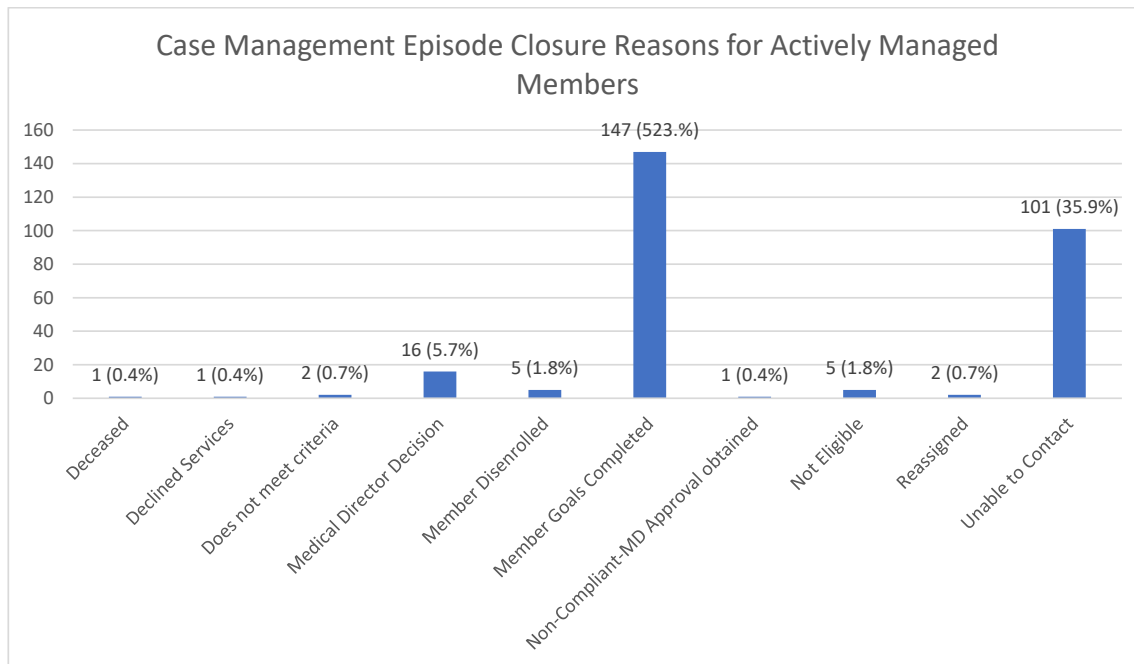
MOT- CM Episode Total	Closed Episodes	Open Episodes	Referral Episodes	Total
MOT-CM Episodes	46	156	6	208

Episode Source	Social Worker Case Manager Episodes	Percentage	Nurse Case Manager Episodes	Percentage	Episodes Combined	Percentage Combined
ACG Modeler	176	33.7%	809	56.3%	985	50.2%
All Internally Generated Internal KHS Referral	3	0.6%	0	0.0%	3	0.2%
All Internally Generated Complex Case Management	7	1.3%	155	10.8%	162	8.3%
All Internally Generated Grievance	3	0.6%	8	0.6%	11	0.6%
All Internally Generated Hospital Discharge	5	1.0%	44	3.1%	49	2.5%
All Internally Generated Medical Director	1	0.2%	30	2.1%	31	1.6%
All Internally Generated Member Request	15	2.9%	45	3.1%	60	3.1%
All Internally Generated UM Generated	0	0.0%	5	0.3%	5	0.3%
BH Mental Health	7	1.3%	0	0.0%	7	0.4%
CM DM HE Facility Based Social Worker	0	0.0%	1	0.1%	1	0.1%
CM DM HE Health Education	4	0.8%	0	0.0%	4	0.2%
CM DM HE Member Services	36	6.9%	6	0.4%	42	2.1%
CM DM HE Provider	4	0.8%	37	2.6%	41	2.1%
Critical High Risk SPD	1	0.2%	0	0.0%	1	0.1%
DM Facility Nurse	2	0.4%	0	0.0%	2	0.1%
DM HE Social Worker Case Management	2	0.4%	0	0.0%	2	0.1%
HE Member Portal	0	0.0%	1	0.1%	1	0.1%
HE Postpartum Claim	13	2.5%	0	0.0%	13	0.7%
HE Prenatal Claim	44	8.4%	0	0.0%	44	2.2%
HHP Distributive Model	0	0.0%	1	0.1%	1	0.1%
High Risk SPD	200	38.2%	86	6.0%	286	14.6%
Non-Contract Physician/Provider	0	0.0%	2	0.1%	2	0.1%
UM Authorization	0	0.0%	208	14.5%	208	10.6%
Totals	523	100.0%	1438	100.0%	1961	100.0%

A total of 1,374 Episodes were closed during the Months of April thru June 2022



A total of 281 Episodes were closed during the Months of April thru June 2022 that were Actively Managed

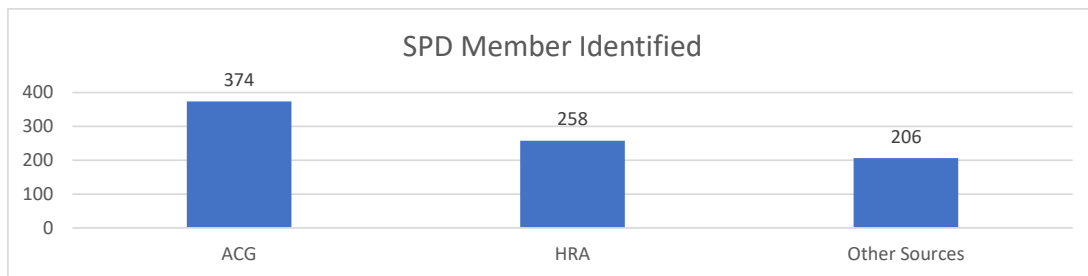


Seniors and Persons with Disabilities (SPDs):

SPD Members are identified for Complex Case Management through use of the John Hopkins Predictive Modeler, through Health Risk Assessments and other sources including member requests and outside and internal requests.

The SPD population represents a total of 43 percent (838) of the Complex Group in April thru June 2022.

The John Hopkins Predictive Modeler identified SPD’s represent 44.6% percent of the SPD’s identified in the Complex Group in April thru June 2022. HRA identified SPD members represent 30.8% and other sources of SPD members represent 24.6%.



SPD Health Risk Assessment Information:

During April thru June, a total of 2,602 members were identified for an outside vendor to contact for completion of a Health Risk Assessment.

HRA Summary	Metric	Count	Percentage	Per Day
	Completed (or 2 calls attempted)	2,597	100%	41
	Partial HRA	197	8%	3
	Full HRA	278	11%	4
	Opted out	39	1%	1
	High Risk members	169	6%	3
	Critical Members	23	1%	0
	Members Contacted	2,530	97%	40
	Call Attempts	6,601		
	Total Surveys Attempted	475		
	Avg # of Calls Per Member	3		
	Avg # Calls per Day	103		
	Avg # of Questions Answered	23		
Sent: 2602; Received: 2597				

Members Closed and Referred to ECM	Behavioral Health Case Management Episodes	Case Management Episodes
ECM	0	0

Managed Episodes with Hospital Admits within 30 days after Episode Closure	Total
Social Worker Case Management Episodes	2
Nurse Case Management Episodes	16
Percentage of Closed cases Admitted	.005%

Assessments/Plan of Care	Behavioral Health Case Management Episodes	Case Management Episodes	Total
Assessments	99	246	345
Plan of Care	90	259	349

Notes Completed

Note Source	Behavioral Case Management Episodes	Case Management Episodes
Activity Note	2815	5027
Add Episode Note	2	19
Care Plan Problem Note	421	1038
Change Status Note	871	2908
Edit Episode Note	9	253
Episode Note	123	387
Goals	409	1002
Interventions	671	1109

Letters

Letter Template	Behavioral Health Case Management Episodes	Case Management Episodes
Appointment Letter English	189	175
Appointment Letter Spanish	33	71
Approval Letter	0	17
Consent Form English	4	29
Consent Form Spanish	2	30
Discharge English	54	167
Discharge Spanish	7	63
Educational Material	131	305
Mental Health Alert to PCP	5	0
Unable to Contact	257	905
Welcome Letter Bilingual	92	234

Activities Completed

Activities Completed	Total
CMA's	5,992
Nurses	2,649
Social Workers	631

Activity Type

Activity Type	Behavioral Health Case Management Episodes	Case Management Episodes
Consent Received	0	1
Education	11	46
Fax	141	206
Letter Contact	571	1173
Member Services	39	61
Notification	0	123
Outreach	0	109
Phone Call	1794	4992
Program Disenrollment Status	0	4
Program Referral	0	1

Activity Name

Activity Name	Behavioral Health Case Management Episodes	Case Management Episodes
Appointment Reminder Calls	247	364
Community Resources	7	66
Contact Member	481	699
Contact Pharmacy	6	5
Contact Provider	271	899
COVID-19 Education	0	55
COVID-19 Vaccine Education	49	142
Create Work Item	51	165
Discharge Survey	0	1
Homeless	1	5
ICT	39	32
Incoming Call	2	36
Inpatient Discharge Follow Up	37	237
Language Line	78	647
Mail Appointment Letter	204	210
Mail Authorization	0	3
Mail Consent Letter	5	53
Mail Discharge Letter	61	223
Mail Educational Material	133	301
Mail Pill Box	14	31
Mail Provider Directory	5	7
Mail Unable to contact letter	87	330
Mail Urgent Care Pamphlet	1	0
Mail Welcome Letter	28	21
Medication Review	0	37
Mental Health Alert to PCP	4	0
MOT Consent Received	0	23
MOT Eval Phase - CMA Outreach	0	165
MOT Evaluation Phase	0	152
MOT Listed Phase	0	43
MOT Listed Phase - CM Outreach	0	34
MOT Listed Phase - CMA Outreach	0	1
MOT Post Transplant Phase - CM Outreach	0	4
MOT Post-Transplant Phase	0	15
MOT Transplant Phase	0	1
Plan of care	90	165
Referral for BH Case Management	0	1
Request Medical Records	63	129

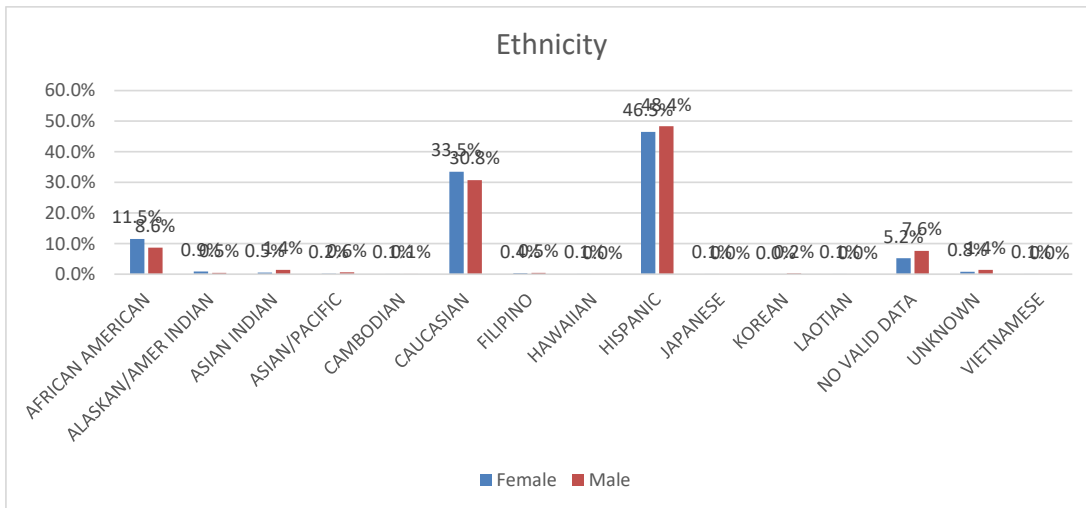
Return Mail	3	5
Schedule Physician Appointment	183	213
Transportation	67	231
Verbal consent to be received	339	965

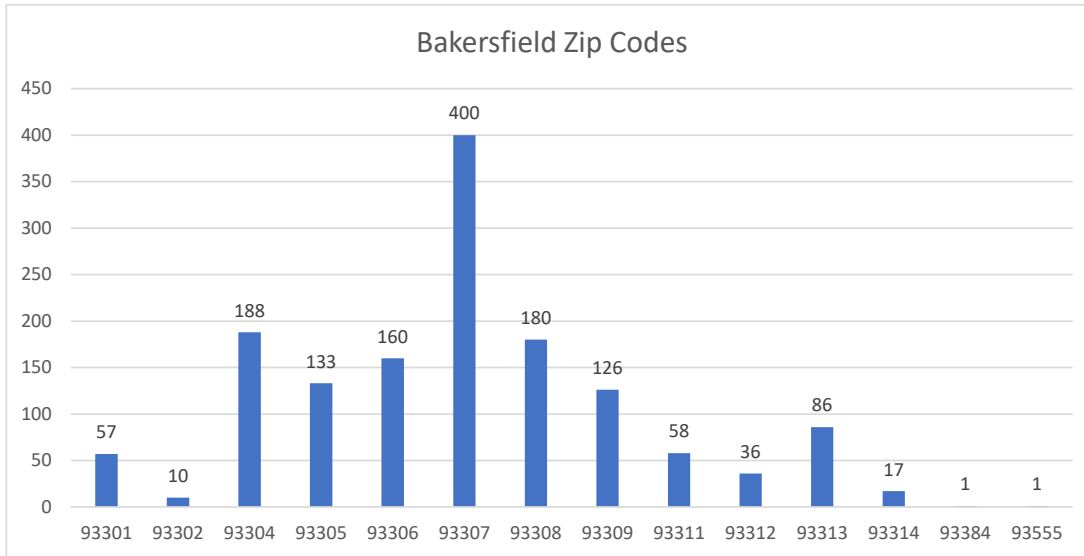
During the months of April thru June, 95% of the members managed were 65 years of age or younger.

Age	<18	18-40	41-65	>65	Total
Nurse Case Manager Episodes	45	316	989	88	1,438
Social Worker Episodes	40	202	263	18	523

Of the 1,961 members managed during the months of April thru June, most members were female at 56%.

The majority of members' ethnicity was Hispanic at 47%.





Outlying Areas

City	Total
ARVIN	40
BATON ROUGE	1
BODFISH	6
BORON	5
BUTTONWILLOW	3
CALIF CITY	39
CYPRESS	1
DELANO	68
DURHAM	1
EAST HELENA	1
FELLOWS	2
FRAZIER PARK	7
HANFORD	1
INYO KERN	6
KEENE	1
KERNVILLE	2
LAKE ISABELLA	10
LAMONT	33
LEBEC	2
LOS ANGELES	1
LOST HILLS	3
MARICOPA	4
MC FARLAND	22
MC KITTRICK	1
MOJAVE	20
N/A	8

NORTH EDWARDS	2
OXNARD	1
POMONA	2
POTTS DURO	1
RIDGECREST	31
ROSAMOND	14
SHAFTER	34
TAFT	37
TEHACHAPI	41
TUPMAN	1
WASCO	35
WEED	1
WELDON	10
WOFFORD HEIGHTS	7
YREKA	1
UNKNOWN	2



To: Public Policy/Community Advisory Committee

From: Isabel Silva, MPH

Date: September 27, 2022

Re: 2022 2nd Quarter Health Education, Cultural & Linguistics Activities Report

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.

Enclosed is the quarterly health education report summarizing all health education, cultural and linguistic activities performed during the 2nd quarter of 2022.

Requested Action

Receive and File.



KERN HEALTH SYSTEMS

HEALTH EDUCATION, CULTURAL &
LINGUISTIC SERVICES DEPARTMENT

QUARTERLY REPORT

Q2 2022

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
2nd Quarter 2022

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

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
2nd Quarter 2022

Executive Summary

Report Date: August 18, 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 Health Education department detailing the ongoing activity for Q2 2022.

- **Asthma Mitigation Project** – This program achieved its enrollment goal of 200 in May, with 206 members enrolled through the end of that month. By the end of June, 48 members had completed the program.
- **Asthma Medication Ratio Performance Improvement Project** – The KHS 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, 12 members have participated, and 7 AAPs have been completed by PCPs. This project is expected to end in October 2022.
- **Asthma Survey** – Data collection for a member survey was completed in June. The purpose of this survey was to gather member feedback about asthma management barriers, needed asthma education resources, preferred communication methods, and suggested ways to promote KFHC asthma education services. 100 survey responses were received from members. Data collection for a provider survey began in June. The purpose of this survey is to gather feedback from KFHC health care providers about their asthma management barriers and needed asthma education resources. The survey is expected to be completed in Q3 2022.
- **Population Needs Assessment** – Data collection efforts and report updates have been completed. The final report and action plan were submitted and approved by DHCS and will be shared at future committee meetings.
- **Baby Steps Program** -- Accomplishments in Q2 2022 include facilitating staff in-services; beginning work on updating the current pregnancy brochure and getting feedback from community partners; and finalizing plans for the member survey.

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- **Diabetes Prevention Program** – The H&W Team launched their 3rd cohort on April 12, 2022. This year-long program consists of 26 classes held remotely until such time that we can resume face-to-face meetings. A total of 52 members accepted the invitation to participate and 32 members attended the first session. A total of 22 members are still enrolled and have completed week 12 of the program.
- **Cultural and Linguistics Program** – The C&L Bilingual Glossary is in the process of being updated to ensure consistency and to prevent repetitive translation efforts. Translation audits are currently being conducted to verify medical terms that have been added to the Notice of Actions (NOA) letters, grievance letters, and to the Member Handbook. There are currently 162 new medical terms that require a translation and definition. Once completed, this glossary will be disseminated amongst KHS departments who conduct in-house translations. The annual C&L Services audit has been scheduled for early August, followed by department in-services to be conducted in late August and early September. Once completed, audit findings will be shared with each department's management team. Outreach efforts are also underway to provide C&L services training for providers who were identified in the 2nd quarter of the Interpreter Access Survey conducted by PNM. There are a total of 7 provider specialists who will be receiving training on interpreter services provided by KFHC.
- **Tobacco & Nicotine Cessation Classes** – Efforts continue establishing a partnership agreement with Kick It California to perform outreach and counseling to members identified as users of tobacco and nicotine. Class attendance increased in Q2 for the English class.
- **School Wellness Grant Program** – KHS awarded 7 schools grant funds to implement school wellness programs that aim to improve the physical, social, emotional, and behavioral health and wellbeing of students. Schools represent the cities of Bakersfield, Lake Isabella, Lamont, and Delano. An orientation with the awarded schools is scheduled for the Summer with program kick-off scheduled in the early Fall.
- **Student Behavioral Health Incentive Program** – KHS applied and received funding from DHCS to complete the first milestone to expand student access to behavioral health services among Medi-Cal beneficiaries. KHS' partners include Kern County Superintendent of Schools, Kern Behavioral Health and Recovery Services, Health Net, Kaiser, and 9 school districts. KHS is currently working with a vendor and the stakeholders to complete the needs assessment and project plans for the county which are due to DHCS by the end of 2022.

Respectfully submitted,

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

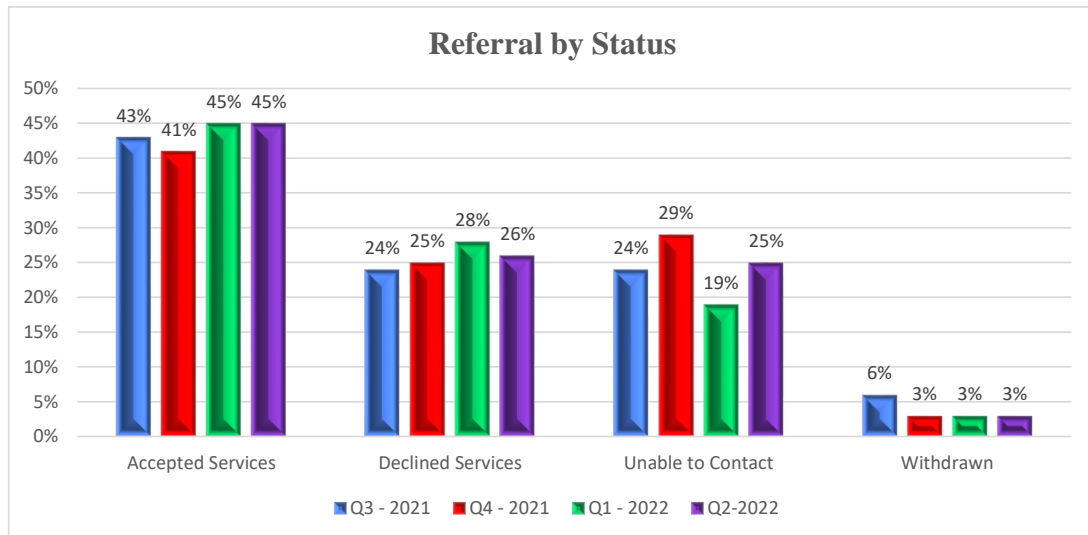
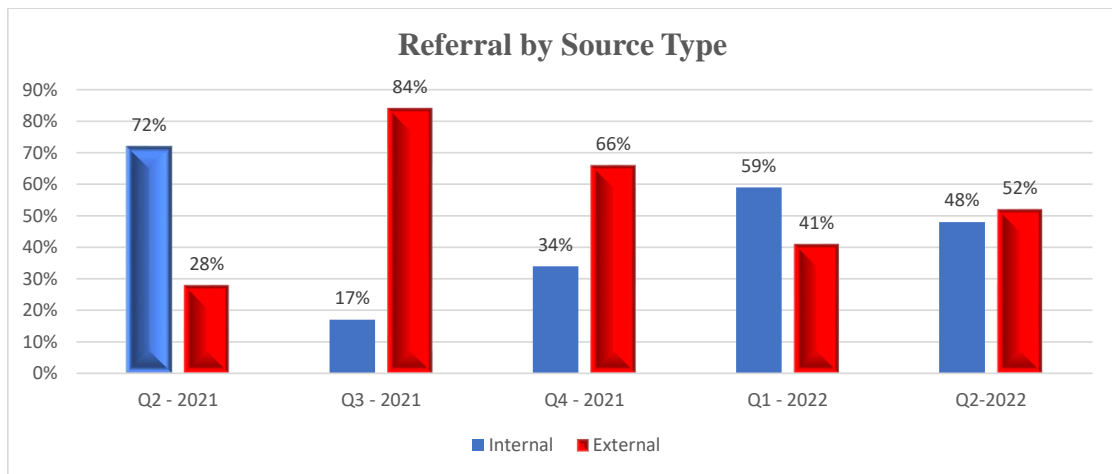
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Health Education Services

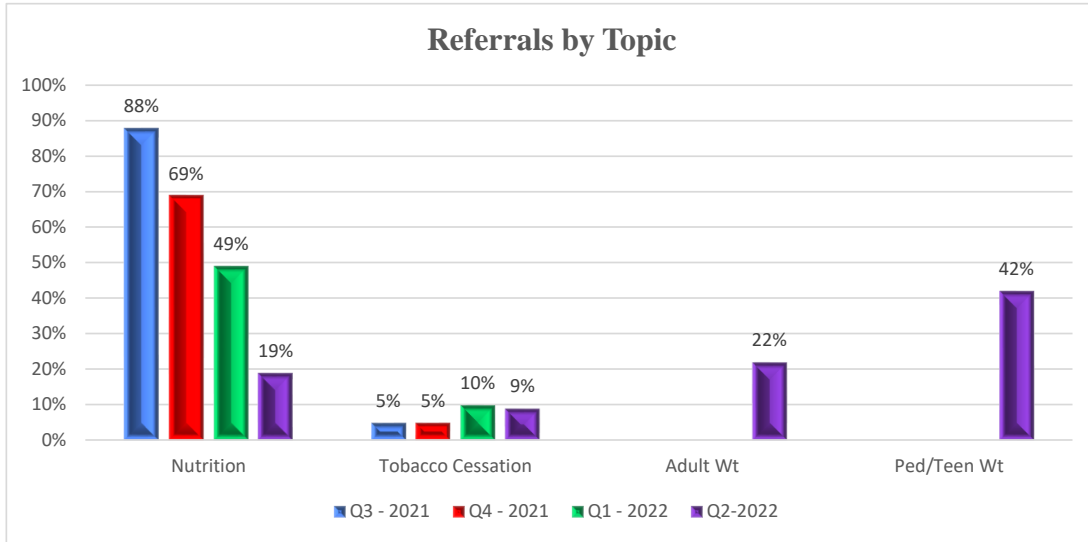
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Referrals for Health Education Services

Kern Health Systems (KHS) Health Education Department (HE) receives referrals from both internal and external sources. Internal referrals are received from KHS’ member facing departments such as Utilization Management, Member Services and Case Management. Externally, KHS providers, members and community partners can request health education services by calling KHS or submitting requests through the member or provider portals. During Q2 2022, there were 901 referrals for health education services which is a 26% 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 remained the same at 45% between Q1 2022 and Q2 2022.

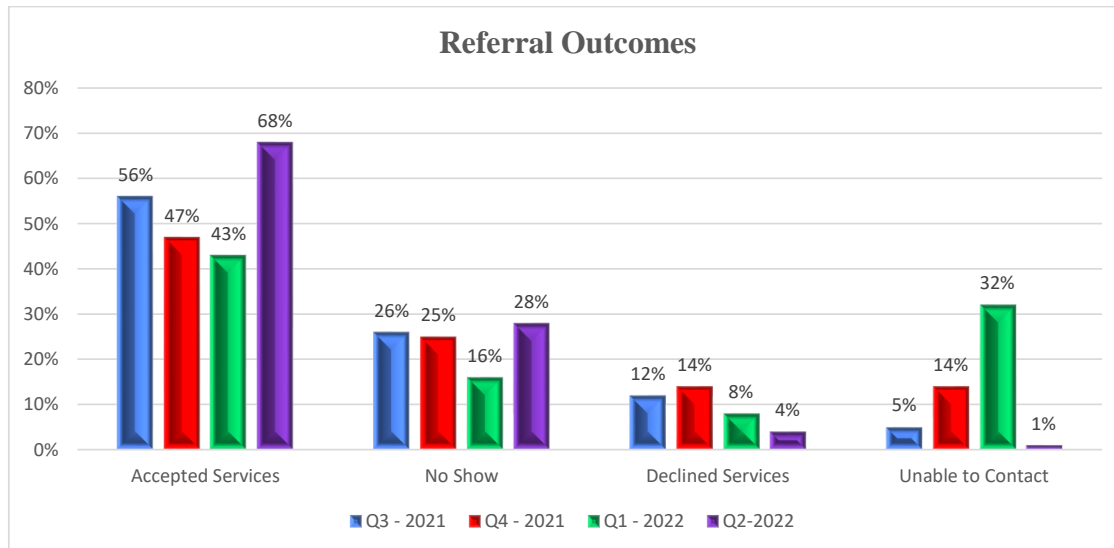


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HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
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Health Education Referral Outcomes

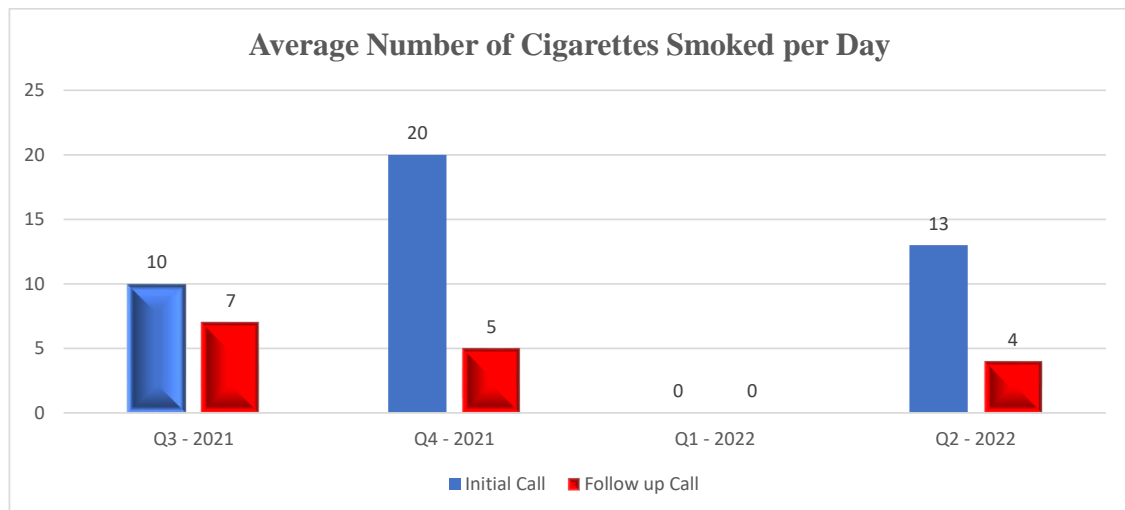
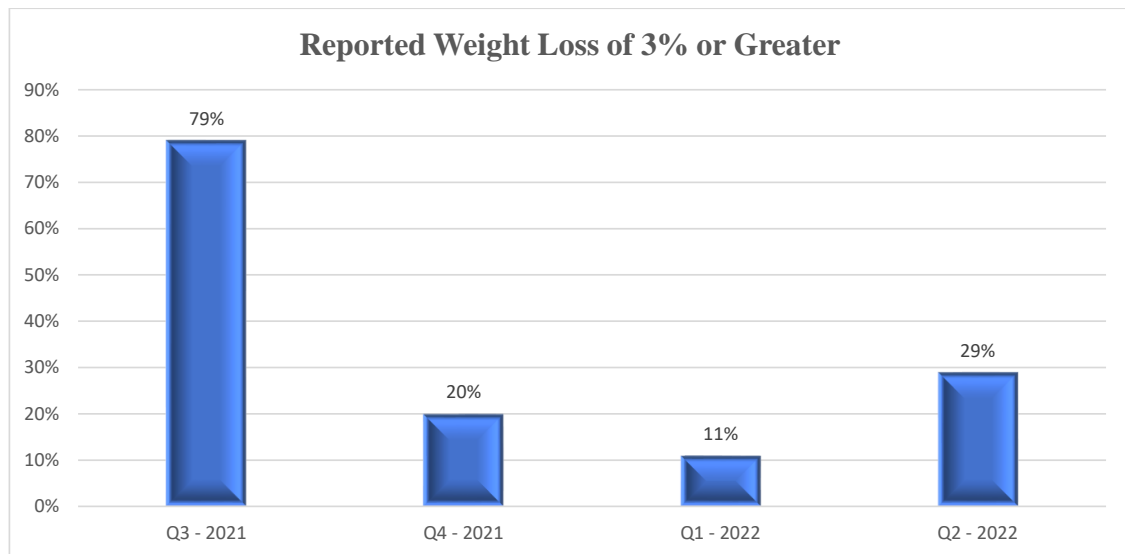
KHS offers various types of services directly through the KHS HE department or through community partnerships. Services through KHS continues to be the largest share of referral outcomes at 97% for Q1 2022. The rate of members who received health education services increased from 43% in Q1 2022 to 68% in Q2 2022. The rate of members who do not show for services average 28% of registrants.



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Effectiveness of Health Education Services

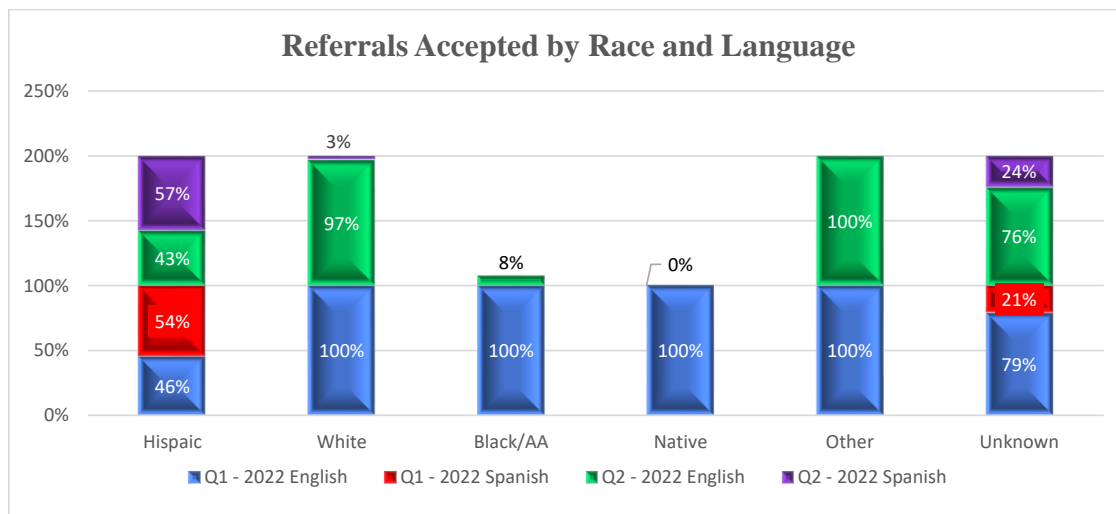
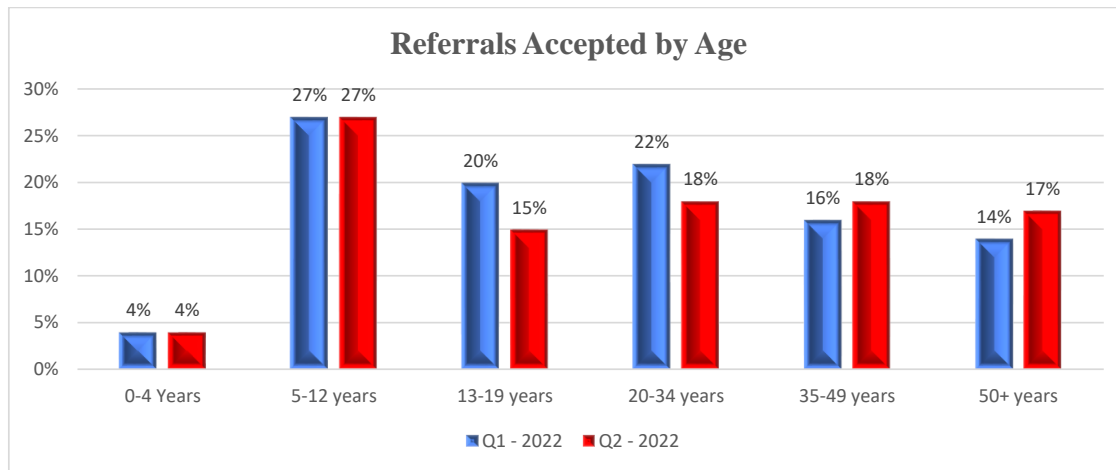
To evaluate the effectiveness of the health education services provided to members, a 3-month follow up call is conducted on members who received services during the prior quarter. Of the members who participated in the 3-month follow up call, 49 received Nutrition Education, 2 received Tobacco Cessation and 18 received Asthma Education. All findings are based on self-reported data from the members.



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Demographics of Members

KHS provides services to a culturally and linguistically diverse member population in Kern County. KHS’ language threshold is English and Spanish, and all services and materials are available in these languages. When non-threshold language requests are received, KHS utilizes professional interpreters to reduce language communication barriers among members. Out of the members who accepted health education services, the largest age groups were 5-12 years followed by 35-49 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 Spanish. During this quarter, 72% of the members who accepted services reside in Bakersfield with the highest concentration in the 93307 area. Additionally, 28% of the members who accepted services reside in the outlying areas of Kern County with the highest concentration in Lamont.



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Educational Mailings				
	Q3-2021	Q4-2021	Q1-2022	Q2-2022
Activity and Eating: Small Steps to a Healthier You	2	3	1	3
Control High Blood Pressure	0	0	0	6
Control High Cholesterol	8	0	0	5
Diabetes Management	7	2	1	7
Eat Healthy	11	3	3	5
Exercise	11	4	3	5
Making Meals Matter – school age	0	0	0	1
Prenatal Health Guide	639	540	575	642
Postpartum Health Guide	1151	1162	1083	1272
Tobacco	0	0	9493	57
Total	1829	1714	11,159	2,003

Referrals Accepted by Top Bakersfield Zip Codes				
	Q3-2021	Q4-2021	Q1-2022	Q2-2022
	93307	93307	93306	93307
	93306	93304	93307	93305
	93304	93305	93304	93306
	Lamont	Lamont	Lamont	Lamont
	Arvin	Arvin	Arvin	Arvin
	Delano	Delano	Wasco	Delano

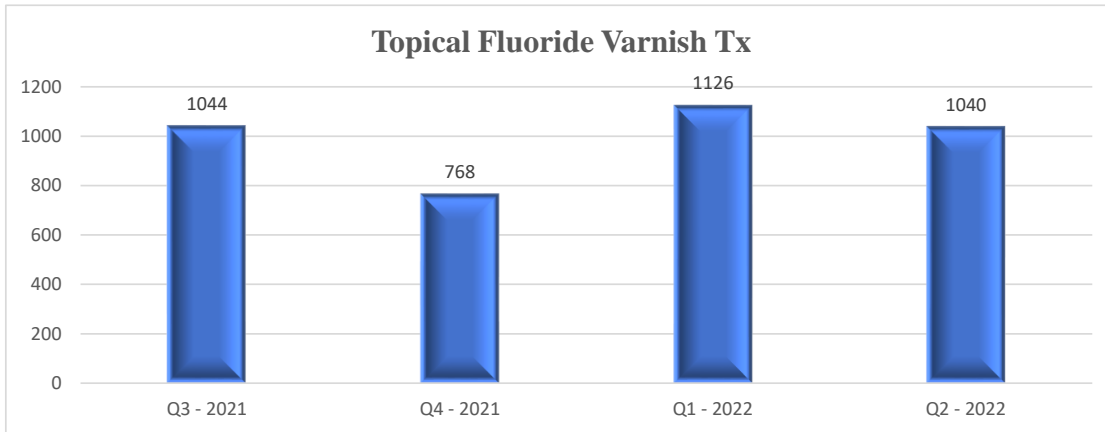
Health Education Mailings

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 and the annual tobacco education mailer which are outsourced to a contracted vendor. Members were directed to access digital information available on the Kern Family Health Care website.

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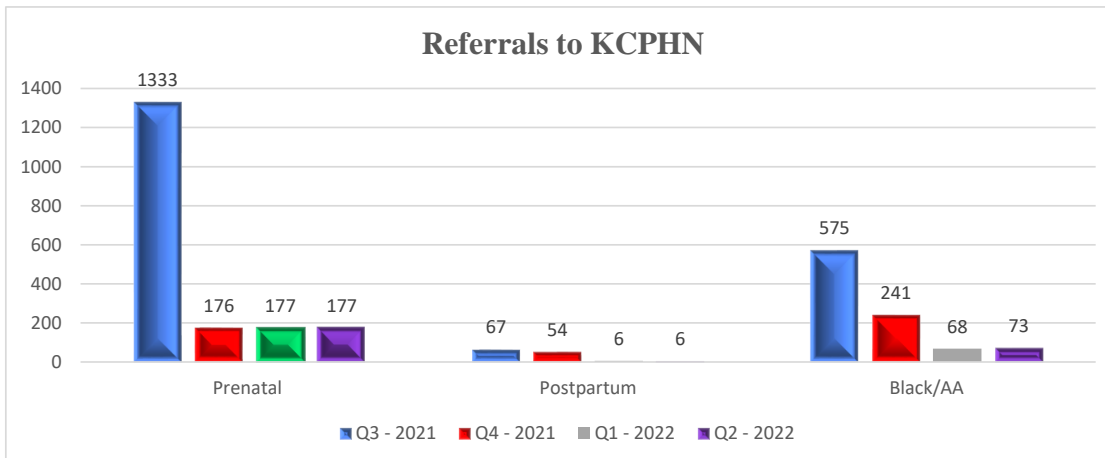
Topical Fluoride Varnish Treatments

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.

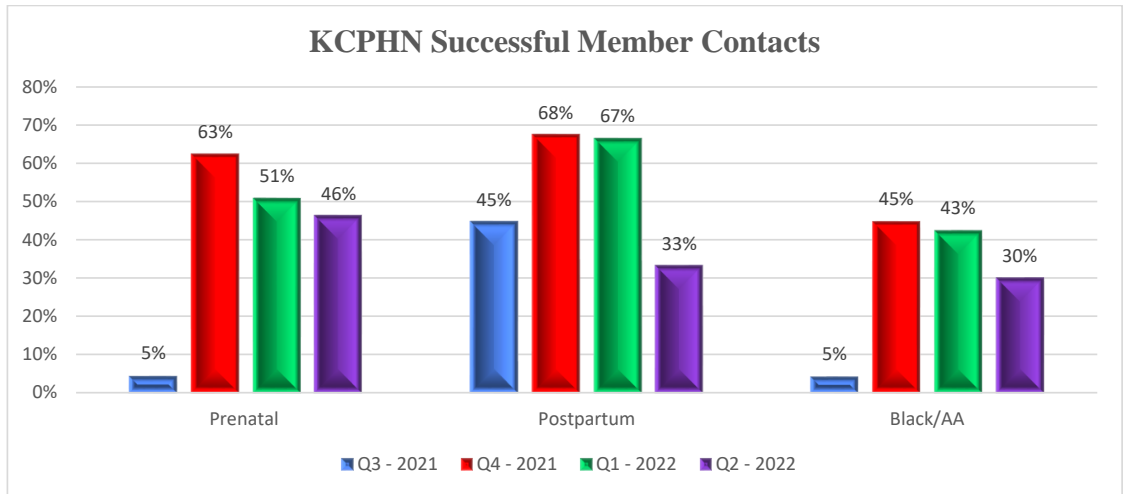


Perinatal Outreach and Education

KHS partners with the Kern County Public Health Nursing (KCPHN) division to perform outreach to members residing in the 93308 and 93305 zip codes along with pregnant Black/African American members to encourage timely prenatal and postpartum care. Members who are successfully reached are educated on the importance of timely care and offered enrollment into the KCPHN pregnancy programs such as Black Infant Health.

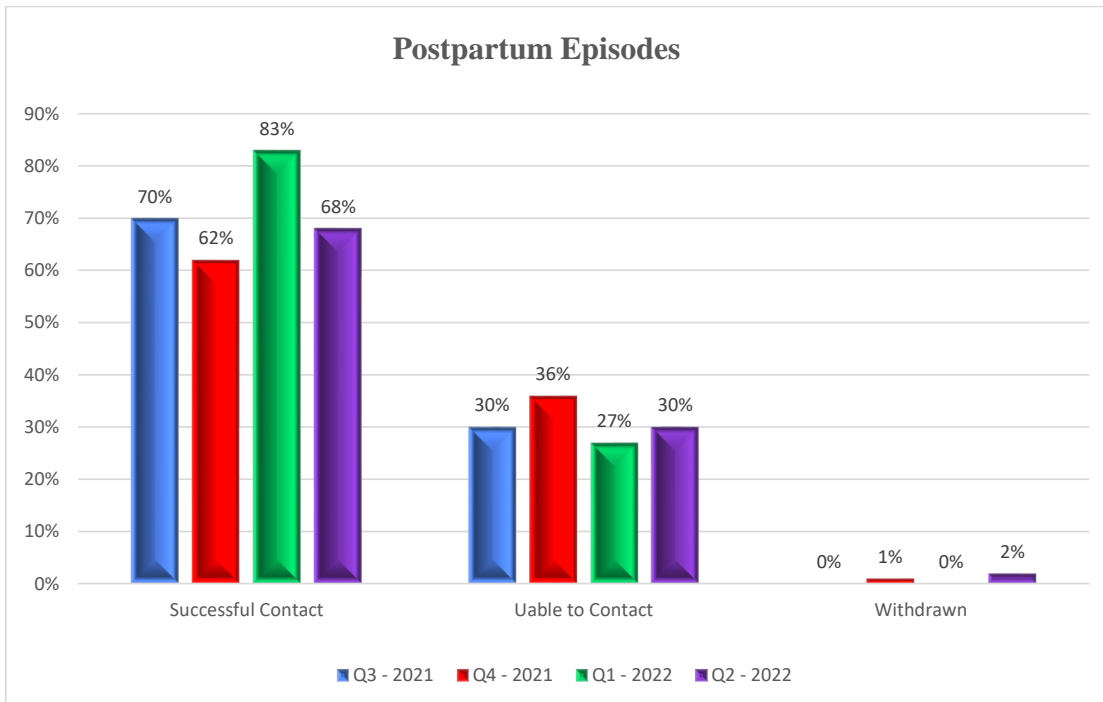
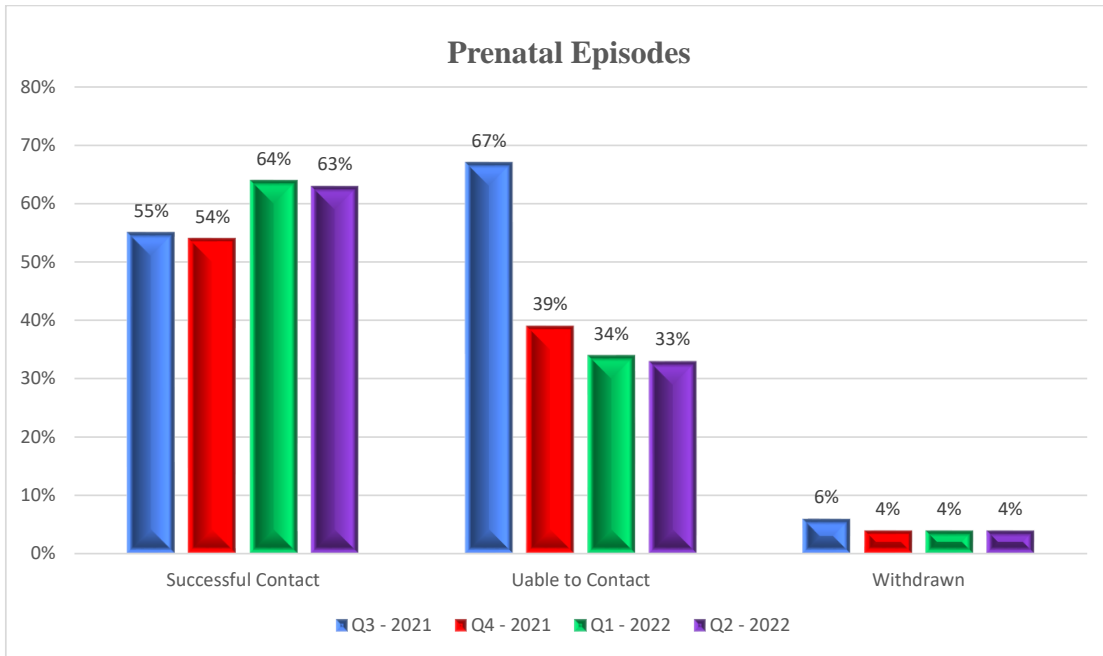


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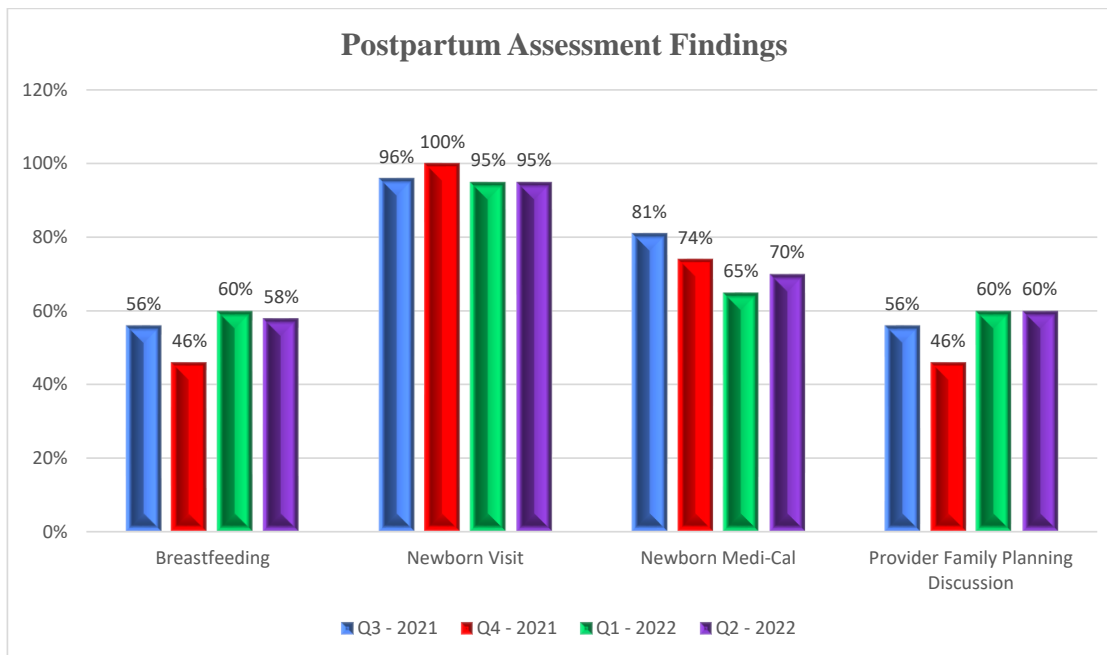
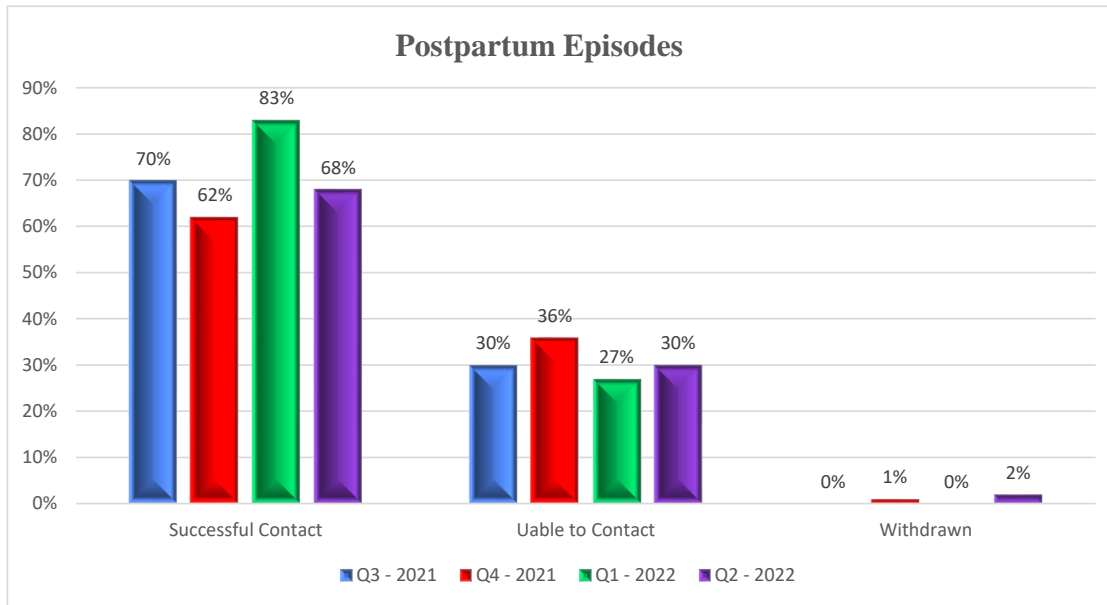


The HE department performs outreach education calls to members with a positive pregnancy test claim, pregnant teens (under age 18), and postpartum members with a Cesarean delivery or teen pregnancy delivery. During the Q2 2022, 538 episodes for pregnant members were completed and the rate of successful contacts increased from 54% to 64%. For postpartum members, 198 episodes were completed, and the rate of successful contacts increased from 62% to 73%. Prenatal assessment findings revealed a 29% 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 128.6% increase in members reporting that they had already discussed their family planning and birth control options with their provider.

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Health & Wellness Programs

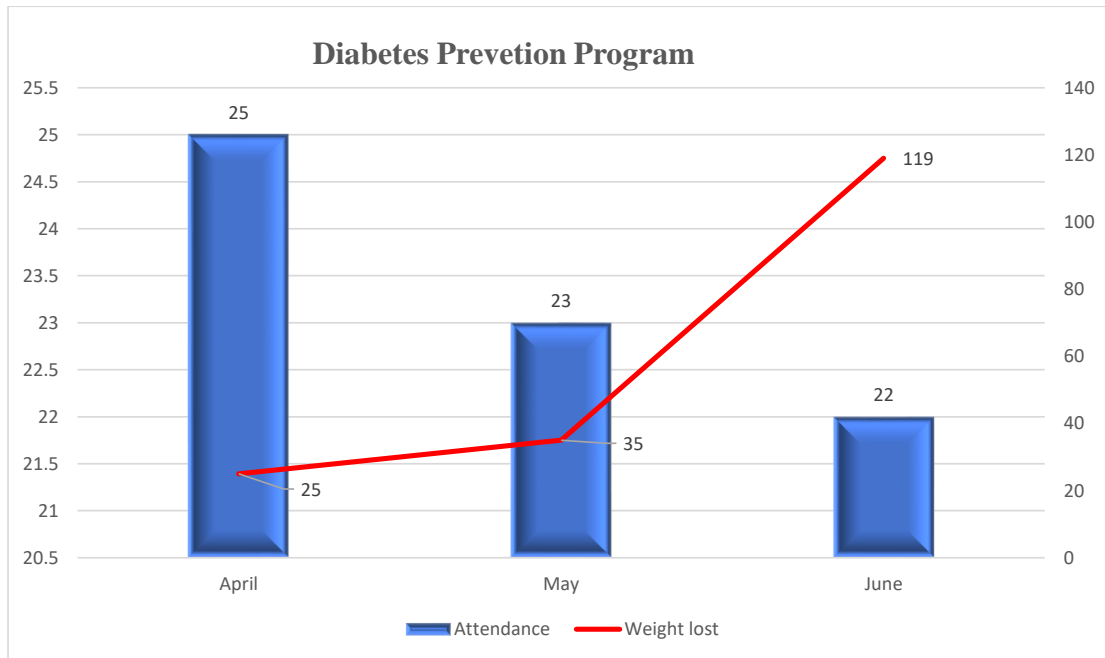
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Diabetic Prevention Program

The Diabetic 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.

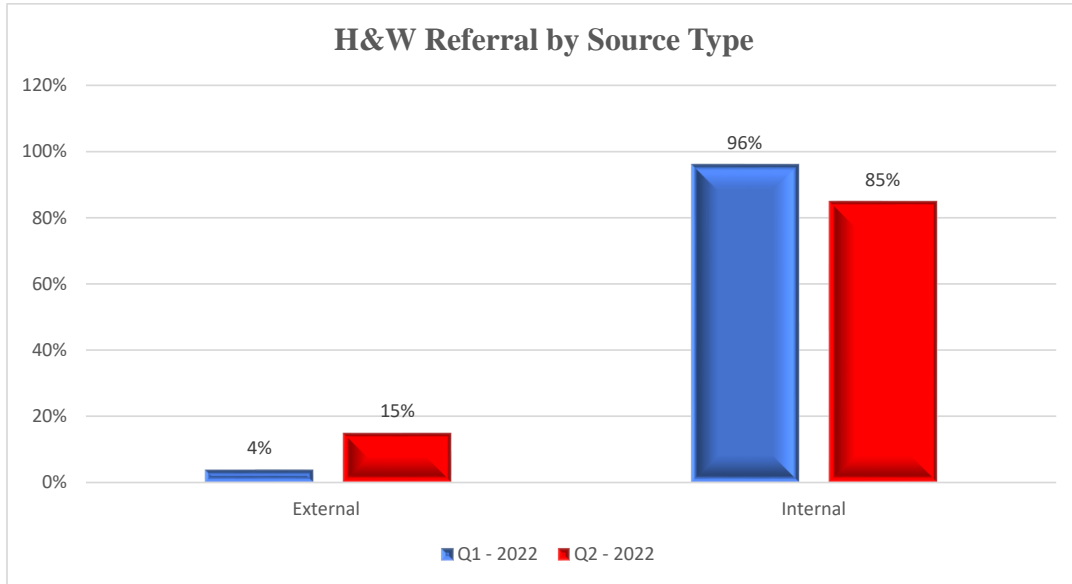
The translated adaptation of the DPP lifestyle intervention is a yearlong structured program consisting of an initial 6-month phase. Within those six months there are 16 weekly classes for the first four months and two classes a week for the next eight weeks. For the last six months one class is offered 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.

April was the start of the 3rd cohort. There are currently 22 members enrolled and have completed 12 weekly session and will be moving onto bi-weekly session in August. This cohort has lost a total of 119lbs in 12 weeks.

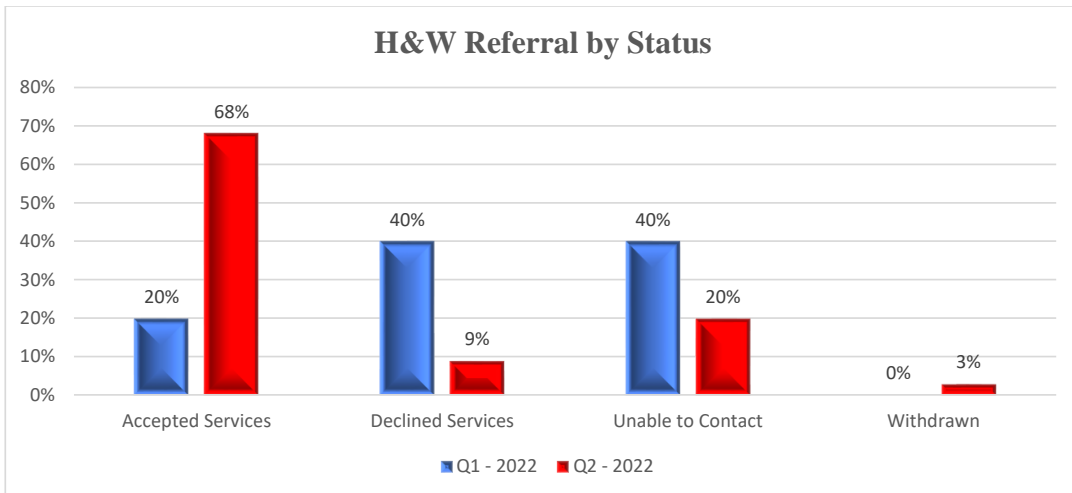


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Referrals listed in the graph below are reflective of the Diabetes Prevention Program as well as referrals for Asthma.



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.

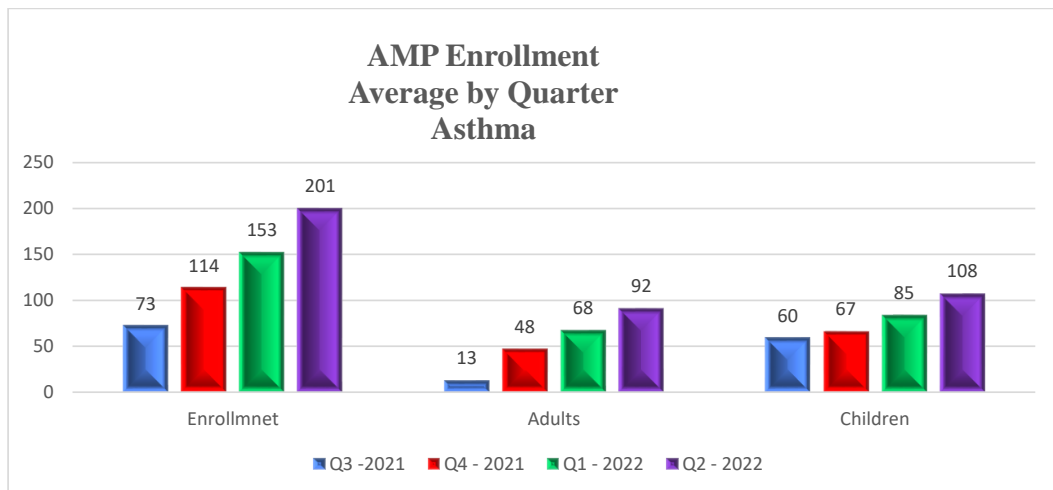


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2nd Quarter 2022

Asthma Mitigation Project

The HE Department has partnered with Central California Asthma Collaborative (CCAC) to offer an asthma home visiting program to members with recent signs of high-risk asthma, such as hospital visits due to asthma emergencies, frequent rescue inhaler use, or frequent asthma symptoms. This program is funded by the Asthma Mitigation Project (AMP), a statewide grant program. The goals of this program are to improve member asthma management and control, decrease exposure to common household asthma triggers, improve asthma outcomes and quality of life, and decrease asthma related costs (especially due to asthma emergencies). Enrollment for each member lasts for at least 12 months.

Member outreach for AMP began in February 2021. Program enrollment began in March 2021. The program enrollment goal of 200 was achieved in May 2022. It is now at 206. So far, 48 members have completed the program. The program has reached capacity and is no longer accepting referrals. Moving forward, members identified with high-risk or uncontrolled asthma will be referred to asthma remediation home visiting services, which are covered by KFHC under Cal AIM Community Supports Services.

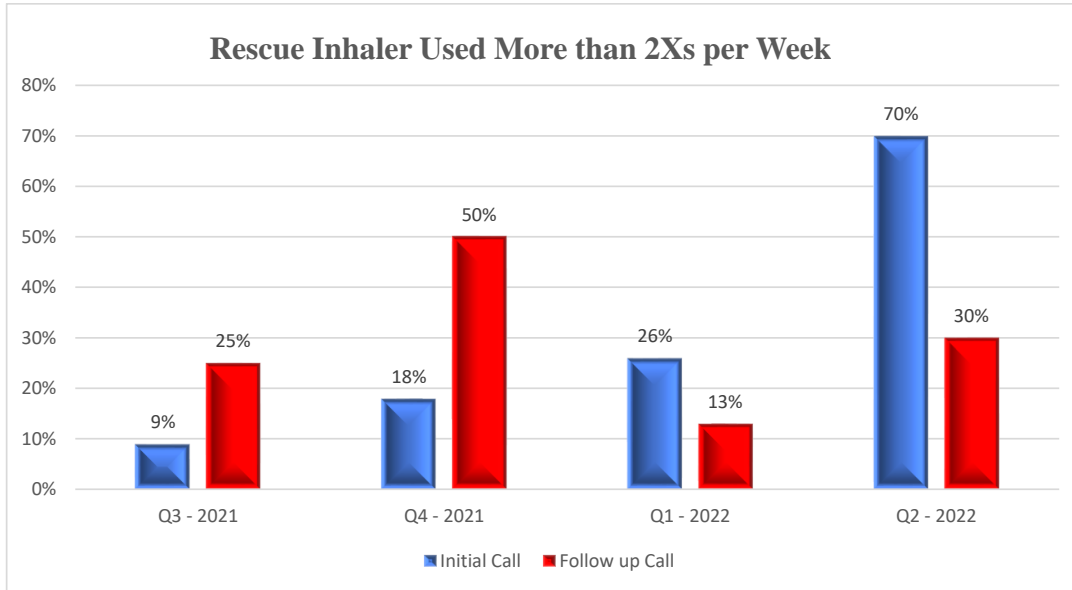


AMP includes 3 home visits that occur during the initial, 6th, and 12th months of program enrollment. Home visits include a home environmental assessment of asthma triggers and education on asthma and trigger management. Health workers also work with members to develop and implement asthma remediation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

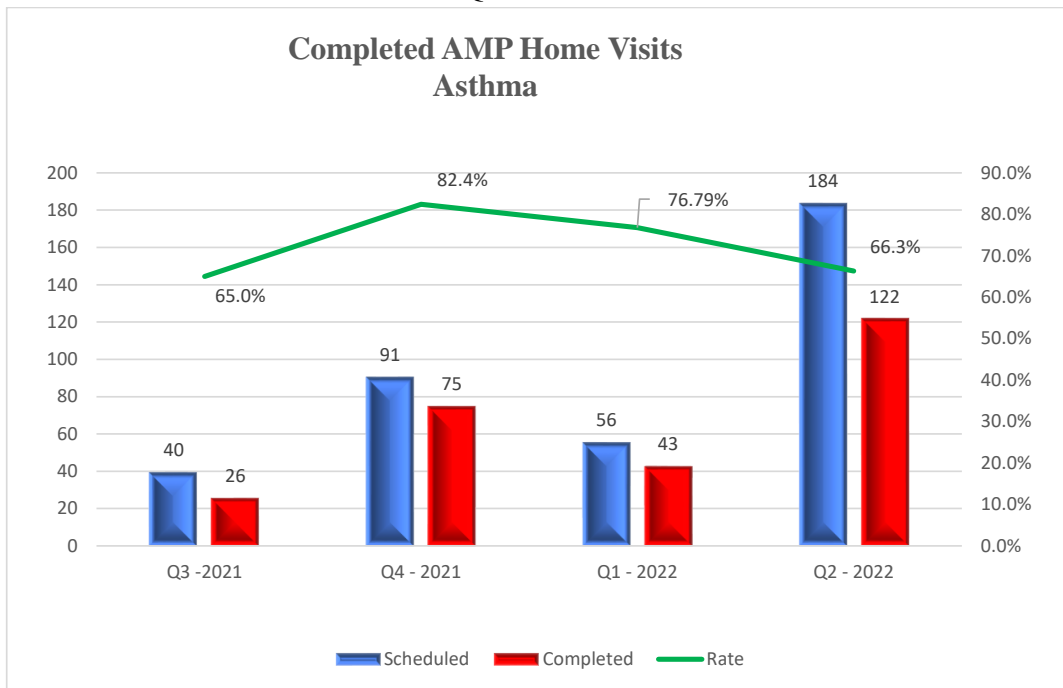
Follow up calls occur at the 1st, 2nd, 3rd, and 9th months of the program. They include asthma control assessments and referrals to any needed asthma or community resources. CCAC refers

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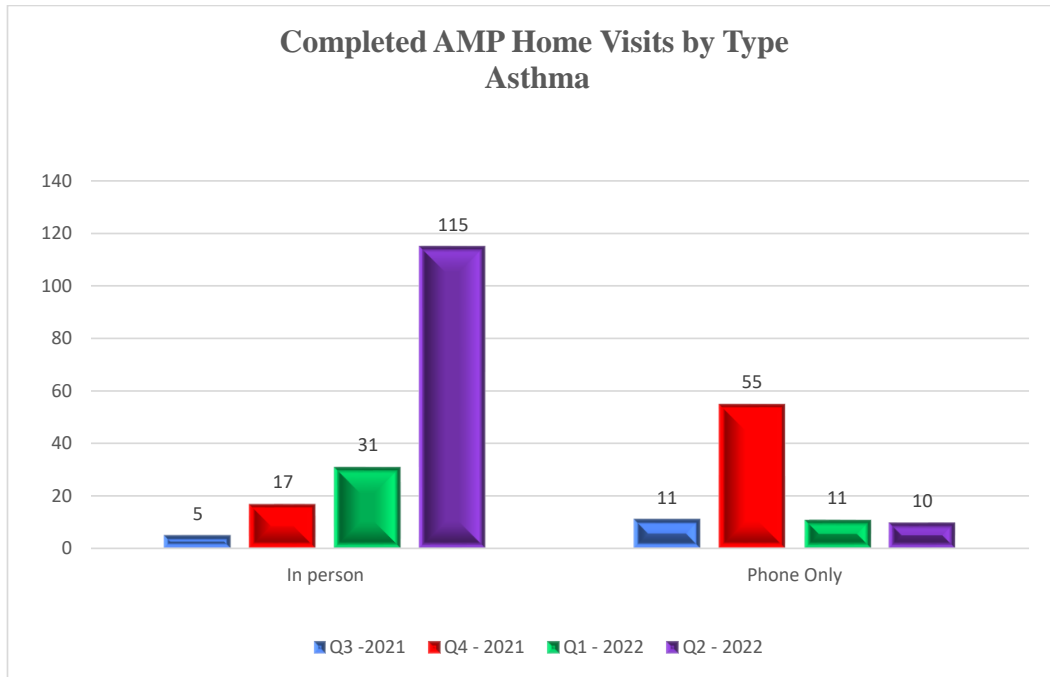
members to Kern County 211 or Community Action Partnership of Kern programs for community resources.



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 2nd Quarter 2022



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2nd Quarter 2022



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2nd Quarter 2022

Cultural & Linguistic Services

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HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
2nd Quarter 2022

Interpreter Requests

During this quarter, there were 108 requests for Face-to-Face Interpreting, 1181 requests for Telephonic Interpreting, 3 for Video Remote Interpreting (VRI) and 60 requests for an American Sign Language (ASL) interpreter.

Top Face-to-Face Interpreting Languages Requested			
Q3-2021	Q4-2021	Q1-2022	Q2-2022
Spanish	Spanish	Spanish	Spanish
Mandarin	Punjabi	Punjabi	Punjabi
Panjabi	Cantonese	Farsi	Vietnamese

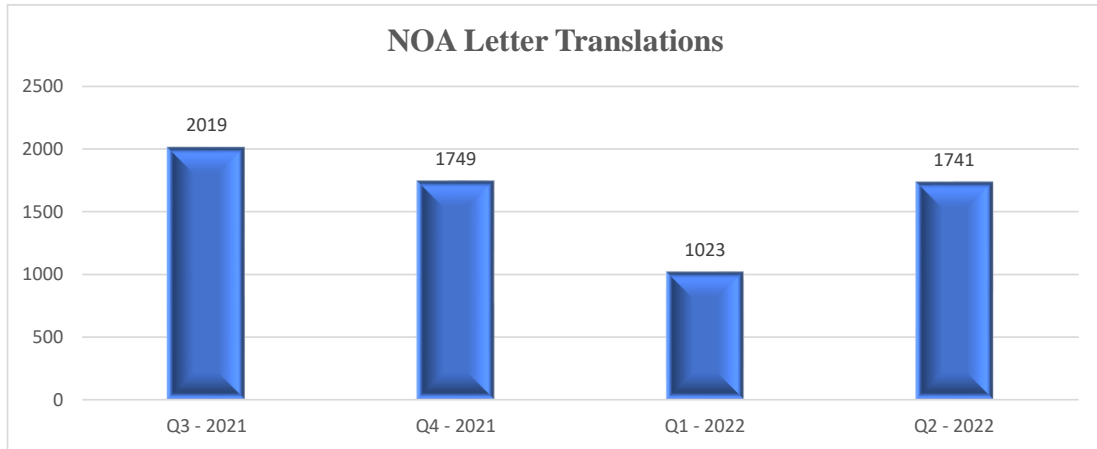
Top Telephonic Interpreting Languages Requested			
Q3-2021	Q4-2021	Q1-2022	Q2-2022
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Arabic	Arabic	Arabic	Arabic



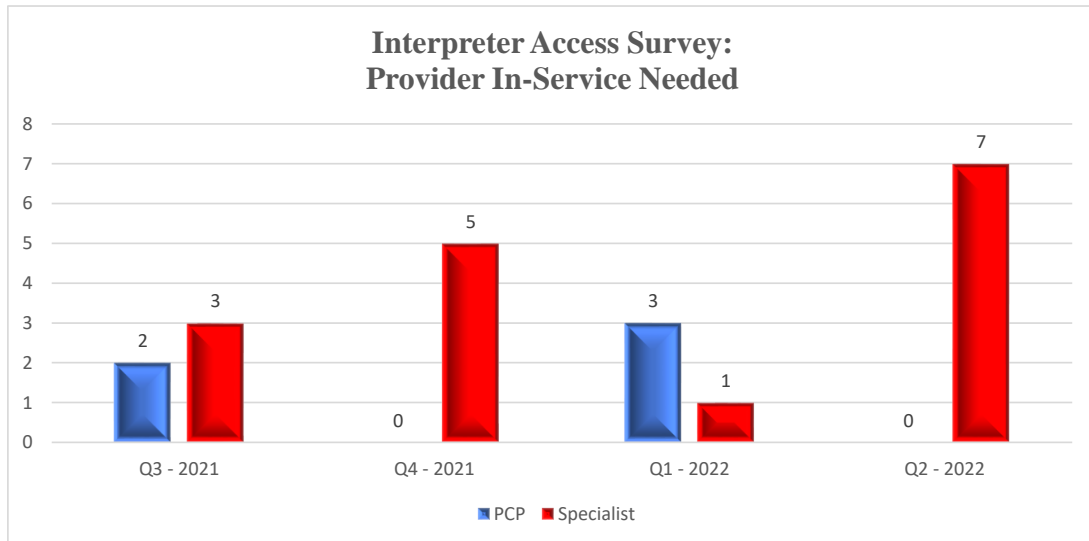
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 2nd Quarter 2022

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, 1741 requests for written translations were received of which 94% were Notice of Action letters translated in- house into Spanish for the UM and Pharmacy departments.



Interpreter Access Survey Calls





To: Public Policy/Community Advisory Committee Meeting

From: Nate Scott

Date: September 27, 2022

Re: Executive Summary for 2nd Quarter 2022 Operational Board Update - Grievance Report

Background

Executive Summary for 2nd 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 2nd Quarter, 2022.

- The increase in appeals can be attributed to an approximate 4.23% increase of referrals received and processed by the Utilization Management Department from Quarter 1 to Quarter 2, 2022.
- Although not a significant rise, Discrimination grievances rose slightly in Quarter 2, 2022. We can attribute that to staff reminders of our newer Grievance Types during monthly department meetings.
- Exempt grievances rose by more than 32% from Quarter 1 to Quarter 2, 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.

Requested Action

Receive and File

2nd Quarter 2022 Grievance Report

Category	2nd Quarter 2022	Status	Issue	Q1 2022	Q4 2021	Q3 2021	Q2 2021
Access to Care	117	Green	Appointment Availability	169	131	148	90
Coverage Dispute	0	Green	Authorizations and Pharmacy	0	0	0	0
Medical Necessity	259	Yellow	Questioning denial of service	138	266	329	308
Other Issues	20	Green	Miscellaneous	41	36	18	20
Potential Inappropriate Care	415	Yellow	Questioning services provided. All cases forwarded to Quality Dept.	479	256	164	183
Quality of Service	120	Yellow	Questioning the professionalism, courtesy and attitude of the office staff. All cases forwarded to PR Department	125	55	53	31
Discrimination (New Category)	34	Blue	Alleging discrimination based on the protected characteristics	15			
Total Formal Grievances	965	Green		967	744	712	632
Exempt	2087	Green	Exempt Grievances-	1404	1431	1520	1570
Total Grievances (Formal & Exempt)	3052	Green		2371	2175	2232	2202

Additional Insights-Formal Grievance Detail

Issue	2022 2 nd Quarter Grievances	Upheld Plan Decision	Further Review by Quality	Overturned Ruled for Member	Still Under Review
Access to Care	63	32	0	23	8
Coverage Dispute	0	0	0	0	0
Specialist Access	54	24	0	25	5
Medical Necessity	259	138	0	96	25
Other Issues	20	11	0	6	3
Potential Inappropriate Care	415	8	380	0	27
Quality of Service	120	90	0	23	7
Discrimination	34	31	0	0	3
Total	965	334	380	173	78



To: PP/CA Committee

From: Louis Iturriria

Date: September 27, 2022

Re: Marketing Department Report

Background

The U.S. Department of Health & Human Services' public health emergency (PHE) 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 PHE 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).

In preparation for the PHE to end, the State, County, and other stakeholders including Kern Family Health Care are working together to ensure continuity of coverage once the complete Medi-Cal redetermination process resumes. Currently, Kern DHS is educating local residents about the importance of sharing any changes to their mailing address, phone numbers, email, etc. KFHC is supporting their efforts by educating our health plan members about this. This presentation includes examples of member communications we developed.

There are multiple phases to this partnership between KFHC and Kern DHS. We will share updates with the committee regularly.

Requested Action

Receive and File

Marketing Department Report



Medi-Cal Renewals

Public Health Emergency (PHE) and Medi-Cal Renewals

- When the PHE ends, the Kern County Department of Human Services (DHS) will require Medi-Cal enrollees to renew their Medi-Cal coverage annually.
 - Approximately 40% of Medi-Cal enrollees renew automatically using federal and state data matching systems. The State and County are taking steps to increase this amount.
 - All others must complete their renewals through the mailing process.
 - Prior to the PHE, each month more than 5,600 KFHC members lost their Medi-Cal coverage for not completing the manual mailing process.
 - It is very important DHS has updated contact information since so many people have moved during the PHE (mailing address, phone numbers, email,).

KFHC and DHS Partnership

- KFHC is educating members about the importance of contacting DHS with names, address, phone, and email changes via the following outlets:
 - Print
 - [Website](#)
 - Social Media Messages
 - Robocalls
 - Text Messages
- KFHC will share name and contact information updates we have with DHS via a data exchange - so DHS can update their systems.



Printed Materials

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, 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.

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 and select the "Create An Account" link.

Scan to learn more.



800-391-2000
kernfamilyhealthcare.com





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.



800-391-2000
kernfamilyhealthcare.com







**KERN HEALTH
SYSTEMS**

Social Media Messages

Medi-Cal Beneficiaries



Your county may contact you soon to ensure your contact information is correct. If not, please provide your county with your updated information so you can continue receiving important information about your Medi-Cal coverage:

Contact your local Department of Human Services office online at 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.



Beneficiarios de Medi-Cal



Es posible que su condado se comunique con usted para asegurar que su información de contacto esté correcta. Si no es así, por favor déle a su condado la información actualizada, así podrá seguir recibiendo información importante sobre su cobertura de Medi-Cal:

Comuníquese 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.



Robocall Messages

- English Audio:



- Spanish Audio:



Thank You





To: Public Policy/Community Advisory Committee

From: Isabel Silva, MPH

Date: September 27, 2022

Re: 2022 Population Needs Assessment Findings

Background

KFHC' contract with the Department of Health Care Services (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 its members through:

1. Identification of member health needs and health disparities;
2. Evaluation of current health education, cultural and linguistic, and quality improvement activities and available resources to address identified concerns; and
3. Implementation of targeted strategies for health education, cultural and linguistic, and quality improvement programs and services to address member needs.

Enclosed is a presentation to highlight the key findings of 2022 PNA along with the full report and action plan.

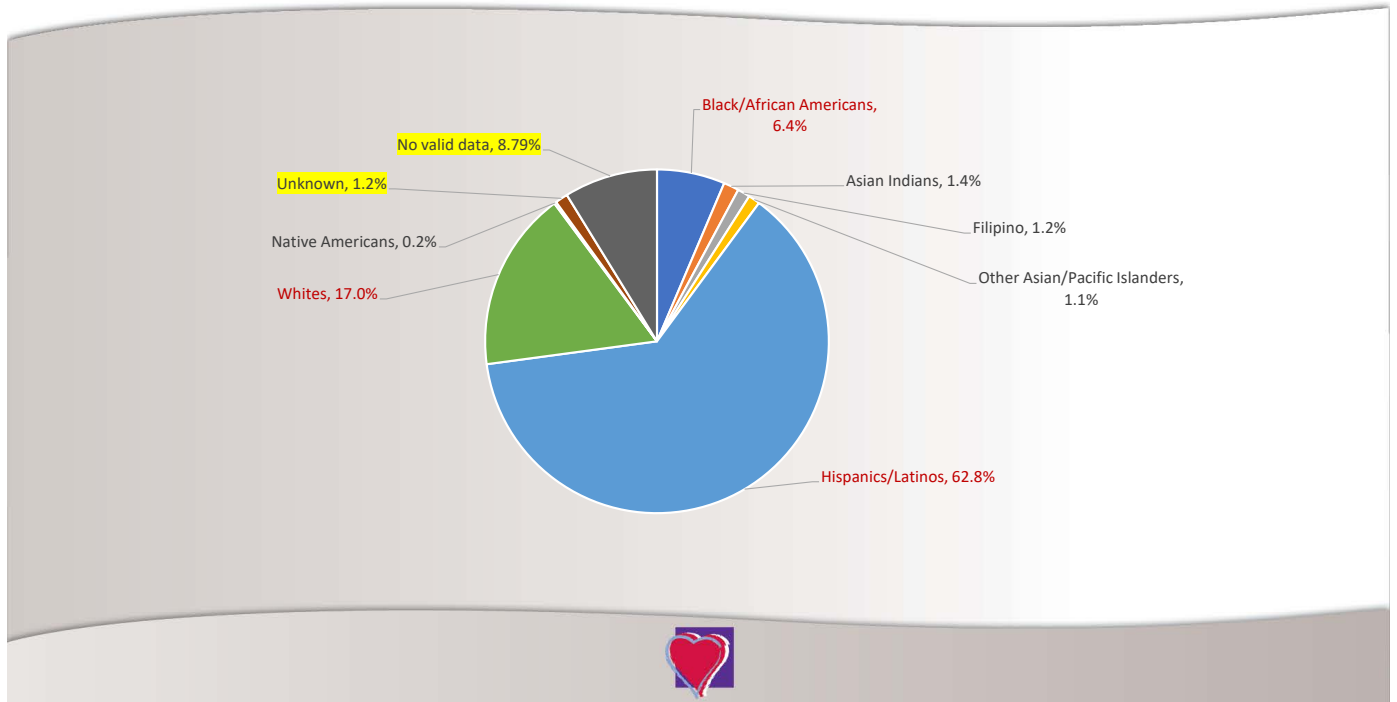
Requested Action

Receive and File.

2022 Population Needs Assessment Findings



KHS Member Race/Ethnic Profile, 2021



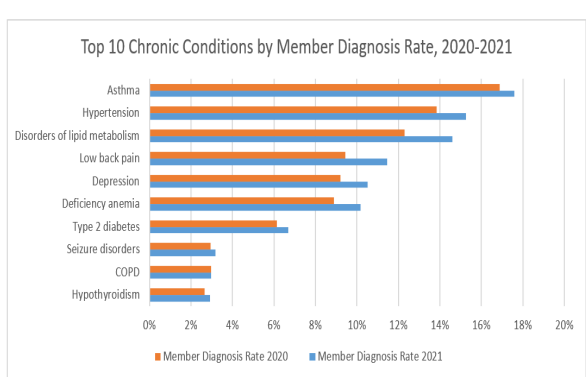
2020 vs 2021 Member Satisfaction Survey Findings

- Getting needed care **increased by 4.8pp**
- Getting a specialist appointment **increased by 7.3pp**
- Flu Vaccinations among 18-64 years **decreased by 9.7pp**
- Provider advised smokers and tobacco users to quit **increased by 5pp**
- Providers discussed smoking cessation medications **decreased by 5.3pp**
- Providers discussed smoking cessation strategies **decreased by 4.0pp**

pp = percentage points



Chronic Conditions & Pharmacy Findings



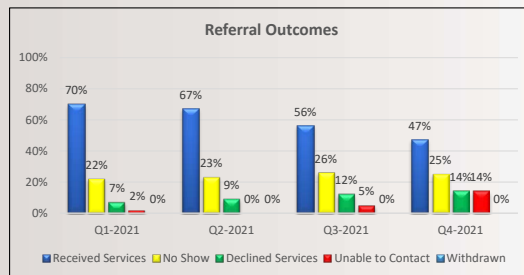
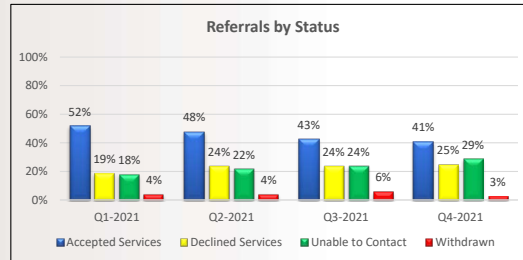
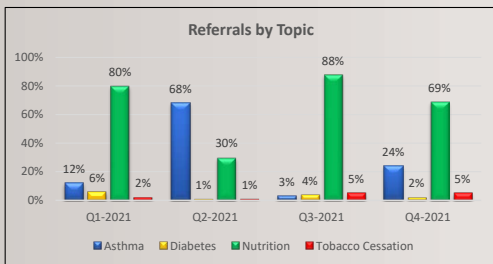
Source: 2021 KHS Member Chronic Condition Report

Top 10 Most Filled Medications	Relevant Health Conditions
1. Ibuprofen	Fever and pain
2. Albuterol HFA	Breathing problems, such as asthma and COPD
3. Atorvastatin	High cholesterol and triglyceride levels; heart and blood vessel problems
4. Metformin HCL	Type 2 diabetes
5. Lisinopril	High blood pressure and heart failure
6. Ergocalciferol	Vitamin D deficiency, hypoparathyroidism, refractory rickets, familial hypophosphatemia
7. Loratadine	Allergy symptoms and hives
8. Amoxicillin	Infections and stomach ulcers
9. Omeprazole	gastroesophageal reflux disease, damaged esophagus, stomach ulcers, and heartburn
10. Hydrocodone/APAP	Pain and fever

Source: 2021 KHS Top Medications Filled Report



Health Education Service Findings



Pediatric DHCS Health Disparity Findings (MY2020)

Measure	MCAS Rate	White	Nat Amer	Asian	Black/AA	His/Lat	Nat Haw/Other PI	Other
(CIS-10) Childhood immunizations by age 2	22.8%	**	**	**	**	27.0%	N/A	**
(IMA-2) Immunizations for Adolescents	33.0%	20.5%*	N/A	**	**	36.3%	**	**
(W30-6) Six (6) Well baby visits by 15 months	30.5%	25.7%	**	55.9%*	16.6%	29.3%	N/A	37.3%*
(W30-2) Two (2) Well baby visits between 15-30 months	55.7%	45.6%	**	**	30.9%	57.9%	**	62.7%
(WCV) Annual well care visits between 3-21 years	36.1%	27.7%	29.7%	40.0%	25.4%	37.5%	24.3%*	42.7%
(WCC-BMI) BMI documentation	63.5%	53.5%*	N/A	**	**	67.1%	N/A	**
(WCC-N) Nutrition Counseling	52.8%	44.2%*	N/A	**	**	55.2%	N/A	**
(WCC-PA) Physical Activity Counseling	51.0%	41.9%*	N/A	**	**	52.8%	N/A	**

Lowest rate among all races

*indicates small sample size (<100)

**insufficient sample size (<30)



Adult DHCS Health Disparity Findings (MY 2020)

Measure	MCAS Rate	White	Nat Amer	Asian	Black/AA	His/Lat	Nat Haw/Other PI	Other
(BCS) Breast cancer screening	54.5%	44.0%	38.3%*	46.3%	54.1%	60.9%	**	50.0%
(CBP) Controlling high blood pressure	52.0%	52.3%*	**	62.2%*	34.2%*	52.0%	**	**
(CCS) Cervical cancer screening	54.0%	43.7%*	**	**	61.5%*	56.2%	N/A	**
(CDC-H9) HbA1c Poor Control	50.8%	56.9%*	N/A	**	**	50.6%	**	**
(CHL) Chlamydia screening	54.0%	49.7%	**	38.2%	60.9%	54.5%	**	46.3%*
(PPC-PRE) Prenatal Care in 1 st trimester	70.0%	77.3%*	**	**	**	69.0%	N/A	**
(PPC-POST) Postpartum Care 1-12 weeks after delivery	77.6%	72.7%*	**	**	**	30.1%	N/A	**

Lowest rate among all races

*indicates small sample size (<100)

**insufficient sample size (<30)



Public Policy/Community Advisory Committee Survey Findings

Access to Care Gaps:

- Access to mental health services
- Appointment availability
- Health care literacy

Cultural & Linguistic Gaps:

- Lack of willingness or patience from providers to request interpreting services for KHS members
- Discrimination against non-English speakers by doctors or their staff
- Lack of member awareness of KHS interpreting services
- Member embarrassment on requesting an interpreter

Health Education Gaps:

- Lack of in-person health education classes.
- Lack of convenient health education class dates and times.
- Technology and literacy barriers.



2021-2022 Action Plan Progress

Preventive Care Objectives: Improvement of 8pp by June 2023

- IHA rate **decreased** from 11.29% to 10.73%.
- WCV rate **decreased** from 45.32% to 36.16%.
- W30-6 rate among all races **increased** from 17.62% to 30.55%.
- W30-2 rate among all races **decreased** from 60.22% to 55.70%

Health Disparity Objective: Improvement of 10pp by June 2024

- W30-6 rate among Black/AA members **increased** from 3.83% to 16.58%.
- W30-2 rate among Black/AA members **decreased** from 37.05% to 30.87%

Chronic Condition Objective: Double average class attendance rate by June 2023

- Average asthma class attendance rate **increased** from 1.8 to 5.4.

pp = percentage points



2022-2023 Action Plan

Preventive Care Objectives:

By June 2023, increase...

- IHA rate by 10pp
- WCV rate by 8pp
- W30-6 rate by among all races by 8pp
- W30-2 rate among all races by 8pp

Health Disparity Objective:

By June 2024, increase...

- W30-6 rate among Black/AA members by 10pp
- W30-2 rate among Black/AA members by 10pp

Chronic Condition Objective:

By June 2023, increase average asthma class attendance rate by 50%

Maternal Health Objective:

By June 2025, increase PPC-Prenatal rate by 15pp

pp = percentage points



QUESTIONS?

FLOR DEL HOYO, MPH
Health Education Supervisor
flor.delhoyo@khs-net.com





Population Needs Assessment Report

2022

Responsible Health Education and/or Cultural and Linguistics Staff

Name: Isabel Silva, MPH, CHES

Title: Director of Health Education, Cultural and Linguistic Services

Email: isabelc@khs-net.com

Name: Carlos Bello, MPH, CHES

Title: Health & Wellness Programs Supervisor

Email: carlos.bello@khs-net.com

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I. Population Needs Assessment Overview

In May 1996, Kern Health Systems (KHS) began to serve Medi-Cal Managed Care beneficiaries by offering Kern Family Health Care as the local initiative health plan. As of April 18, 2022, KHS provides services to 328,028 Medi-Cal Managed Care beneficiaries in Kern County.

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 its members through:

1. Identification of member health needs and health disparities;
2. Evaluation of current health education (HE), cultural and linguistic (C&L), and quality improvement (QI) activities and available resources to address identified concerns; and
3. Implementation of targeted strategies for HE, C&L, and QI programs and services to address member needs.

The KHS 2022 PNA builds upon previous needs assessments and uses various data collection methods and sources. Total KHS membership and demographics in 2021 changed slightly compared to 2020 data. KHS membership grew by 6.0%. This may be due to the pandemic's impact on the economy. The adult share of KHS membership grew slightly from 54.2% in 2020 to 55.8% in 2021. The female share of members remained the same as the previous year at 54.1%. Hispanic/Latinos continue to represent the majority of members (62.6%), and English continues to be the most common primary language (72.2%). Most members live in Bakersfield (67.3%) where the highest concentration of members continues to be in the 93307 zip code (14.6%). The share of Seniors and Persons with Disabilities (SPD) decreased from 5.6% in 2020 to 5.1% in 2021 and KHS identified 7,363 homeless members in 2021, a 69.2% increase compared to 2020.

The most commonly diagnosed health problems among KHS members in 2021 included common types of infections and acute illnesses, chronic diseases, pain, and COVID-19 related exposure or illness. The top diagnoses linked to infections included acute upper respiratory and viral infections, COVID-19 acute respiratory disease, fever, bronchiolitis, pharyngitis, appendicitis, urinary tract infection, sepsis, and contact with or (suspected) exposure to communicable diseases. The most commonly diagnosed chronic conditions included heart disease, chronic kidney disease, type 2 diabetes, hypertension, and myocardial infarction. The most commonly diagnosed forms of pain were headache, abdominal and pelvic pain, chest pain, and throat and chest pain. Autistic disorder was the most diagnosed developmental disorder. In 2021, COVID-19 related diagnoses continued to be among the top diagnoses for adult members. COVID-19 acute respiratory disease became a top diagnosis for members under 20 years old in 2021.

Asthma, hypertension, disorders of lipid metabolism, low back pain, and depression were found to be the top 5 chronic conditions according to KHS' population analysis reports. Diagnosis rates for the top 10 chronic conditions increased in 2021 compared to 2020 for all with the exception of COPD. Review of KHS' pharmaceutical utilization identified Ibuprofen as the top medication prescribed followed by Albuterol HFA, Atorvastatin, Metformin HCL, and Lisinopril. The top 10 medications prescribed were consistent with the top 10 chronic conditions.

Mental health diagnoses for depression, bipolar disorder and schizophrenia were found to be more prevalent among female, English-speaking, and adult members. When comparing racial and ethnic groups, White members had the highest diagnosis rates of depression and bipolar disorders whereas Native American members had the highest share of members with a diagnosis of schizophrenia.

Among members who received smoking cessation services from Kick It California in 2021, anxiety and high blood pressure were identified as the top behavioral and physical health conditions, respectively.

Findings from KHS' member chronic condition reports should be interpreted cautiously since the pandemic limited access to care. Health care providers temporarily closed offices and restricted the availability of in-person appointments to help reduce the spread of COVID-19. This likely resulted in under-utilization of health care services among KHS members which impacted the diagnosis totals for the top chronic conditions among KHS members.

Referrals for HE services increased by 75.1% from 2020 to 2021. This increase was primarily due to targeted outreach to members identified as high-risk asthma for recruitment into an asthma home visiting services. In 2021, the majority of referrals were for weight management, followed by asthma, nutrition counseling, tobacco cessation, and diabetes education. Total referrals increased for all health topics in 2021 compared to 2020. The largest changes in referrals by topic were for asthma education, followed by weight management education, nutrition counseling, diabetes education, and smoking cessation.

The rate of members who accepted health education services increased from 43.0% to 54.4%, yet the rate of members who received services decreased from 56.7% to 41.4% in comparison to the prior year. KHS virtual nutrition education classes continued to be the most popular health education service in 2021. This service accounted for 72.4% of all accepted referrals and 89.0% of services received outcomes. However, the attendance rate for the nutrition classes decreased from 64.3% to 51.0%, likely due to reductions in the value of member class incentives.

Requests for qualified interpreters increased by 1.2% in 2021. In-person requests (excluding American Sign Language (ASL) requests) decreased by 18.0%, phone interpreting requests increased by 8.2%, video remote interpreting (VRI) requests decreased by 83.5%, and in-person ASL interpreting requests increased by 44.1%. Spanish continued to be the most requested language, followed by ASL, Punjabi, and Arabic.

KHS' access to care surveys identified that 7.8% and 3.7% of providers surveyed were found to be non-compliant with urgent and emergency care standards, respectively. In addition, 6.7% of providers surveyed needed additional training on accessing interpreting services for Limited English Proficient (LEP) members. Findings also revealed that 18.3% were not accepting new members.

The results of KHS' 2021 Member Satisfaction Survey indicated decreased rates of 3% points or more between 2020 and 2021 occurred for the following measures:

- Effectiveness of Care
 - Flu vaccinations (adults 18-64)
 - Discussing cessation medications
 - Discussing cessation strategies

The lack of in-person health education services continues to be a gap. Results from this year's KHS Public Policy/Community Advisory Committee (PP/CAC) Survey found that in-person health education classes, exercise classes, gym passes, and in-person individual education were reported among the most effective methods to providing health education services for KHS members. KHS will consider the possibility of offering in-person health education services in 2022. Members may be more willing to attend in-person group classes now that daily COVID-19 case totals have decreased to low levels.

KHS will continue to offer virtual health education services as it allows members more flexibility to participate throughout the county. However, there are several access barriers for virtual classes and other health education services that are available during the pandemic. Examples of barriers include work schedules, childcare, low literacy, access to reliable internet service, technology literacy, access to smartphones or computer devices, lack of language options for health education services or materials, lack of materials that can be mailed, and lack of health education services or materials offered by health care providers. Health education access barriers and preferences for different types of health education services vary by language and other demographic factors. For example, Spanish speakers were more likely to participate in virtual health education classes than English speakers in 2021.

The following key findings and recommendations were made based on the 2022 PNA.

- Continue to promote and facilitate member access to preventive care services with a high emphasis on members with chronic conditions.
- Develop outreach strategies that promote pediatric preventive health among Black/African American members and their communities.
- Develop outreach strategies for chronic disease prevention and management with a focus on conditions where Black/African American members have disproportionately higher rates.
- Continue to promote and facilitate member access to tobacco/smoking cessation services.
- Continue to promote and facilitate access to KHS' health education and interpreting services among members and health care providers.
- Consider offering in-person health education services and benefits to members when it is safe to do so, such as health education classes, exercise classes, gym memberships, and individual counseling.
- Continue to offer other modes of providing health education services with special emphasis on virtual platforms and digital communications.
- Identify and implement strategies to bridge the communication gap between members and providers to allow for shared decision making around preventive care, effective communication, and improvement in health literacy.

- Continue to enhance existing member communication platforms and offer new options, such as text messaging, to allow for more direct, responsive, and convenient member communication and outreach .
- Continue to offer education and resources to address misinformation about the COVID-19 vaccines and help members and health care providers adapt to the risks of COVID-19.

II. Data Sources

KHS used various methods of internal and external data collection, review and analysis in the development of the 2022 Population Needs Assessment.

National, State, and County Data

National, state, and county data were compared to available membership indicators. Sources utilized for this report include the U.S. Census Bureau, California Health Interview Survey, William's Institute, Kern County Public Health Services Department Community Health Assessment and Improvement Plan, Kern County Health Status Profile, and the California Smokers Helpline.

Consumer Assessment of Healthcare Providers Survey (CAHPS) Data

KHS' Adult and Child Medicaid CAHPS Survey results for Measurement Year (MY) 2020 were reviewed to assess areas of improvement among plan and provider services.

2021 KHS Member Satisfaction Survey

KHS administered its annual member satisfaction survey by mail and telephonically to all adult KHS members in 2021. A total of 850 surveys were collected which yielded a 7.3% response rate. Female members accounted for 67.7% of all respondents. The largest age group included the ages of 18-34, which accounted for 33.1% of respondents. Hispanics/Latinos were the largest racial/ethnic group at 57.2% of respondents.

California Department of Health Care Services (DHCS) Data Health Disparities Data

KHS' Health Disparities Rates for MY 2020 provided by DHCS were reviewed to assess health status and disease prevalence among KHS' membership and within race/ethnic groups.

Managed Care Accountability Set (MCAS) Data

KHS' MCAS rates for MY 2020 were used to assess indicators of member's health care.

2021 KHS Population Needs Assessment

KHS' report was reviewed and compared with current findings to identify changes in utilization of health services, health education, and cultural and linguistic member needs.

Membership Eligibility Data

KHS membership eligibility data from 2020 and 2021 was reviewed and analyzed to identify demographic changes by race, language, age, gender, and geographic region since KHS' last needs assessment.

Claims Data

Using ICD-10 codes, claims data from calendar year 2021 were analyzed by race, language, age, gender, and geographic region. Through this analysis, top diagnoses were identified. Emergency department, urgent care, outpatient and inpatient utilization for calendar year 2021 was also reviewed by these variables to identify the top diagnoses and changes in utilization. Additionally, KHS' tobacco registry report was used to identify current smokers and members exposed to tobacco smoke.

Pharmacy Data

Pharmacy claims data from calendar year 2021 was analyzed by top medications dispensed.

KHS Member Chronic Condition Report

KHS' report identifies chronic condition trends within its membership to aid in program development and targeted intervention. These reports were reviewed to identify chronic condition prevalence rates and health disparities among race/ethnic groups.

KHS Advice Nurse Line Program Summary Report

Utilization reports from the KHS 24 hours advice nurse line for 2021 were reviewed to identify call frequency and the top reasons for the calls.

KHS Departmental Reports

The 2021 KHS Health Education Activities Report was reviewed to identify trends in need for health education services and allows projections for program development. KHS' Population Health Management and Health Homes Program reports were reviewed for data on KHS' homeless population and critically ill members. KHS' grievance, transportation and provider network management reports were reviewed to identify access to care concerns within the membership.

Public Policy/Community Advisory Committee Survey

The survey investigated the major health concerns of KHS members, barriers to services, access issues, and activities needed to improve KHS' HE and C&L services from the perspectives of committee members.

III. Key Data Assessment Findings

Membership/Group Profile

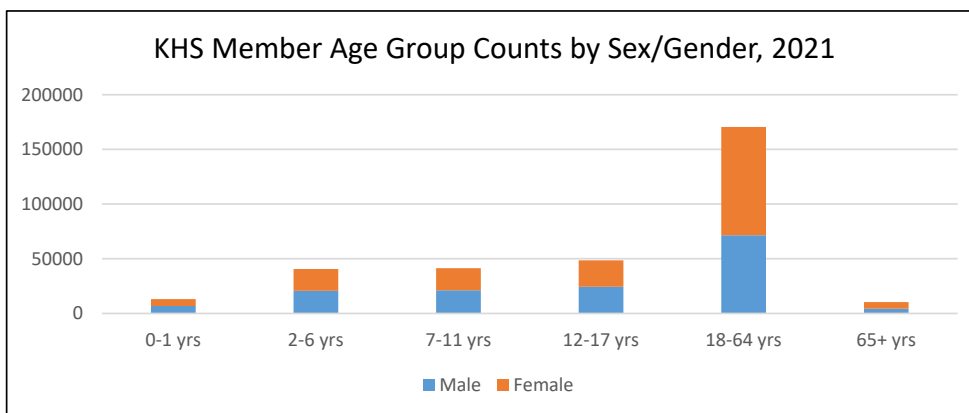
According to KHS’ membership statistics, 314,427 Medi-Cal managed care members enrolled in the plan in 2021.¹ This was a 5.6% increase in total annual membership since 2020. KHS member enrollment in 2021 was over one third of the population of Kern County.² Although sex/gender makeup at the state and county levels is about evenly split, females account for a slightly larger share of the KHS member population than males. The table below provides a comparison of KHS’ population with the county and state.

	California (CA)	Kern County (KC)	KHS
Population	39,512,223	909,235	314,427
Male (%)	49.7%	51.2%	46.0%
Female (%)	50.3%	48.8%	54.0%

Source: 2021 KHS Member Demographics Data Report; U.S. Census Bureau

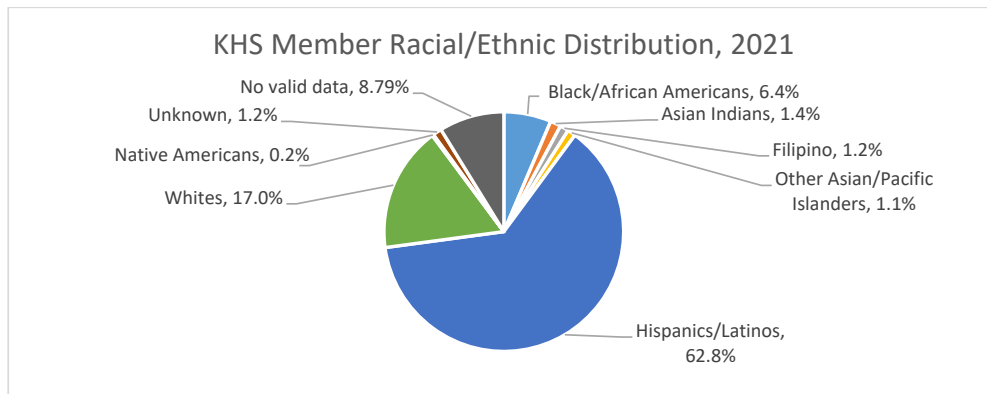
As KHS’ membership grows, the adult share of the population continues to increase. The percentage of members under 18 years old decreased from 45.1% in 2020 to 44.2% in 2021. The proportion of members 18-64 years old increased from 51.7% to 52.4%. For members 65 years and older, that figure increased marginally from 3.2% to 3.3% .¹ In comparison, at the county level, 28.8% of the population is under 18 years old and 11.2% are 65 years and older.² At the state level, 22.5% of the population is under 18 years old and 14.8% are 65 years and older.

According to The Williams Institute, 5.3% of California’s adult population identifies as a Lesbian, Gay, Bisexual, Transgender (LGBT) adult, 24% of this population have children and 23% have an annual income of less than \$24,000.³ The Williams Institute’s 2015 publication on the LGBT Divide in California estimated 10% of LGBT adults in California resided in the Southern/Central Farm regions.⁴ Although KHS does not currently collect and report on LGBT data of members, we estimate to have a similar percentage of LGBT adults in our county. It is possible that a quarter to a third of this population may be enrolled in our plan.

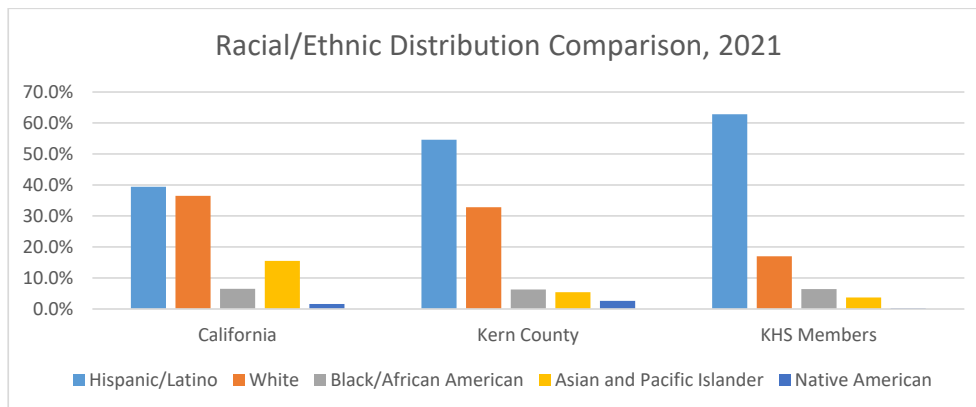


Source: 2021 KHS Member Demographics Report

KHS continues to have a diverse membership. Hispanic/Latinos continue to comprise the majority of our membership (62.8%), followed by Whites (17.0%), Black/African Americans (6.4%), Asians/Pacific Islanders (3.7%), and other races/ethnicities. The racial/ethnic makeup of KHS members in 2021 was very similar to 2020. In comparison, data reported in the U.S. Census Bureau shows that 54.6% of Kern County and 39.4% of California residents are Hispanic/Latino, followed by White (KC-32.8%, CA-36.5%), Black/African American (KC-6.3%, CA-6.5%), Asian/Pacific Islander (KC-5.7%, CA-16.0%), and Native American (KC-2.6%, CA-1.6%).¹

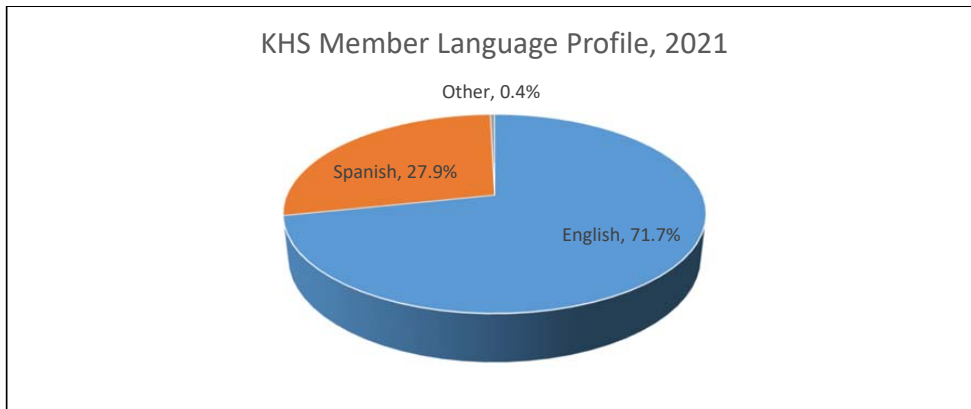


Source: 2021 KHS Member Demographics Data Report



Source: 2021 KHS Member Demographics Report; US Census Bureau

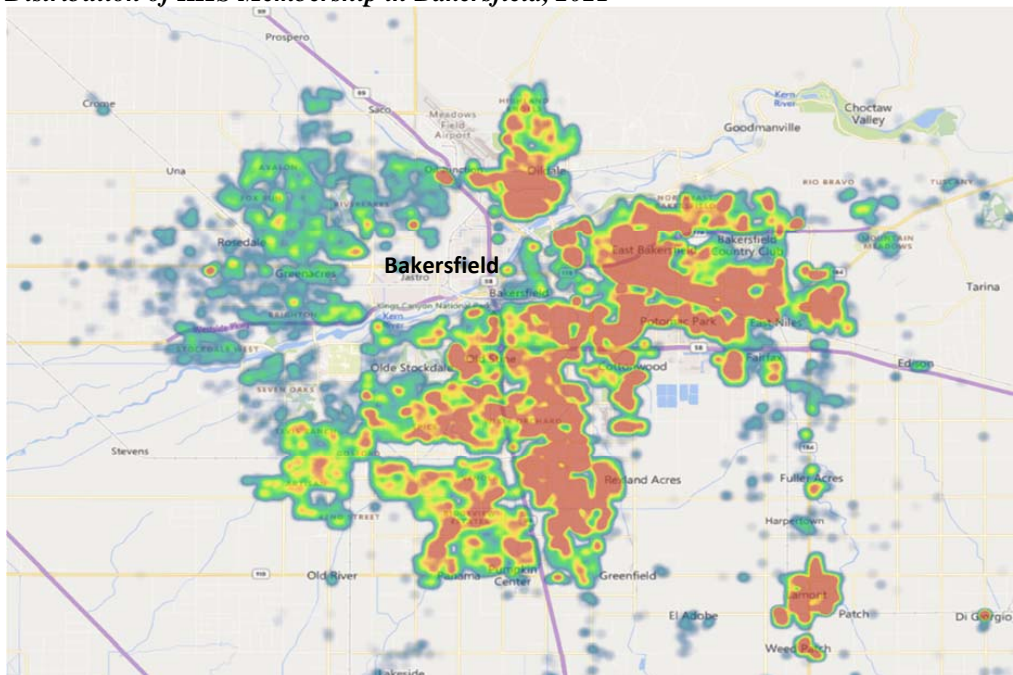
In 2021, 71.7% of KHS members were English speaking, while 27.9% were Spanish speaking and 0.4% spoke a language other than English or Spanish.¹ This language profile changed slightly compared to 2020 where 71.9% of members spoke English, 27.7% spoke Spanish, and 0.3% spoke other languages. In comparison, data reported in the U.S. Census Bureau show that 55.1% of Kern County residents and 55.5% of California residents speak English.² This is followed by Spanish (KC-39.6%, CA-28.8%), and other languages (KC-5.3%, CA-15.7%).



Source: 2021 KHS Member Demographics Data Report

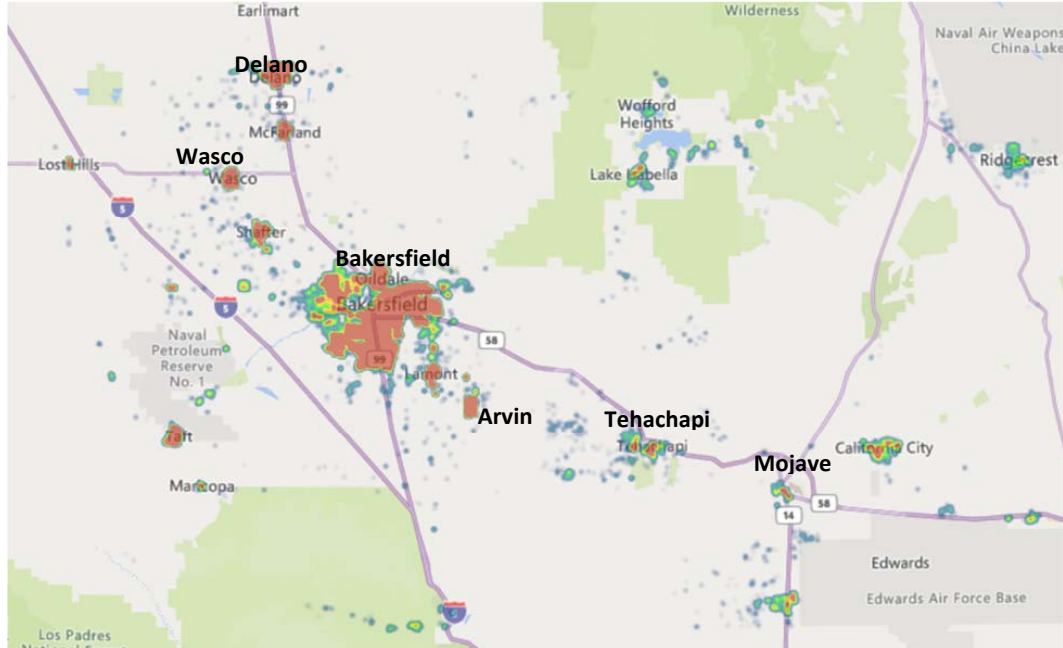
In 2021, the majority of KHS’ members lived in Bakersfield (66.9%), Delano (6.7%), Arvin (3.8%), and Wasco (3.4%).¹ There were slight changes compared to 2020 where 66.0% and 7.1% of members lived in Bakersfield and Delano, respectively. The percentage of members living in Arvin and Wasco remained static between the two years. In Bakersfield, the highest concentration of KHS members was in the 93307 zip code (17.2%), followed by 93306 (8.8%), 93304 (7.7%), 93309 (6.3%), and 93305 (6.2%). The 2020 data were essentially the same, with 17.3% of members in 93307, 8.7% in 93306, 7.7% in 93304, 6.3% in 93305, and 6.2% in 93306.

Distribution of KHS Membership in Bakersfield, 2021



Source: 2021 KHS Member Demographics Data Report

Distribution of KHS Membership in Kern County, 2021



Source: 2021 KHS Member Demographics Data Report

In 2021, KHS’ SPD members accounted for 1.8% of the population in Kern County.¹ This figure was the same as in the previous year. KHS had 15,996 SPD members enrolled, which was 5.1% of our total membership that year.¹ This was a slight decrease compared to 5.6% in 2020. A total of 7,476 members were identified through Health Homes Program referrals that were created in 2021.⁵ The majority of these members resided in the 93307 zip code, followed by 93304, 93306, 93308, and 93305.

KHS identifies homeless members primarily through claims data. In 2021, 7,363 homeless members were identified, a 69.2% increase compared to 2020.⁶ The majority of homeless members reported living in Bakersfield.

Health Status and Disease Prevalence

Kern County Public Health Profile

Kern County ranks lower compared to other California counties for a variety of public health indicators. Kern County ranks in the bottom 10 California counties for age-adjusted death rates due to diabetes, alzheimer’s disease, coronary heart disease, chronic lower respiratory disease, homicide, and drug-induced deaths.⁷ It is also among the bottom 10 California counties for the

incidence of chlamydia, gonorrhea among people 15-44 years old, congenital syphilis, primary and secondary syphilis, infant mortality, and persons under 18 in poverty.

In Kern County’s most recent Community Health Assessment, asthma and other respiratory diseases were identified as the top community health problems.⁸ According to the California Health Interview Survey, 15.7% of the Kern County population has ever been diagnosed with asthma.⁹ In 2019, the emergency department (ED) rate due to asthma was 46.1 per 100,000 compared to the state average of 42.6 per 100,000.¹⁰ Black/African American people in Kern County experience asthma disparities as demonstrated by their asthma ED visit rate of 181.5 per 100,000 people. This rate is more than four times the rate of the next highest racial/ethnic group in Kern County and more than double the rate of any age group in the county.

Other health disparities identified within Kern County include the teen birth rate (25.9 per 1,000 live births) which was more than double the state average (12.5 per 1,000 live births);⁷ the percentage of all pregnancies accessing early prenatal care which was below the state average (KC-79.6%; CA-85.1%); and the obesity rate which was 35.5% compared to 30.3 for California.^{11,12}

In regard to mental health, Kern County’s age-adjusted mortality rate due to suicide is 13.5 per 100,000 which is higher than the state averages (CA-10.7 per 100,000).⁸

Health Indicator	Kern County	California
Asthma Emergency Department Rate	46.1 per 100,000	42.6 per 100,000
Teen Birth Rate (15-19 Years Old)	25.9 per 1,000 live births	12.5 per 1,000 live births
Access Early Prenatal Care	79.6%	85.1%
Percentage of Obese Adults	35.5%	30.3%
Age-Adjusted Suicide Mortality Rate	13.5 per 100,000	10.7 per 100,000

Source: California Department of Public Health, California Breathing, County Asthma Data Tool; California Department of Public Health, California’s County Health Status Profiles for 2021; Kern County Public Health Services Department, Community Health Assessment and Improvement Plan, 2018-2019

KHS Membership Health Conditions & Diagnoses

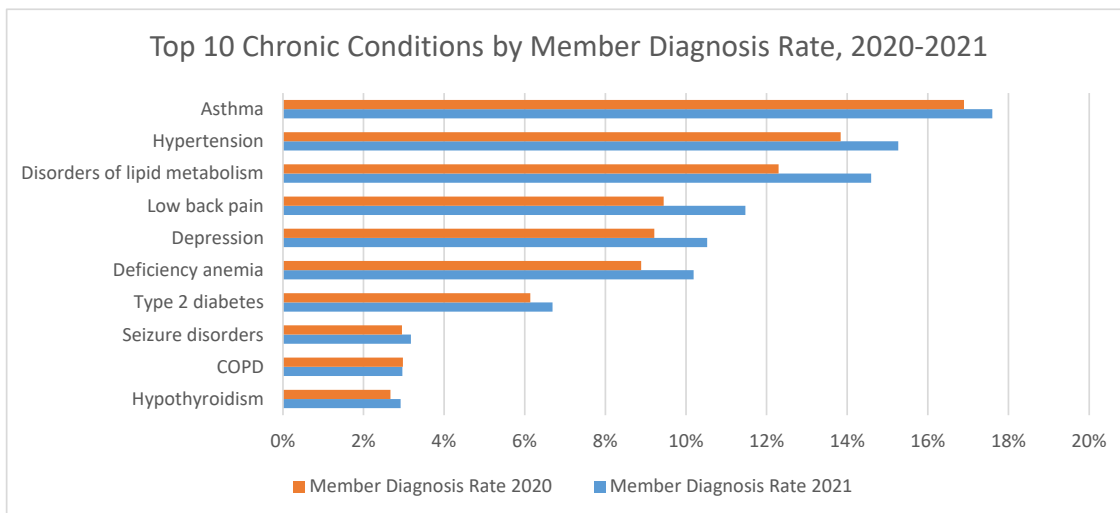
KHS medical service claims data revealed that the most commonly diagnosed health problems among KHS members in 2021 included common types of infections and acute illnesses, chronic diseases, pain, and COVID-19 related exposure or illness.¹³ The top diagnoses linked to infections included acute upper respiratory and viral infections, COVID-19 acute respiratory disease, fever, bronchiolitis, pharyngitis, appendicitis, urinary tract infection, sepsis, and contact with or (suspected) exposure to communicable diseases. The most commonly diagnosed chronic conditions included heart disease, chronic kidney disease, type 2 diabetes, hypertension, and myocardial infarction. The most commonly diagnosed forms of pain were headache, abdominal and pelvic pain, chest pain, and throat and chest pain. Autistic disorder was the most diagnosed developmental disorder.

The chart below includes a breakdown of the top diagnoses by age group. A trend that emerged is that COVID-19 acute respiratory disease became a top diagnosis for members under 20 years old in 2021 which was not found in the previous year. Medical service claims from urgent care consistently include the diagnosis of contact with communicable diseases, possibly due to unconfirmed cases of COVID-19. General or routine child and adult exams, chemotherapy, and cancer screenings were also among the top diagnoses.

Top Diagnoses among KHS Members				
Age Group	ED	INPATIENT	OUTPATIENT	UC
0-11 Years	<ul style="list-style-type: none"> Acute upper respiratory and viral infections Fever Nausea and vomiting Urinary tract infection 	<ul style="list-style-type: none"> Neonatal jaundice Acute bronchiolitis Appendicitis COVID-19 acute respiratory disease 	<ul style="list-style-type: none"> Routine child health exam Acute upper respiratory and viral infections Fever 	<ul style="list-style-type: none"> Other respiratory disorders Acute upper respiratory infections Contact with or (suspected) exposure to communicable diseases or COVID-19 Fever
12-20 Years	<ul style="list-style-type: none"> COVID-19 acute respiratory disease Urinary tract infection Abdominal and pelvic pain Acute upper respiratory and viral infections Headache 	<ul style="list-style-type: none"> Sepsis Acute appendicitis Convulsions COVID-19 acute respiratory disease 	<ul style="list-style-type: none"> Routine child health exam Abdominal and pelvic pain COVID-19 acute respiratory disease Urinary tract infection 	<ul style="list-style-type: none"> Other respiratory disorders Contact with or (suspected) exposure to communicable diseases or COVID-19 Acute pharyngitis Acute upper respiratory infections
21-64 Years	<ul style="list-style-type: none"> COVID-19 acute respiratory disease Urinary tract infection Throat and chest pain Headache Abdominal and pelvic pain 	<ul style="list-style-type: none"> Sepsis COVID-19 acute respiratory disease Overweight and obesity Hypertensive heart disease 	<ul style="list-style-type: none"> Type 2 diabetes Hypertension COVID-19 acute respiratory disease Preprocedural exam Mammogram 	<ul style="list-style-type: none"> Other respiratory disorders Contact with or (suspected) exposure to communicable diseases or COVID-19 COVID-19 acute respiratory disease Acute upper respiratory infection
65+ Years	<ul style="list-style-type: none"> Hypertension Urinary tract infection Abdominal and pelvic pain Headache COVID-19 acute respiratory disease 	<ul style="list-style-type: none"> COVID-19 acute respiratory disease Sepsis Myocardial infarction Hypertensive and chronic kidney disease 	<ul style="list-style-type: none"> Chemotherapy Type 2 diabetes Hypertension Type 2 diabetes COVID-19 acute respiratory disease Chemotherapy Colon cancer screening 	<ul style="list-style-type: none"> Contact with or (suspected) exposure to communicable diseases or COVID-19 Urinary tract infection Hypertension Other respiratory disorders Cough
SPDs	<ul style="list-style-type: none"> Throat and chest pain COVID-19 acute respiratory disease Urinary tract infection Headache Abdominal and pelvic pain 	<ul style="list-style-type: none"> COVID-19 acute respiratory disease Sepsis COPD Hypertensive heart disease Other disorders of muscle or muscle weakness 	<ul style="list-style-type: none"> Chronic kidney disease Type 2 diabetes Chemotherapy Therapeutic drug level monitor Preprocedural examinations 	<ul style="list-style-type: none"> Hypertension Autistic disorder Type 2 diabetes Immunization General adult medical examination

Source: 2021 KHS Top Diagnosis Report

KHS uses a predictive modeling tool to perform data analysis on member medical service claims for various chronic conditions in a given year. The following chart includes the top 10 chronic conditions by member diagnosis rate for both 2020 and 2021.¹⁴ The top 10 list included the same chronic health conditions in both years. Rates increased in 2021 compared to 2020 for all of the top chronic conditions shown in the chart below with the exception of COPD.



Source: 2021 KHS Member Chronic Condition Report

When looking at the top 5 chronic health conditions among KHS members, racial/ethnic disparities varied by health condition in 2021. Data findings indicate that hypertension and disorders of lipid metabolism may disproportionately impact Asian/Pacific Islander members whereas Black/African American members are more likely to be disproportionately affected by asthma.¹⁴ Native American members had the highest rate of low back pain whereas White members had the highest rate of depression. The racial/ethnic group with the highest rates for each of the top chronic conditions among KHS members is shown in red, respectively, in the table, below.

These results should be interpreted cautiously since claims data may not represent the true chronic condition rates by racial/ethnic group among KHS members. Racism, past health care experiences, and concerns about COVID-19 among Black/African American members and other members of color may be factors in their willingness to seek medical care. In addition, the pandemic limited member’s access to care as health care providers closed offices, reduced office hours or restricted the availability of in-person appointments during the COVID-19 case and hospitalization surges. As a result, this may have resulted in under-utilization of health care among KHS members.

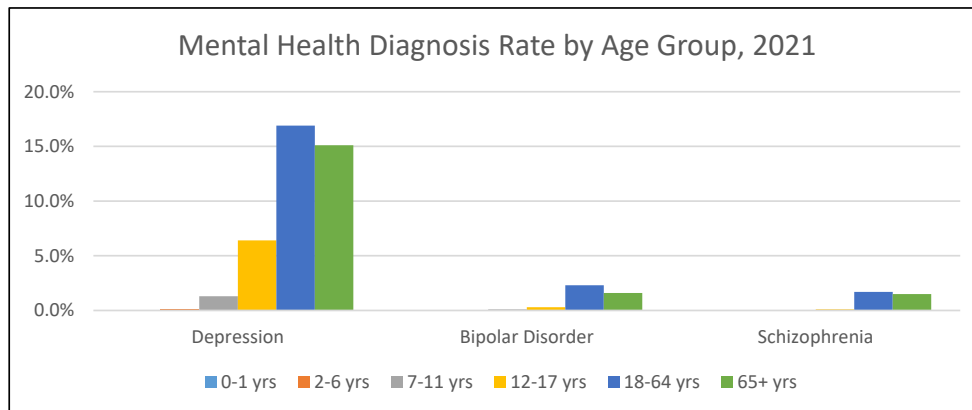
Rates of the Top 5 Chronic Conditions by Race/Ethnicity, 2021

Chronic Condition	Black/African American	Asian and Pacific Islander	White	Hispanic/Latino	Native American
Asthma	22.8%	15.5%	21.0%	16.2%	20.9%
Hypertension	19.4%	27.0%	20.7%	13.3%	25.4%
Disorders of Lipid Metabolism	11.7%	29.9%	15.3%	14.5%	19.5%
Low Back Pain	15.0%	14.8%	16.0%	10.4%	16.7%
Depression	11.6%	7.9%	19.1%	8.9%	16.5%

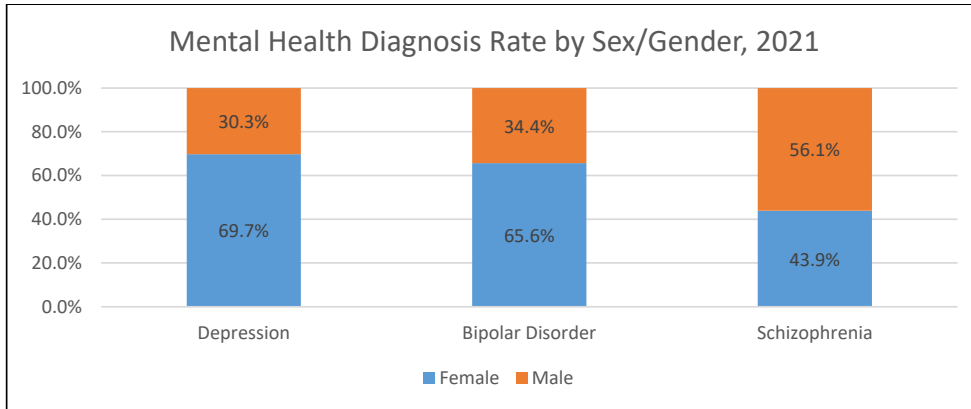
Source: 2021 KHS Chronic Conditions Report

Mental Health Conditions

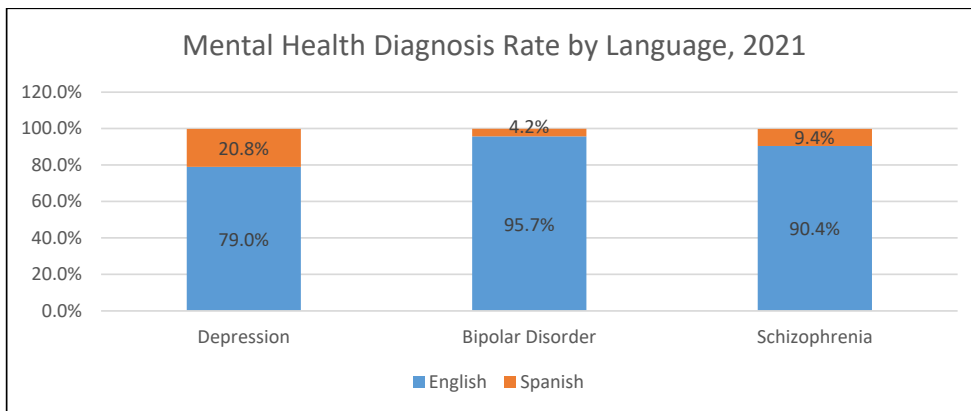
In 2021, 10.5% of KHS members were identified to have had a depression diagnosis, 1.3% with a bipolar disorder, and 1.0% with schizophrenia.^{15,16,17} All three rates increased slightly compared to 2020 rates. In 2021, members with a diagnosis of depression, bipolar disorder or schizophrenia were most likely to be English speaking, female, or adults between the ages of 18-64 years. However, schizophrenia was the exception where males were more likely to be diagnosed with this condition than females. White members had the highest rates of depression and bipolar disorder disorders whereas Native American members had the largest share of members with a schizophrenia diagnosis, followed by Black/African American members. Mental health condition rates by age group, sex/gender, language, and race/ethnicity were very similar in 2021 compared to 2020.



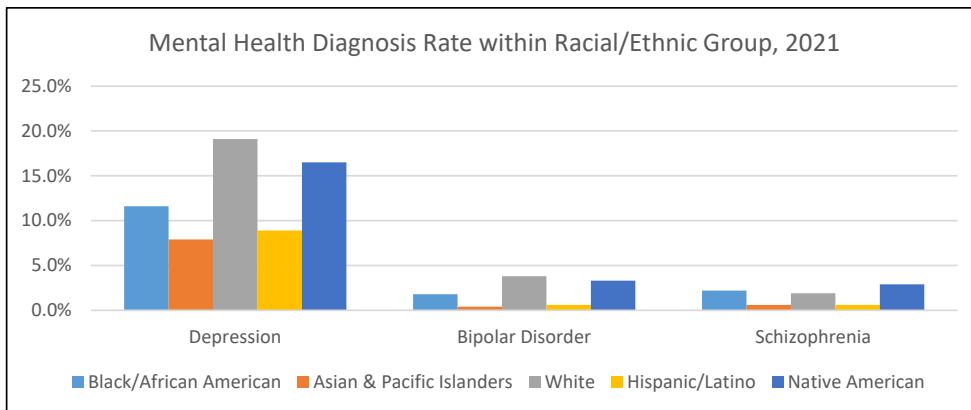
Source: 2021 KHS Member Chronic Condition Report



Source: 2021 KHS Member Chronic Condition Report



Source: 2021 KHS Member Chronic Condition Report



2021 KHS Member Chronic Condition Report

Pharmaceutical Utilization

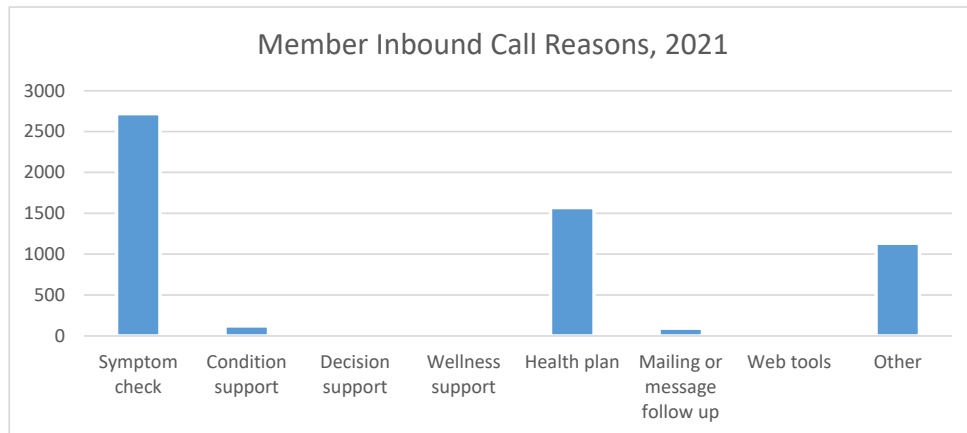
KHS’ review of the most frequently dispensed medications identified Ibuprofen, Albuterol HFA, Atorvastatin, Metformin HCL, and Lisinopril as the top 5 medications prescribed to KHS members in 2021.¹⁸ These medications are used to treat health conditions that were identified as top diagnoses among KHS members in 2021, such as abdominal and pelvic pain, common infections, and chronic conditions, such as type 2 diabetes, hypertension, and heart disease. Other top medications included those prescribed to treat allergies, hyperlipidemia, fever, inflammation, and vitamin D deficiency. Steglatro was identified to be the costliest medication dispensed, which accounted for almost \$7 million as it helps lower blood sugar levels in adults with type 2 diabetes.

Top 10 Most Filled Medications	Relevant Health Conditions
1. Ibuprofen	Fever and pain
2. Albuterol HFA	Breathing problems, such as asthma and COPD
3. Atorvastatin	High cholesterol and triglyceride levels; heart and blood vessel problems
4. Metformin HCL	Type 2 diabetes
5. Lisinopril	High blood pressure and heart failure
6. Ergocalciferol	Vitamin D deficiency, hypoparathyroidism, refractory rickets, familial hypophosphatemia
7. Loratadine	Allergy symptoms and hives
8. Amoxicillin	Infections and stomach ulcers
9. Omeprazole	gastroesophageal reflux disease, damaged esophagus, stomach ulcers, and heartburn
10. Hydrocodone/APAP	Pain and fever

Source: 2021 KHS Top Medications Filled Report

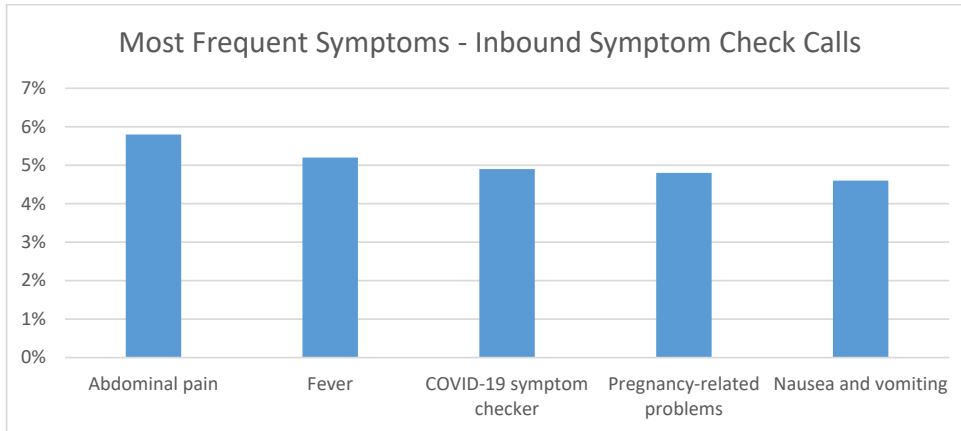
Advice Nurse Line

In 2021, the KHS advice nurse line received 5,649 inbound calls from members.¹⁹ The top call reasons included symptom check (48.1%), followed by health plan (27.8%) and other (20.1%).



Source: 2021 KHS Advice Nurse Line Report

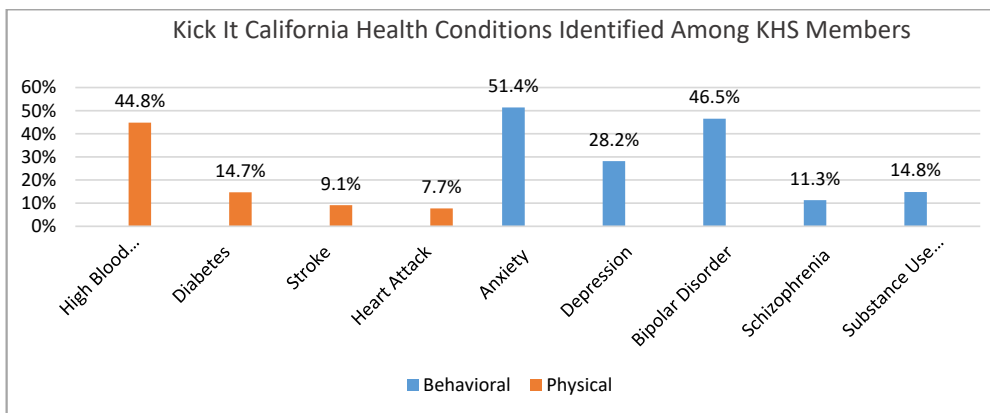
The most frequent symptoms for inbound symptom check calls were abdominal pain, followed by fever, COVID-19 symptom checker, pregnancy-related problems, and nausea and vomiting.



Source: 2021 KHS Advice Nurse Line Report

Smoking, Tobacco Use and Associated Health Conditions

The 2021 CAHPS Adult Medicaid Survey performed by the DHCS Health Services Advisory Group (HSAG) found that 16.4% of KHS adult members are current smokers.²⁵ According to KHS' tobacco registry report, 12.9% of members are current smokers or have been exposed to tobacco.²⁰ Kick It California (KIC) collects demographic and health data during phone counseling sessions and shares this data with Medi-Cal Managed Care health plans. KIC data revealed that KHS member callers were most likely to be English speaking (98.6%), female (65.7), White (51.0%), between the ages of 45-64 years (53.8%), and have at least a high school education (70.6%).²¹ Anxiety and high blood pressure were identified as the top behavioral and physical health conditions, respectively, among KHS members.



Source: 2021 Kick It California Demographic and Health Data for Medi-Cal Health Plans

Access to Care

KHS conducts an annual member satisfaction survey to capture information about member-reported experiences with health care. The survey specifically measures how well KHS is meeting member’s expectations and goals and the areas of service that have the greatest effect on overall satisfaction. It also identifies areas of opportunity for improvement. Additionally, HSAG conducts a separate CAHPS Adult and Child Medicaid Survey every 2 years with KHS members. In the table below, the 2021 Member Satisfaction Survey rates for getting needed care and getting a specialist appointment increased by at least 3 percentage points compared to 2020 rates.^{22,23} Additionally, the 2021 rates for getting care, tests, or treatment, getting urgent care, how well doctors communicate, personal doctors explained things, and personal doctors showed respect improved compared to the previous year. KHS HSAG CAHPS child and adult rates for 2021 are also shown below for comparison.^{24,25}

Measure (Always or Usually)	KHS CAHPS Child Rate	KHS CAHPS Adult Rate	KHS Member Satisfaction Survey Adult Rate	
	2021	2021	2020	2021
Getting Needed Care	N/A	80.6%	73.1%	77.9%
Getting care, tests, or treatment	83.9%	85.6%	77.5%	79.9%
Getting a specialist appointment	N/A	75.6%	68.6%	75.9%
Getting Care Quickly	N/A	76.4%	77.7%	77.1%
Getting urgent care	N/A	N/A	78.8%	80.5%
Getting routine care	80.6%	76.5%	76.5%	73.7%
How Well Doctors Communicate	92.3%	92.0%	88.4%	89.1%
Personal doctors explained things	89.4%	91.0%	87.0%	89.1%
Personal doctors listened carefully	97.6%	95.5%	90.0%	90.0%
Personal doctors showed respect	97.6%	96.2%	92.6%	94.3%
Personal doctors spent enough time	84.6%	85.3%	83.5%	82.9%

Source: MY 2020 HSAG CAHPS Child Medicaid Survey Results Report, MY 2020 HSAG CAHPS Adult Medicaid Survey Results Report; 2021 Member Satisfaction Survey

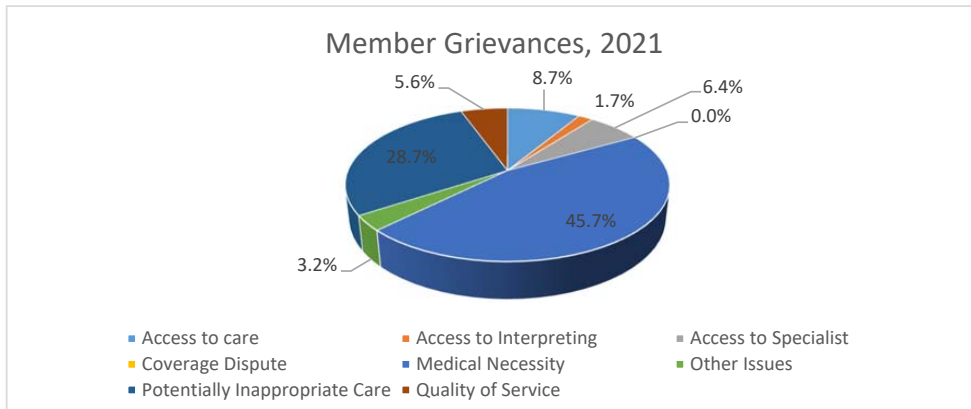
Data on the effectiveness of care measures for flu shots and tobacco use among adult members was also collected. The KHS Member Satisfaction Survey rate did not improve upon adult flu vaccination, discussing cessation medications, or discussing cessation strategies in 2021 compared to 2020.^{24,25} However, KHS improved on advising smokers and tobacco users to quit compared to the previous year. The community fears around receiving the COVID-19 vaccines along with the flu vaccine may have contributed towards the reduction in adult flu vaccinations.

Effectiveness of Care Measure	KHS HSAG CAHPS Child Rate	KHS HSAG CAHPS Adult Rate	KHS Member Satisfaction Survey Adult Rate	
	2021	2021	2020	2021
Flu Vaccinations (Adults 18-64)	N/A	39.0%	45.5%	35.8%
Advising Smokers and Tobacco Users to Quit	N/A	N/A	67.5%	72.5%
Discussing Cessation Medications	N/A	N/A	47.0%	41.7%
Discussing Cessation Strategies	N/A	N/A	35.4%	31.4%

Source: MY 2020 HSAG CAHPS 5.1H Child Medicaid Survey Results Report, MY 2020 HSAG CAHPS 5.1H Adult Medicaid Survey Results Report; 2021 Member Satisfaction Survey

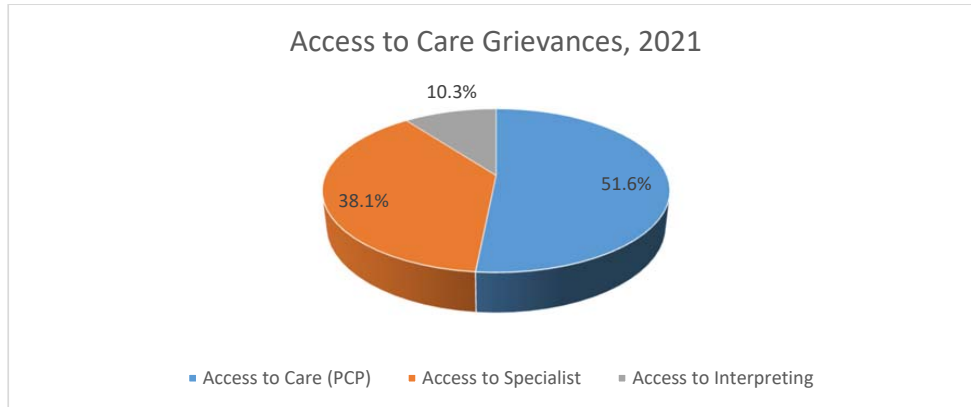
Member Grievances

KHS regularly monitors and reports on its member grievances related to access to care, coverage, medical necessity, quality of care and services, cultural and linguistic sensitivity and other issues. In 2021, there were 2,648 formal member grievances received. The majority of grievances were due to Medical Necessity, followed by Quality of Care and Access to Care. Nearly a fifth (19.3%) of grievances were closed in favor of the member.²⁶



Source: 2021 Grievance and Appeal Data

When looking at Access to Care grievances, Access to Care (Primary Care Provider or PCP) accounted for the majority of cases (51.6%) in this grievance category, followed by Access to Specialist (38.1% and Access to Interpreting (10.3%).²⁶



Source: 2021 KHS Grievance and Appeal Data

Access to Transportation

KHS’ Transportation Program provides non-emergency transportation for members to get to their medical and other Medi-Cal covered services. Coverage includes Non-Medical Transportation (NMT) and Non-Emergency Medical Transportation (NEMT). NEMT is provided when medically necessary and requires a completed and signed Physician Certified Statement from the member’s medical provider. NMT is provided to all members who qualify. Total trips for all modes of transportation combined increased by 3.2% in 2021 compared to 2020.²⁷ However, change in total trips varied by mode of transportation.

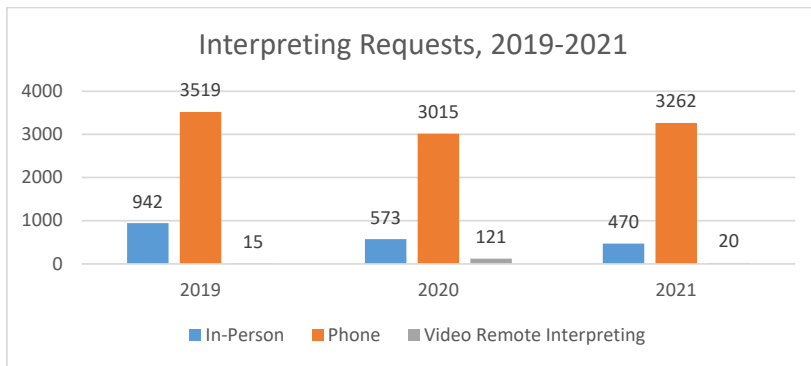
NEMT and NMT Ridership

Mode	Trips Provided, 2019	Trips Provided, 2020	Trips Provided, 2021	% Change
NEMT Wheelchair	65,139	54,487	143,532	163.4%
NEMT Gurney Van	2,130	2,855	2,365	-17.2%
NEMT Ambulance	N/A	N/A	1,368	N/A
NEMT Air	0	0	0	N/A
NMT Public Transit	390,427	231,076	145,376	-37.1%
NMT Mileage Reimbursement	9,680	7,064	12,389	75.4%
All Modes Combined	467,376	295,482	305,030	3.2%

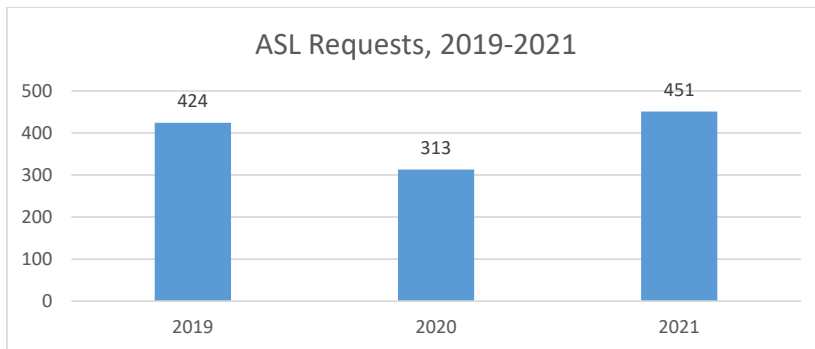
Source: 2021 KHS Transportation Report

Access to Interpreter Services

KHS' HE department provides services to a culturally and linguistically diverse member population. KHS' threshold languages are English and Spanish and all services and materials are available in these languages. In 2021, there was an overall 1.2% increase in interpreting requests compared to 2020.²⁸ In the same period, in-person requests (excluding ASL requests) decreased by 18.0%, phone interpreting requests increased by 8.2%, video remote interpreting (VRI) requests decreased by 83.5%, and in-person ASL interpreting requests increased by 44.1%.

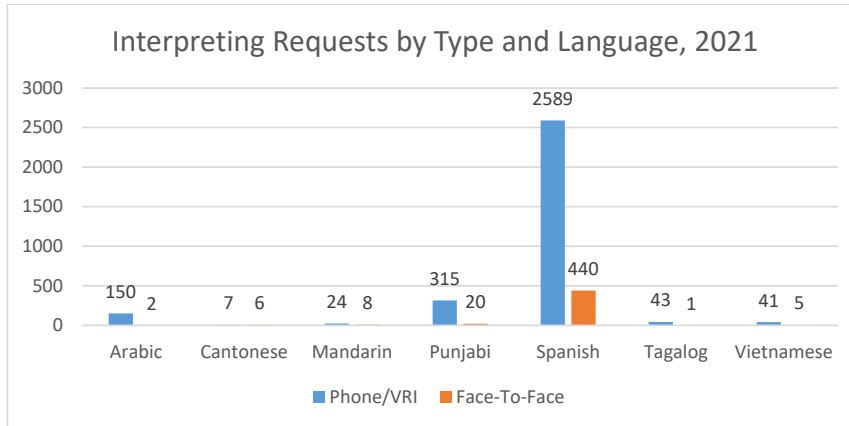


Source: 2019-2021 KHS Interpreting Request Annual Activities Reports



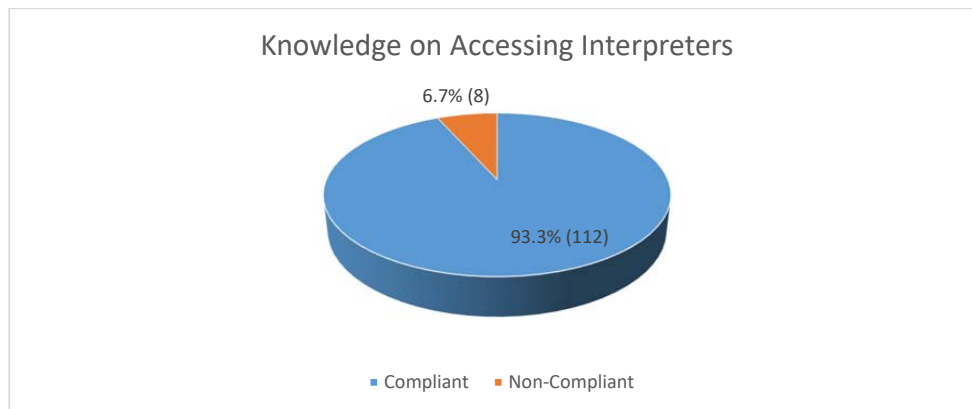
Source: 2019-2021 KHS ASL Request Annual Activities Reports

When looking at face-to-face interpreting requests, Spanish was the most common language, followed by Punjabi, Mandarin, Cantonese, and Vietnamese. Among phone or VRI interpreting requests, Spanish was the most common language, followed by Punjabi, Arabic, Tagalog, and Vietnamese.^{29, 30}



Source: 2021 KHS Interpreting Request Annual Activities Reports

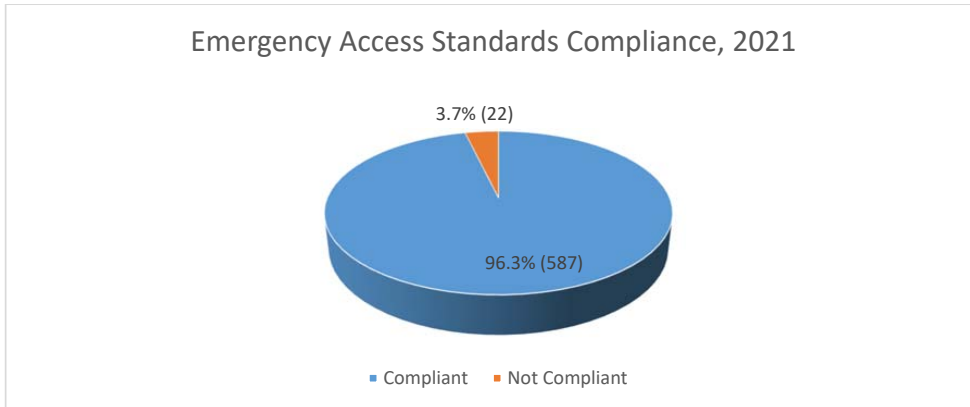
KHS conducts a quarterly interpreting access survey among its provider network. In 2021, a total of 60 primary care provider offices and 60 specialist offices were contacted to assess their knowledge on accessing interpreting services for limited English proficient (LEP) members. Findings revealed that 8 of these providers (6.7%, all specialists) needed additional training on accessing interpreting services for LEP members.³¹



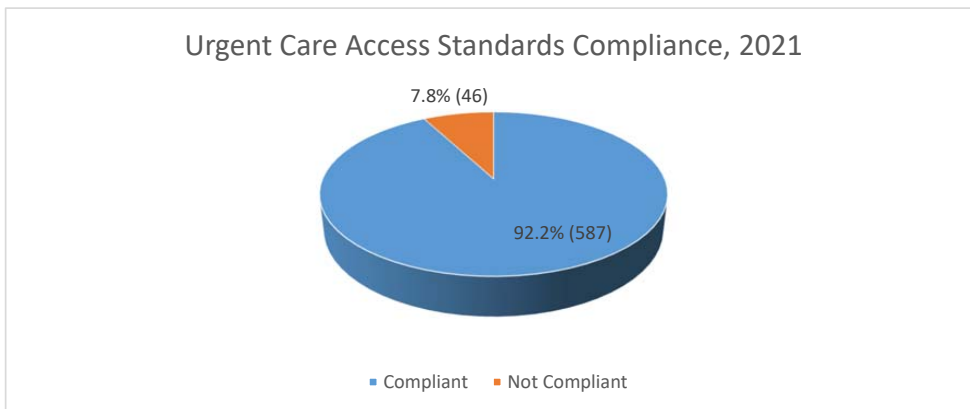
Source: 2021 KHS Interpreter Access Survey Results

Emergency & Urgent Care Access Standards

As required by the Department of Managed Health Care (DMHC) Health & Safety Code 1348.8, KHS uses an after-hours caller program to assess compliance with access standards for KHS Members. In 2021, 96.3% of provider offices were compliant with the Emergency Access Standards and 92.2% of provider offices were compliant with the Urgent Care Access Standards.³²



Source: 2020 KHS Provider Network Management Network Review Reports



Source: 2021 KHS Provider Network Management Network Review Reports

Appointment Availability

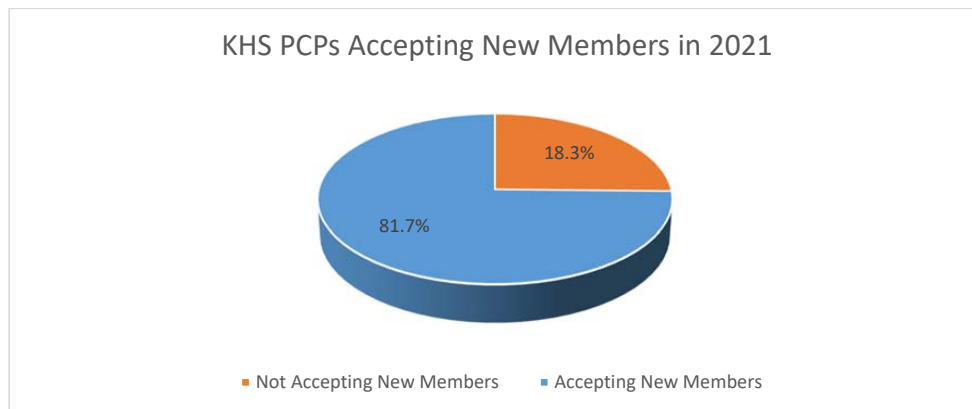
As required by the DHCS and Title 28 CCR Section 1300.67.2.2, KHS uses an appointment availability survey to assess compliance with access standards for KHS Members. A random sample of 60 primary care providers (PCP) offices, 60 specialist offices, 20 mental health provider offices, 20 ancillary provider offices, and 20 obstetrics & gynecology (OBGYN) offices were contacted during 2021. Average wait times for each provider type were in-compliance with the standard wait times.³²

	Providers Contacted	Average Wait Time in Business Days/Provider	Standard Wait Time in Business Days
PCP Offices	60	3.1	10
Specialist Offices	60	8.6	10
Mental Health Providers	20	4.2	10
Ancillary Providers	20	3.0	15
OB/GYN Offices	20	6.5	10

Source: 2021 KHS Provider Network Management Network Review Reports

New Member PCP Access

KHS monitors the adequacy of its primary care network by reviewing the count/percentage of PCPs who are accepting new members. During 2021, the plan had a quarterly average network of 428.5 PCPs, of which 81.7% were accepting new members.³²



Source: 2021 KHS Provider Network Management Network Review Reports

Health Disparities

Measurement Year (MY) 2020 DHCS Disparities and Preventive Services indicator rates show that among the ethnic groups identified, Black/African American members had the worst outcomes for pediatric preventive health measures where sufficient data was available.^{33,34} For most women’s health indicators that had sufficient data, Asian members generally had the lowest rates compared to other racial/ethnic groups with a couple of exceptions. White and Black/African American members had the highest rates for substance use indicators and Black/African American members had the lowest rates for antidepressant medication management indicators. White members had the lowest asthma medication ratio compliance rate compared to other racial/ethnic groups and for the other chronic conditions indicators, there was insufficient data to make comparisons.

When comparing indicator rates between English speakers and Spanish speakers, differences varied by indicator. Racial/ethnic disparities for the top chronic health conditions among KHS members vary by chronic health condition.

DHCS reviewed the following health indicators from the MY 2020 DHCS Disparities and Preventive Services Rate Sheets for all Medi-Cal Managed Care Health Plans:

Indicator Abbreviation	Indicator Name
AMM–Acute	Antidepressant Medication Management—Effective Acute Phase Treatment
AMM–Cont	Antidepressant Medication Management—Effective Continuation Phase Treatment
AMR	Asthma Medication Ratio
APM–B	Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total
APM–BC	Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total
APM–C	Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total
BCS	Breast Cancer Screening
CBP	Controlling High Blood Pressure
CCS	Cervical Cancer Screening
CDC–H9[^]	Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
CHL	Chlamydia Screening in Women—Total
CIS–10	Childhood Immunization Status—Combination 10
IMA–2	Immunizations for Adolescents—Combination 2
PPC–Pre	Prenatal and Postpartum Care—Timeliness of Prenatal Care
PPC–Pst	Prenatal and Postpartum Care—Postpartum Care
W30–2	Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits
W30–6	Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits
WCC–BMI	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Percentile Documentation—Total
WCC–N	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total
WCC–PA	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total
WCV	Child and Adolescent Well-Care Visits—Total

[^]A lower rate means better performance for this indicator.

Review of racial/ethnic health disparities where sufficient data is available revealed that Black/African American members had the lowest child health indicators compared to other

racial/ethnic groups. When comparing rates by language, Spanish speakers had higher rates for most of the pediatric health indicator rates with sufficient data.

MY 2020 CA DHCS Health Disparities KHS Rate Sheet: Child Health Indicators

Measure	White	American/ Alaska Native	Asian	Black/ African American	Hispanic/ Latino	Native Hawaiian/ Other Pacific Islander	Other
CIS-10	21.4%	0.0%*	16.7%*	0.0%*	27.0%	N/A	20.0%
IMA-2	20.5%	N/A	50.0%*	8.3%*	36.3%	100.0%*	0.0%*
W30-6	25.7%	0.0%*	55.9%	16.6%	29.3%	N/A	37.3%
W30-2	45.6%	50.0%*	77.7%	30.9%	57.9%	100.0%*	62.7%
WCC-BMI	53.5%	N/A	62.5%*	52.6%*	67.1%	N/A	0.0%*
WCC-N	44.2%	N/A	50.0%*	47.4%*	55.2%	N/A	0.0%*
WCC-PA	41.9%	N/A	62.5%*	47.4%*	52.8%	N/A	100.0%*
WCV	27.7%	29.7%	40.0%	25.4%	37.5%	24.3%*	42.7%

Source: MY 2020 CA DHCS Health Disparities KHS Rate Sheet

*Insufficient data. The denominator is less than 30.

For the women’s health indicators with sufficient data, Asian members had the lowest rate for being screened for chlamydia, Native American/Alaska members had the lowest rate for having breast cancer screening and White members had the lowest rate of having cervical cancer screenings. Rates were lowest for accessing timely prenatal care among Hispanic/Latino members and postpartum care rates was lowest among White members. When comparing outcomes by language, there was no clear pattern as rate differences between English and Spanish speakers varied by the indicator.

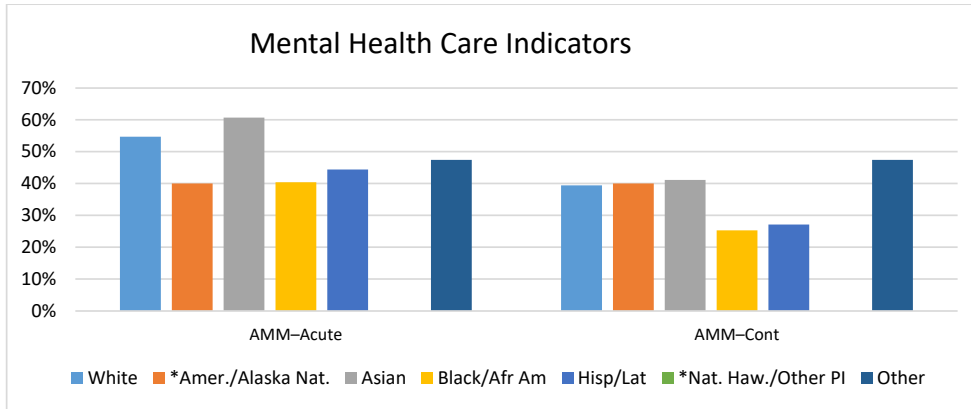
MY 2020 CA DHCS Health Disparities KHS Rate Sheet: Women’s Health Indicators

Measure	White	Native American/ Alaska	Asian	Black/ African American	Hispanic/ Latino	Native Hawaiian/ Other Pacific Islander	Other
BCS	44.0%	38.3%	46.3%	54.1%	60.9%	20.0%*	50.0%
CCS	43.7%	60.0%*	62.5%*	61.5%	56.2%	N/A	60.0%*
CHL	49.7%	63.2%*	38.2%	60.9%	54.5%	87.5%*	46.3%
PPC-Pre	77.3%	33.3%*	77.8%*	68%*	69.0%	N/A	50%*
PPC-Pst	72.7%	0.0%*	77.8%*	76.0%*	80.1%	N/A	100%*

Source: MY 2020 CA DHCS Health Disparities KHS Rate Sheet

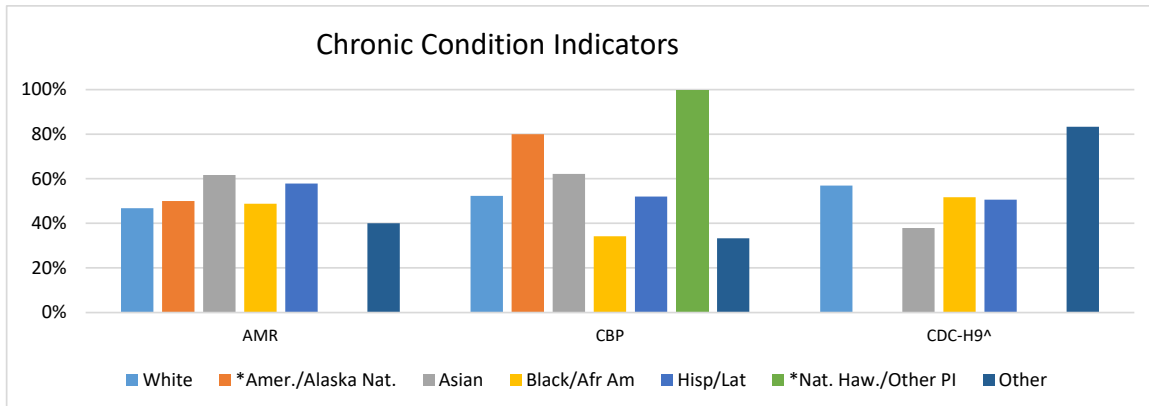
*Insufficient data. The denominator is less than 30.

When looking at the mental health indicators, Black/African American members had the lowest antidepressant medication management indicator rates compared to other racial/ethnic groups. When looking at language, English speakers had higher antidepressant medication management rates than Spanish speakers.



Source: MY 2020 CA DHCS Health Disparities KHS Rate Sheet
 *Insufficient data. The denominator is less than 30.

When reviewing chronic condition indicators, White members had the lowest asthma medication ratio compliance rates, Black/African American members had the lowest rate for controlling high blood pressure and White members had the highest rate for poorly controlled diabetes based on HbA1c levels when compared to other racial/ethnic groups. When comparing by language, Spanish speakers have a higher asthma medication ratio compliance rate than English speakers. English speakers had a slightly higher rate for controlling high blood pressure, whereas Spanish speakers had a slightly lower rate for poorly controlled diabetes based on HbA1c levels. It should be noted that a lower rate for poorly controlled diabetes based on HbA1c levels means better performance for that indicator.



Source: MY 2020 CA DHCS Health Disparities KHS Rate Sheet
 *Insufficient data. The denominator is less than 30.
 ^A lower rate means better performance for this indicator.

IV. Health Education, Cultural & Linguistics, and Quality Improvement Program Gap Analysis

Gaps in Access to Care

According to the results of KHS' 2021 Member Satisfaction Survey, there were a few measures under Effective of Care where a decreased rate of 3 percentage points or more occurred in comparison to the prior year:

- Effectiveness of Care
 - Flu vaccinations (adults 18-64)
 - Discussing cessation medications
 - Discussing cessation strategies

KHS' access to care grievance data revealed potential challenges involving documentation of medical necessity for treatment authorization requests and quality of care (also called potentially inappropriate care). These two types of grievances accounted for 45.7% and 28.7% of all grievances in 2021.²⁶ Furthermore, 19.3% of grievances were closed in favor of the enrollee, indicating that some members may be facing legitimate challenges with treatment authorization requests and quality of care.

Although 93.3% of KHS' provider network understand how to access interpreting services for KHS members, there is value in conducting provider reminders of this member benefit.³¹ KHS C&L Team will continue to partner with its PNM and QI Departments to help coordinate refresher trainings for providers who are identified as non-compliant through the quarterly interpreter access survey; have had a cultural and linguistic grievance filed against the office site; or, have been identified as an office site that would benefit from additional training.

Transportation access was identified as a barrier for access to health care and health education services in this year's PP/CAC survey results. Member requests for transportation assistance grew by 3.2% in 2021 compared to 2020. However, requests for NEMT wheelchair service increased by 163.4% and accounted for 47.1% of transportation assistance requests in 2021. These data findings indicate strong and surging demand among members with disabilities or limited mobility.

Transportation challenges for members vary based on location and time of day. Members have more transportation assistance options in urban areas and during the day. In the evening, options are more limited. For example, public transit NEMT and fixed route bus service have had more limited evening service in Bakersfield during the pandemic due to lockdowns and losses in ridership that have resulted in cuts in service.

Rural areas have more limited public and commercial transportation availability and geographic coverage. Commercial rideshare providers have more availability in urban areas where short route trips are more lucrative. Higher gas prices and other forms of inflation may have contributed towards the impact of transportation resources serving rural areas with longer distances becoming more costly and less worthwhile for commercial rideshare companies.

KHS conducted a survey of member health problems, disparities, and needs with its PP/CAC as part of this year's PNA.³⁵ This committee consists of 13 voting members of which 7 are actively enrolled KHS members. The top three challenges that KHS members face when trying to access health care services, as reported by committee members, were:

- Access to mental health services.
- Doctor appointment availability.
- Health or health care literacy barriers.

Other reported challenges included:

- Access to interpreting services at the doctor's office.
- Access to transportation.
- Compassion, respect and cultural sensitivity of providers.
- Shortage of LGBTQ+ friendly health care providers.
- Shortage of health care providers for primary care, specialist care, and dental care.
- Access to geriatric services.

Gaps in Language Needs and Cultural and Linguistic Competency

KHS' threshold languages as determined by DHCS continues to be English and Spanish; however, the top 5 languages for telephonic interpreting for KHS members in 2021 were Spanish, Punjabi, Arabic, Tagalog, and Vietnamese. The top languages for in-person interpreting for KHS members in 2021 were Spanish, Punjabi, Mandarin, Cantonese, and Vietnamese. Although the top non-Spanish languages for interpreters do not meet DHCS' criteria to constitute as a new threshold language for KHS, KHS recognizes that its 4th largest racial/ethnic group are Asian Indian members and requests for Punjabi interpreters continue to grow each year.

Member requests for ASL interpreters increased by 44.1% from 2020 to 2021. With less than 10 ASL interpreters residing in Kern County, KHS' interpreting vendor must recruit Los Angeles County interpreters to commute to Kern County to assist ASL members. KHS may need to encourage more use of video remote interpreting services with its provider network and ASL membership to avoid interpreter access delays.

Findings from this year's PP/CAC PNA survey found that the top four reported challenges that KHS members face in accessing language interpreting services, as reported by committee members, were:

- Lack of willingness or patience to request language interpreting services for KHS members among doctors or their staff.
- Discrimination against non-English speakers by doctors or their staff.
- Lack of awareness of KHS language interpreting services among KHS members.
- Member embarrassment about request an interpreter.

Other challenges included the following:

- Lack of awareness or understanding of how to request language interpreting services for KHS members.
- Lack of language interpreting options.
- Members not requesting an interpreter due to fear of being reported to immigration authorities.
- Requesting an interpreter takes too long.
- Providers have staff interpreters with deficient interpreting quality.

The review and analysis of KHS' C&L data identified the following areas that should be considered for possible inclusion in future program planning in order to expand and enhance KHS' C&L services for its members.

- Continue to research and engage new vendors to respond to Requests for Proposals to perform in-person interpreting services for members during contract renewal periods.
- Train KHS providers on telehealth interpreting best practices.
- Train KHS providers on how to access video remote interpreting services and continue to promote the KHS provider training guide on how to access an interpreter using VRI.
- Increase opportunities for the KHS provider network to participate in trainings on cultural competency, effective interpreting and accessing KHS interpreter Services.
- Consider data collection opportunities to identify KHS' LGBTQ+ population gain an understanding on their health care needs.
- Continue to promote availability of interpreting services among KHS members and educate members about the concerns or risks of with using family or friends as interpreters.
- Offer trainings on the principles and ethics for effective interpreting for provider staff used as interpreters during appointments.
- Continue to research and identify additional member and provider tools to communicate interpreter needs for medical appointments.
- Research and connect with growing ethnic groups among KHS members to better understand the cultural aspects around accessing health care and use of alternative medicine.

Gaps in Health Education Services

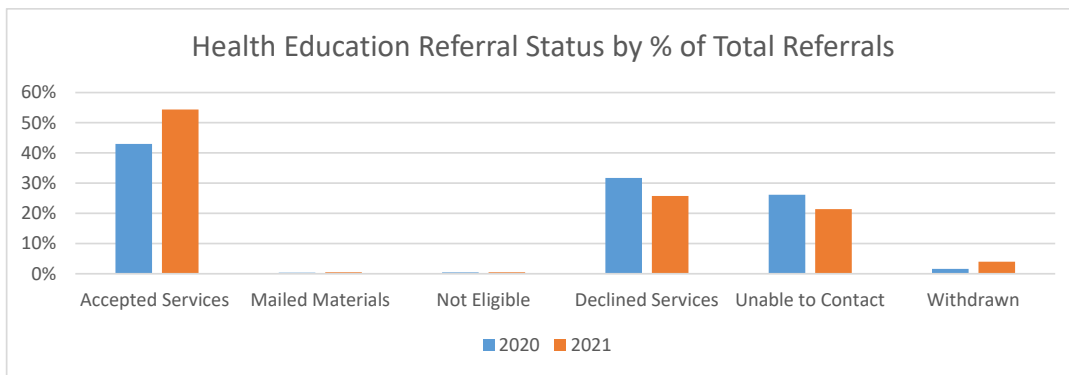
KHS offers health education services and incentives through a variety of modalities, such as virtual classes, telephone counseling, printed mailings, and social media communications. KHS began to offer virtual classes in April 2020. KHS' ability to offer in-person health education services has not been an option during the pandemic due to health and safety concerns related to COVID-19 and the low vaccination rate among KHS members.

Health Education Service Utilization

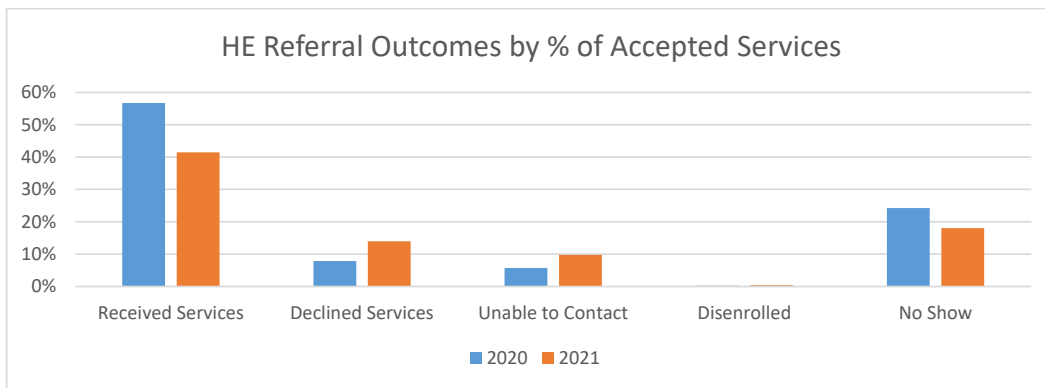
The KHS HE Department received 4,993 referral requests for health education services in 2021, a 75.1% increase compared to the previous year. Weight management education was the top referral topic, followed by asthma education, nutrition counseling, diabetes education, and tobacco/smoking cessation.²⁸ Referrals for all five of these health education topics increased

from 2020 to 2021. The rate of members who accepted to receive health education services increased from 43.0% in 2020 to 54.4% in 2021. The rate of members who declined health education services decreased from 31.7% in 2020 to 25.8% in 2021.²⁸ Referral outcome data revealed a 15.3% percentage point decrease in the Received Services rate and a 4.2% percentage point increase in the Unable to Contact (after accepting services) rate.²⁸

KHS virtual nutrition education classes continued to be the most popular health education service in 2021. This service accounted for 72.4% of all accepted referrals and 89.0% of service attended outcomes. However, the attendance rate for the nutrition classes decreased from 64.3% to 51.0%, likely due to reductions in the value of class member incentives.



Source: KHS Health Education Activities Report



Source: KHS 2020 & 2021 Health Education Activities Reports

Member attendance for virtual health education classes has increased during the pandemic. Average member attendance per asthma education class increased from 3.9 in 2020 to 5.4 in 2021. Attendance per nutrition education class increased from 21.6 to 25.3. Attendance per tobacco/smoking cessation class was 3.6 in 2021.

Low attendance at the asthma and tobacco/smoking cessation classes is likely due to a variety of factors, such as low volume of health education referrals from KHS health care providers and lack of awareness of these classes among providers and members. Other top reasons include a high rate of members who decline asthma and tobacco/smoking cessation education services or cannot be contacted.

Member attendance for individual phone counseling decreased from 49.3 per month in 2020 to 32.2 per month in 2021.

KHS member health disparities data from DHCS' MY2019 and MY2020 Rate Sheets revealed a trend of unfavorable indicator rates among Black/African American KHS members compared to other racial/ethnic groups. Black/African American members were disproportionately overrepresented in claims data for the most prevalent chronic conditions among KHS members. These racial/ethnic disparities may require more in-depth investigations of contributing factors, such as physical characteristics and access to health promoting resources or services in neighborhoods with different social and economic profiles. A better understanding of these contributing factors will lead to evidence-based health promotion and disease prevention program that address top health disparities among KHS members.

Findings from this year's PP/CAC PNA survey found that the top three reported challenges that KHS members face when trying to access health education services, as reported by committee members, were:

- Lack of in-person health education classes.
- Lack of convenient health education class dates and times.
- Technology and literacy barriers.

Other reported challenges included:

- Access to transportation.
- Internet access for online resources or virtual classes.
- Limited language options for health education services or materials.
- Lack of health education services for certain health topics.
- Lack of online health education materials or programs.
- Lack of health education materials that can be mailed.
- Lack of health education services or materials offered by doctors.
- Lack resources for elderly people.

Through KHS' health education data collection from past class evaluations, member assessments and focus groups, KHS has identified a list of service gaps below. The list below should be explored for consideration and inclusion in future program planning to expand and enhance KHS' health education services for its members.

- In-person health education classes when it is safe to offer them.

- Structured programs facilitated by promotores or community health workers that represent or are familiar with priority racial/ethnic groups.
- Expansion of virtual health education classes and individual counseling.
- Expanded member access to digital health education material.
- Internet access assistance.
- Exercise classes, walking groups and gym memberships.
- New incentive programs to encourage participation and adherence with program.
- Educational text message and robocall campaigns.
- Childcare and senior care for participants attending in-person classes.
- Social media videos and other digital media content.
- Continued enhancement of KHS' corporate website with health education content with consideration of adding non-threshold languages.
- Enhance KHS' Member Portal LiNK to allow members to register for health education services, receive health education communications, and access health education material content.
- Increase promotion and details of KHS health education services and incentive programs and collaborate with community organizations that work directly with KHS members to share information.
- Increase access to health education services through virtual class options, community partnerships, service contracts, and new venue locations throughout Kern County (i.e. KHS community resource or satellite centers).

Quality Improvement Program Gap Analysis

In 2021, 95% of the Initial and Periodic Facility Site Reviews (FSRs) that were conducted, passed and 5% scored less than 80%. There were 59 site reviews completed in 2021 and 3 of these reviews failed in the first audit. 91% of the Initial and Periodic medical reviews performed passed and 9% scored less than 80%. There were 35 medical record reviews (MRR) conducted year-to-date and 3 of these reviews were failed in the first audit.

Due to the Public Health Emergency and for the health and safety of the staff, our providers, and our members, KHS staff did not physically go to provider offices to conduct Site Reviews. FSRs and MRRs were conducted virtually, which was approved and supported by DHCS virtually. KHS submitted a plan to complete the backlog of site reviews that could not be completed due to the pandemic. We anticipate having the backlog completed by June 30th of 2022.

The top three deficiencies identified for opportunities to improve for the FSRs include:

- Airway Management: Oxygen delivery system, oral airways, nasal cannula, or mask, and Ambu bag
- Annual Education: Infection control/universal precautions
- Annual Education: Bloodborne Pathogens

The top three deficiencies identified for opportunities to improve for the MRRs include:

- Advanced Health Care Directive information is offered
- Emergency contact is identified
- Pediatric Immunization given according to ACIP guidelines

MCAS/HEDIS 2021

Healthcare Effectiveness Data and Information Set (HEDIS) 2021 is a tool used by more than 90 percent of America's health plans, to measure performance on important dimensions of health care and services. HEDIS was developed and is maintained by the National Committee for Quality Assurance (NCQA), a private, not-for-profit organization dedicated to improving health care quality, since 1990.

All Medi-Cal managed care health plans must submit annual measurement scores for the required External Accountability Set (EAS) performance measures. DHCS currently requires all contracted health plans to report selected Managed Care Accountability Set (MCAS) measures to comply with the EAS reporting requirement MCAS measures are a combination of measures selected by the Department of Health Care Services (DHCS) from the library of HEDIS and Core Measures sets from the Centers for Medicare and Medicaid Services (CMS). The previous calendar year is the standard measurement year for MCAS data. Therefore, the MCAS 2021 results shown in this report are based on 2020 data.

MY2020 MCAS Rate Tracking Report						
As of 2021-06-01						
Note: These are final rates after HSAG review.						
Hybrid Measures Held to MPL						
Measure		Current MY2020 Rate	MY2020 MPL	MY2019 KHS Rate	Current Vs. MY2020 MPL	Current Vs. MY2019 KHS
CCS	Cervical Cancer Screening	54.01	61.31	56.20	-7.30	-2.19
CIS-10	Childhood Immunization Status	22.87	37.47	29.93	-14.60	N/A
CDC-H9*	HbA1c Poor Control (>9.0%)	50.85	37.47	57.91	-13.38	7.06
CBP	Controlling High Blood Pressure <140/90 mm Hg	52.07	61.8	38.93	-9.73	13.14
IMA-2	Immunizations for Adolescents – Combo 2 (meningococcal, Tdap, HPV)	33.09	36.86	41.36	-3.77	-8.27
PPC-Pre	Prenatal & Postpartum Care – Timeliness of Prenatal Care	70.07	89.05	84.18	-18.98	-14.11
PPC-Post	Prenatal & Postpartum Care – Postpartum Care	77.62	76.4	81.02	1.22	-3.40
WCC-BMI	Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents: Body Mass Index Assessment for Children/Adolescents	63.50	80.5	66.42	-17.00	-2.92
WCC-N	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Nutrition	52.80	71.55	NA	-18.75	N/A
WCC-PA	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Physical Activity	51.09	66.79	NA	-15.70	N/A
Administrative Measures Held to MPL						
Measure		Current MY2020 Rate	MY2020 MPL	MY2019 KHS Rate	Current Vs. MY2020 MPL	Current Vs. MY2019 KHS
AMM - Acute	Antidepressant Medication Management – Acute Phase Treatment	48.05	53.57	50.24	-5.52	-2.19
AMM - Cont.	Antidepressant Medication Management – Continuation Phase Treatment	31.77	38.18	32.64	-6.41	-0.87
APM-B	Metabolic Monitoring for Children and Adolescents on Antipsychotics-Blood Glucose Testing	50.00	54.42	NA	-4.42	N/A
APM-C	Metabolic Monitoring for Children and Adolescents on Antipsychotics-Cholesterol Testing	16.67	37.08	NA	-20.41	N/A
APM-BC	Metabolic Monitoring for Children and Adolescents on Antipsychotics-Blood Glucose Testing and Cholesterol Testing	16.67	35.43	NA	-18.76	N/A
AMR	Asthma Medication Ratio	54.39	62.43	48.78	-8.04	5.61
BCS	Breast Cancer Screening	54.50	58.82	57.29	-4.32	-2.79
CHL	Chlamydia Screening in Women Ages 16 – 24	54.02	58.44	55.29	-4.42	-1.27
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	92.31	82.09	NA	10.22	N/A
		Indicates KHS did not meet MPL		Indicates KHS met or exceeded MPL		
		Indicates KHS need 5% or less to meet MPL		Indicates KHS met or exceeded HPL		
N/A/ is for measures that were not reported for MY2019						

The initial SWOT analysis and action plan was ended by DHCS in May of 2021, although KHS continued with the proposed efforts. Since KHS did not meet the MPL for multiple measures DHCS presented KHS an opportunity to develop a new SWOT analysis and action plan to improve scores in a specific domain of care. KHS accepted this partnership with DHCS for support in moving forward with a more expansive evaluation and development of interventions

to improve MCAS measure compliance within the children’s domain. We began the new SWOT in September of 2021 and it’s expected to be completed by May of 2022. This is a more focused effort than our previous SWOT, which is aimed at short term objectives to support the development of a sustainable infrastructure for MCAS compliance.

SWOT Analysis Project 2020-2022 -Progress Timeline			
Items	Year 2020		
	Oct	Nov	Dec
Strategy 1: Increase number of members attending preventive care appointments for W30, WCV, BCS, CIS, IMA, PPC Pre, PPC Post measures. Use MCAS trending reports and the minimum performance levels as benchmarks to evaluate effectiveness of actions.			
Action Item 1.A: The Quality Improvement Department will form a strategic group to meet regularly for review of MCAS trending data and timely initiation of interventions to increase measure compliance.			
Action Item 1.B: KHS will start a media ‘Back to Care’ campaign aimed at encouraging members to return to their providers for preventive and/or chronic care. Baseline will be monthly trending data starting October 01, 2019.			
Action Item 1.C: ‘KHS is partnering with West Side Family Health Care and Alinea Mobile Imaging for a clinical outreach project for women, 50 years old and above, in Taft, CA, who have not had a mammogram in the last 2 years’ was completed successfully.			
Action Item 1.D: Engagement with Kern Medical (KM), our local county medical system, to identify interventions aimed to increase compliance of MCAS measures for MY2021.			
Strategy 2: KHS will increase compliance of MCAS Well Child Visits (W30 and WCV) and Prenatal and Post-Partum Visits (PPC) by 5 percentage points compared to HEDIS MY 2019 and for each year after until the minimum performance level is met.			
Action Item 2.A: Quality Improvement and Health Education Departments will perform outreach using robocalls to KHS non-compliant members to complete the PPC Prenatal, PPC Post, WCV, W30 visits.			
Action Item 2.B: SWOT Team will collaborate with Health Net, Kern County, for one year on a project aimed at increasing the MCAS Well Care Visits for members 3 to 21 years of age (WCV) measure by 5 percentage points.			
Action Item 2.C: Stakeholders will form the Member Engagement and Rewards Program, an on-going program that will increase members’ knowledge of necessary preventive health care and support and increase compliance 5 percentage points from MCAS MY2019.			
Strategy 3: KHS will increase preventive care compliance for MCAS measures by implementing new processes within the health plan aimed at decreasing members’ gaps in care.			
Action Item 3.A: KHS health services division will institute a new process to incorporate Gaps in Care lists into telephonic contact with members.			
Action Item 3.B Member Services Department will increase number of members who opted in to receive robocalls from Kern Health Systems. Goal will be to double the number of members opted in by the end of the first quarter in 2021.			
Action Item 3.C KHS will support use of telehealth visits to provide preventive health and chronic condition management services to members who are not accessing care due to the pandemic or who are challenged under normal conditions in accessing care.			
Action Item 3.D A \$10 Gift Card will be sent to any member who enrolls in the Member Portal. The portal will provide the member with their Gaps in Care and a list of services needed for closing the gap.			
Strategy 4: KHS will increase compliance with MCAS AMR measure by 5 percentage points compared to MY 2019 and for each year after that until the minimum performance level is met.			
Action Item 4.A: SWOT Team will collaborate with Health Net, Kern County for one year to develop and implement a plan to increase the MCAS Asthma Medication Ratio measure by 5 percentage points			
Action Item 4.B KHS SWOT Team will conduct a meeting with Provider Network Management to review results of the P4P outcome-based program for 2020 as compared to a fee for service-based program that occurred in 2019 for the Asthma Medication Ratio. Results of this review may lead to changes to the 2021 P4P program.			
Action Item 4.C: Quality Improvement Department will meet with Public Health Department, Health Education and Provider Network Management quarterly in support of finding opportunities for improving AMR outcomes.			

Note:	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> Completed</div> <div style="display: flex; align-items: center;"> Work In-Progress</div> <div style="display: flex; align-items: center;"> Need Progress</div> <div style="display: flex; align-items: center;"> No Progress</div> </div>
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QI Performance Improvement Projects (PIPs)

KHS is mandated by DHCS to participate in 2 PIPs. The PIPs span over an approximate 18-month time frame and are broken into 4 modules. Each module is submitted to DHCS' External Quality Review Organization (EQRO), Health Services Advisory Group (HSAG), for review, input, and approval throughout the project. For 2020, the following 2 PIPs were approved by DHCS for KHS:

- **Health Care Disparity in Well-Child Visits (WCV) ages 3-21**
This PIP targets health care disparities to improve the health and wellness of low-income children and adolescents, ages 3 to 21, through well-care visits. This PIP is focused on improving the health and well-being of children, ages 8 to 10 years old, by aligning the WCV with industry standards of care and evidence-based practices.
- **Child/Adolescent Health Asthma Medication Ratio (AMR)**
This PIP is focused on improving the health of members aged 5 to 21 years old with persistent asthma who have a ratio of controller medication to total asthma medications of 0.5 or greater. A two-pronged approach was established to capture the highest volume of non-compliant members. The PIP will focus on a community project called the Asthma Mitigation Project (AMP) and KHS' Asthma Disease Management (DM) Program. A key aim will be to collaborate with providers to encourage the members to enroll and participate in the two programs.
- **PDSAs**
As a result of KHS' MY2020 MCAS scores, DHCS instructed us to initiate two PDSA's to apply focused improvement efforts in the children's and women's health domain. Two PDSA cycles will be conducted between September 2021 and May 2022.

Our first PDSA is focused on the Breast Cancer Screening (BCS) measure in the Women's Health Domain. The specific intervention is to measure the volume of successful completion of a Mammogram via the Mobile Mammogram Clinic, which was held in Taft, California in October 2021. This event had a success rate of 66%, which reflects the number of scheduled appointments kept. Another clinic day will be held in May of 2022 in the rural community of Arvin, California.

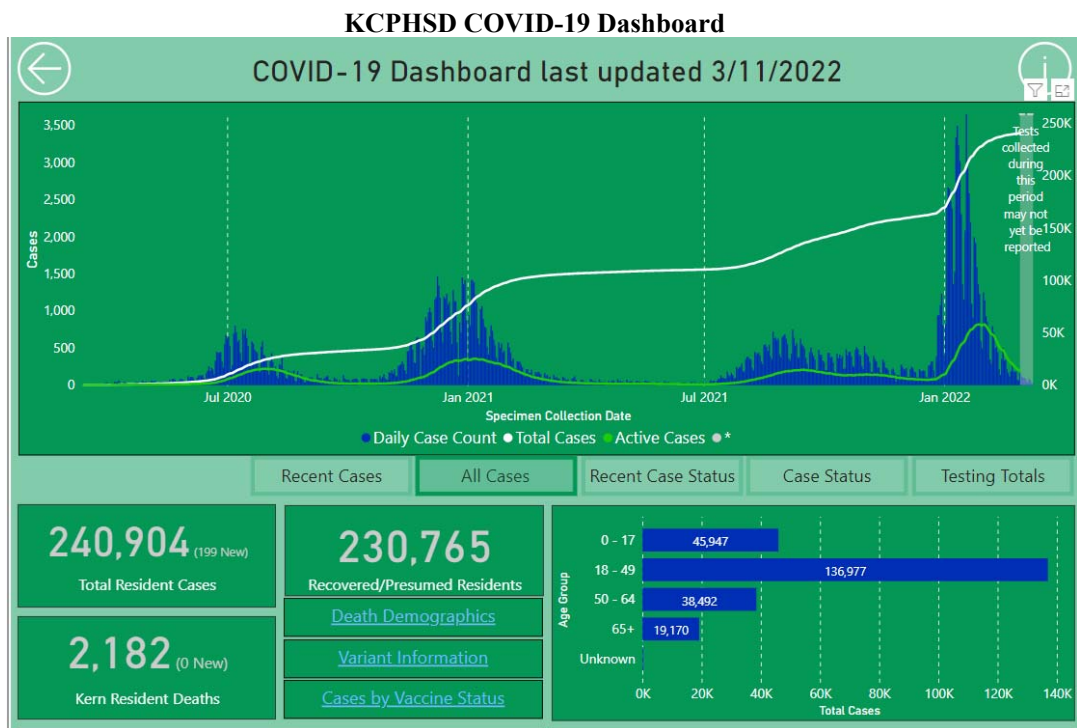
The second PDSA leverages a Member Engagement and Rewards Program (MERP) campaign for the W30 measure with focus on W30 (0-15 months), well care visits for infants 0 to 15 months of age. We are partnering with Clinica Sierra Vista (CSV) to monitor the volume of members who completed a Well-Care Visit following receipt of successful outreach.

- **COVID QIP**
DHCS has required all MCP's to submit a three strategy, COVID QIP related to supporting return to preventive healthcare services and obtaining the COVID vaccination. One strategy focuses on members with behavioral health comorbidities. Another strategy focuses on the Latino population receiving the COVID vaccination in partnership with the Latino COVID-19 taskforce and CSUB.

The third strategy focuses on encouraging women of childbearing age to get the COVID vaccination by providing them with information about COVID and the vaccine. The initial strategies were submitted to DHCS at the end of September 2021. The QIP will be completed by the end of March 2022.

Other: COVID-19

A total of 240,904 positive COVID-19 resident cases and 2,182 resident deaths due to COVID-19 have been confirmed in Kern County as of March 11, 2022.³⁶ The image below, from the Kern County Public Health Services Department (KCPHSD) website summarizes COVID-19 cases since testing began in Kern County. After the recent surge of COVID-19 daily cases due to the Omicron variant, the daily case totals are now less than 100. During the peak of the Omicron variant, daily case totals reached the thousands.

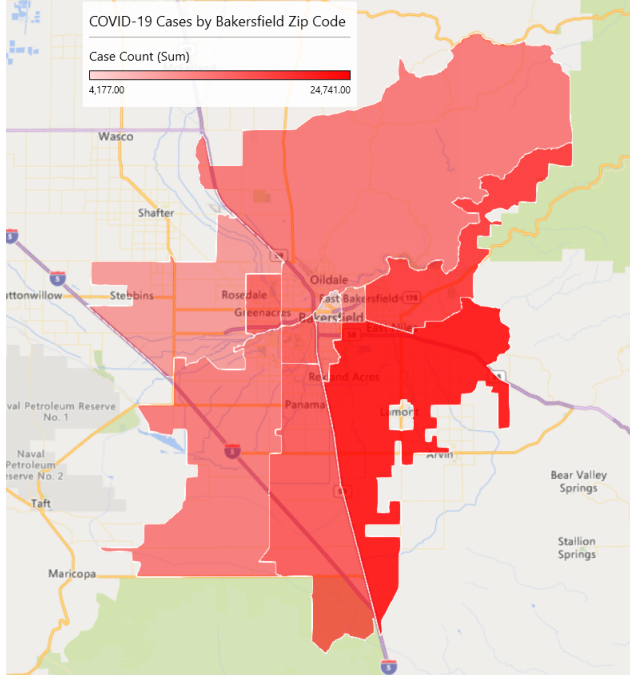


Source: Kern County Public Health COVID-19 Dashboard

The number of total COVID-19 cases among Bakersfield residents has reached 153,259 as of March 11, 2022. The proportion of COVID-19 cases that are in Bakersfield has increased slightly from 63.6% in May 2021 to 64.4% in March 2022. The percentage of cases in Bakersfield in zip codes that are east of California State Route 99 has decreased slightly from 56.8% to 56.2% in that same period. The map below shows that COVID-19 cases in Bakersfield

are slightly more concentrated in zip codes in the eastern and southern areas of Bakersfield. Zip codes with a darker red color have more cases.

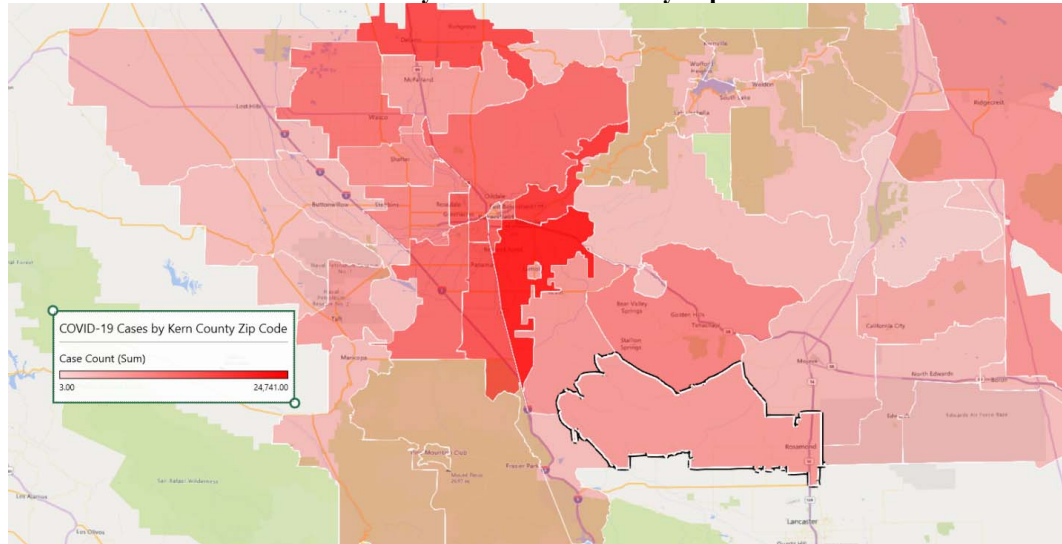
Bakersfield COVID-19 Cases by Zip Code



Source: Kern County Public Health COVID-19 Dashboard

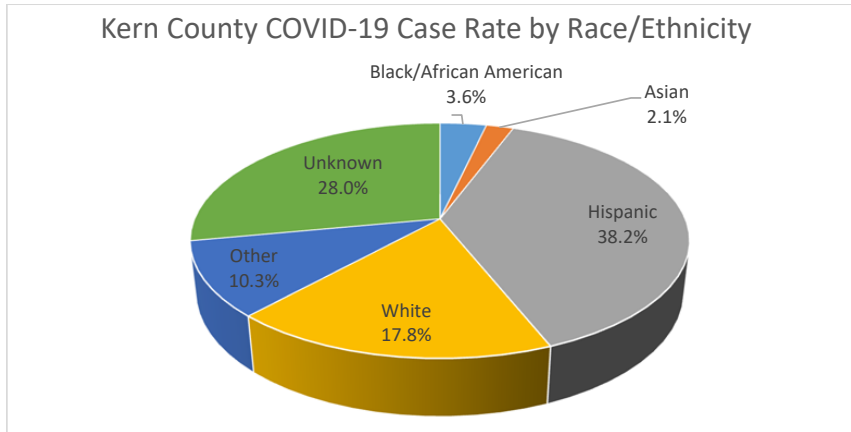
The map, below, shows that Kern County COVID-19 Cases are concentrated in Bakersfield and Delano zip codes. The blue shaded area includes only Kern County. Some of the Kern County zip codes on the map overlap with more than one county.

Kern County COVID-19 Cases by Zip Code



Source: Kern County Public Health COVID-19 Dashboard

Current data indicates that there is a disproportionate burden of illness and death due to COVID-19 among racial and ethnic minority groups nationwide.³⁷ The COVID-19 hospitalization rates for Native Americans, Black/African Americans, and Hispanics/Latinos are about 3 times the rate for non-Hispanic Whites. Deaths due to COVID-19 are disproportionately higher among these racial/ethnic groups compared to their respective shares of the population. COVID-19 cases in Kern County may be following this nationwide health disparity. The racial/ethnic breakdown of COVID-19 cases in Kern County has some resemblance to the racial/ethnic profile of KHS members. However, it is unclear since 25.3% of COVID-19 cases have an unknown ethnicity. Hispanic/Latinos account for 45.2% of cases, followed by Whites (16.0%), Other (8.1%), and Asians (3.8%), Black/African Americans (3.2%), and Asians (2.3%).³⁶ When looking at the overall Kern County racial/ethnic profile, Hispanic/Latinos are 54.0% of the population, followed by Whites (33.5%), Black/African Americans (6.3%), Asians (5.4%), and Native American/Alaska (2.6%).²

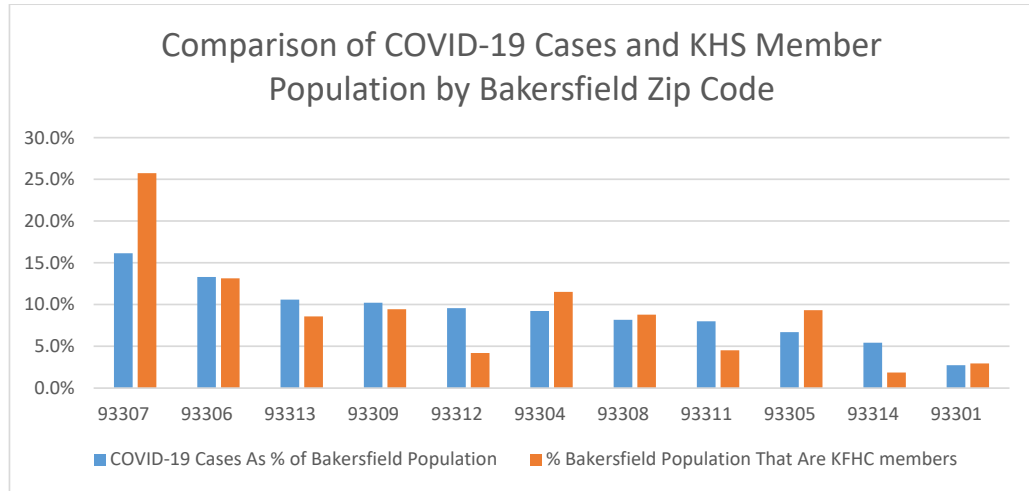


Source: Kern County Public Health COVID-19 Dashboard

A comparison of Kern County COVID-19 cases by zip code reveals a resemblance to the distribution of KHS members by zip code when looking at the top two zip codes by share of cases. However, there is less of a resemblance moving down the list.

Bakersfield Zip Code	Population	COVID-19 Case Count	% of Bakersfield Cases	KHS Member Population	% of Bakersfield Population
93307	84948	24741	16.1%	53983	25.7%
93306	70208	20372	13.3%	27533	13.1%
93313	51245	16221	10.6%	17976	8.6%
93309	60893	15658	10.2%	19779	9.4%
93312	59359	14660	9.6%	8797	4.2%
93304	50787	14138	9.2%	24141	11.5%
93308	54042	12509	8.2%	18434	8.8%
93311	44862	12234	8.0%	9484	4.5%
1954293305	39114	10244	6.7%	3877	9.3%
93314	26992	8305	5.4%	6157	1.8%
93301	12345	4177	2.7%	53983	2.9%

Sources: Kern County Public Health COVID-19 Dashboard; 2021 KHS Member Demographics Data Report



Sources: Kern County Public Health COVID-19 Dashboard

COVID-19 disproportionately impacts the KHS population compared to the overall county population. Only 41.1% of KHS members 5 years and older have received at least one dose of a COVID-19 vaccine.³⁸ In comparison, 63.9% of the Kern County population have received at least one dose.³⁹ KHS members have lower incomes and are more likely to be racial/ethnic minority groups compared to the overall Kern County population. COVID-19 is likely to continue to be a burden for KHS members as they may be less likely to have the option to work from home and limit exposure to the coronavirus. They may be more likely to be or live with essential workers who interact with the general public.

The shelter-in-place mandate due to the COVID-19 pandemic has created significant gaps in KHS’ ability to offer health education and cultural and linguistic services to KHS members and its provider network. Although KHS is currently not able to offer any in-person health education services, KHS has used this time as an opportunity to test out virtual health education sessions with members. Results are promising for the KHS virtual health education classes, since attendance has increased significantly, especially for nutrition classes. Members may be more willing to attend in-person group classes now that daily COVID-19 case totals have decreased to low levels. This year’s PP/CAC PNA survey produced findings that identified in-person classes as the most preferred type of health education service, followed by individual counseling, and then a combination of different health education services. Offering in-person classes may be a possibility this year now that COVID-19 case totals have decreased to less than 100 per day. However, the rate of COVID-19 vaccination with at least one dose among KHS continues to be significantly lower than the overall Kern County population.³⁸

However, KHS will continue to look at ways to promote and encourage members to obtain COVID-19 vaccination along with implementing safety precautions to make in-person classes a possibility, sooner. KHS will continue to expand its virtual health education services as member demand increases and offer incentives for participation. For members who do not have access to

a smart device, limited internet access, or are technologically challenged, KHS will need to continue to look for options that address this health education service gap.

KHS messaging and education has evolved in response to changes in state requirements, the availability of the vaccine and available treatments for the COVID-19 virus throughout the COVID-19 pandemic.

KHS addressed the fall off of members not receiving routine healthcare by launching a media campaign in December 2020 called “Back to Care”. Messaging was created to encourage members/patients to reengage in their health care and emphasize safety by showing examples of the vital medical treatments that members/patients were missing. Additionally, a mailing was sent to member households that included a list of potential rewards available to members for getting preventive exams and screenings.

In response to the 2021 emergency use authorization that released the COVID-19 vaccine for use in phases, KHS created a COVID-19 Vaccine Communication Plan. The plan began a multi-channel member outreach campaign in early February 2021 targeting members who were eligible for the COVID-19 vaccine. Outreach channels included a dedicated page on the KHS Corporate Website, hold messages, scripts for member facing staff, social media posts, robocall campaigns, flyers and an article in the Member Newsletter mailed to member households. KHS changed the messaging for all channels throughout all phases of the vaccine rollout to keep members informed when it was their turn to receive it.

As of August 29th, 27% of eligible members were fully vaccinated. KHS began an aggressive campaign to boost vaccination rates among members, particularly in targeted at-risk member populations.

- Beginning September 1, 2021 and continuing through March 31, 2022 KHS received state approval to provide a reward to members who receive the COVID-19 vaccine.
- KHS coordinated with community partners and providers to improve vaccine compliance and seek to dissuade fear and hesitancy by promoting vaccine safety and efficacy.
- KHS addressed potential COVID-19 vaccine access issues by supporting various community partners and providers to encourage patients to get vaccinated.
- KHS dedicated a number of staff members to make live outbound calls and take calls focused on assisting members to schedule appointments for the COVID-19 and/or flu vaccine with their provider and through the MyTurn website. MyTurn offers home visit vaccination as well which was helpful for the homebound population.
- KHS held two COVID-19 Vaccine Clinic events in coordination with the County Hospital Authority and the Latino COVID-19 Task Force in October 2021 and November 2021 that included food and gift card rewards. The events resulted in 355 participants getting vaccinated; 60% were members.
- KHS worked with No Sister Left Behind to address vaccine hesitancy in the Black/African American communities by supporting their outreach efforts including a television ad campaign.

Below is a breakdown of the baseline of targeted member groups at the beginning of the program and as of March 24, 2022.

Targeted Population	8/29/21 Rate	3/24/22 Rate
Homebound Members	57.36%	69.08%
Age 50-64 With Chronic Conditions	63.50%	72.50%
ALL MEMBERS	41.17%	52.77%
AGE 12-25	33.89%	47.45%
AGE 26-49	38.77%	50.75%
AGE 50-64	57.78%	65.81%
AGE 65 and Older	67.77%	74.08%
BLACK/AFRICAN AMERICAN	25.66%	38.15%
WHITE	30.91%	39.38%

V. Action Plan

2022-23 Action Plan

Objective 1. (Continuing)

By June 2023, the IHA completion rate will have increased from 11.29% to 21.29%.

Objective 2. (Revised and Continuing)

By June 2023, the W30-6 MCAS rate will have increased from 30.55% to 38.55%.

Objective 3. (Continuing)

By June 2023, the W30-2 MCAS rate will have increased from 60.22% to 68.22%.

Objective 4. (Continuing)

By June 2023, the WCV MCAS rate will have increased from 45.32% to 53.32%.

Data source: (RY2020 HEDIS Data, RY2021 MCAS Data, KHS Claims Data, 2021 DHCS Health Disparities Rate Sheet)

Strategies

1. Review the member rewards programs to ensure alignment with MCAS measures that encourage members to see their PCP for a wellness exam at age appropriate intervals and make revisions as appropriate.
2. Review and revise the member and provider communication and outreach plan, timeline and calendar to promote the importance of wellness exams and member rewards programs through all KHS communication channels, health education classes, community partners and KHS' provider network.
3. Continue to leverage the Interactive Voice Response (IVR) solution to assist with performing member outreach through automated calls on preventive care and gaps in care.
4. Partner with schools, network providers and School Wellness Centers to bridge the gap in member's access to preventive care services.
5. Continue to obtain member feedback on the member rewards program, reward interests and barriers to accessing preventive care services that is inclusive of cultural beliefs on accessing care.
6. Continue to update gaps in care to members through the Member Portal to align with new MCAS pediatric preventive care measures.
7. Continue to update gaps in care visibility to all member facing staff and KHS' provider network with any changes to the MCAS pediatric preventive care measures.
8. Continue to update monthly reports to include revised rewards programs for monitoring and tracking of member participation and effectiveness of the rewards program

<p>Objective 5. (Revised and Continuing): <i>By June 2023, the average asthma class attendance rate will have increased from 5.4 to 8.1.</i></p> <p>Data Source: <i>(KHS Population Analysis Reports, KHS Health Education Activities Report)</i></p>
<p>Strategies</p>
<p>1. Obtain member and provider feedback on KHS’ asthma education services.</p>
<p>2. Evaluate current incentive program and recommend revisions based on survey findings.</p>
<p>3. Evaluate effectiveness of member communication and education channels.</p>
<p>4. Conduct an internal strategic planning session with stakeholders to identify program strengths, weaknesses, opportunities, and threats (SWOT).</p>
<p>5. Implement the asthma member engagement strategy based on member and provider feedback, evaluation data and strategic planning analysis.</p>

<p>Objective 6. (Revised and Continuing): <i>By June 2024, increase the percentage of Black/African American pediatric members who complete at least 6 well child visits by 15 months of age from 16.58% to 26.58%.</i></p> <p>Objective 7. (Continuing): <i>By June 2024, increase the percentage of Black/African American pediatric members who complete at least 2 well child visits between 15 and 30 months of age from 37.05% to 47.05%.</i></p> <p>Data Source: <i>(RY 2021 MCAS Data, KHS Claims Data, 2021 DHCS Health Disparities Rate)</i></p>
<p>Strategies</p>
<p>1. Continue to engage with key community stakeholders serving the Black/African American community to understand the perceptions around preventive care and wellness, the challenges experienced with accessing care and obtain recommendations on how KHS can close the health care gaps.</p>
<p>2. Analyze the focus group data among KHS Black/African American members to better understand the challenges they encounter when trying to access well child visits.</p>
<p>3. Revise current outreach material and communication campaigns to better meet the cultural relevancy of KHS Black/African American members.</p>
<p>4. Evaluate and revise the well child visit member rewards program to include incentives that may influence higher completion rates with well child visits and allow for onsite receipt of the rewards.</p>
<p>5. Create a member and provider engagement strategy to increase awareness on the health inequities among KHS Black/African American members under 3 years old, address challenges and concerns with access care, educate on the importance of well child visits, and promote the member rewards program.</p>
<p>6. Pilot targeted clinic hours with at least 2 provider sites with a high concentration of KHS Black/African American members assigned.</p>
<p>7. Send an outreach campaign to all Black/African American member households with children under 3 years of age.</p>

<p>Objective 8. (New): <i>By June 2025, increase the PPC-Prenatal rate from 70.07% to 85.07%.</i></p> <p>Data Source: <i>(RY 2021 MCAS Data)</i></p>
<p>Strategies</p>
<p>1. Obtain member feedback on satisfaction with prenatal care, awareness of KHS’ pregnancy rewards program and barriers to accessing care.</p>
<p>2. Conduct a series of focus groups with at least 2 targeted pregnant population to gain a better understanding of their perspectives on accessing prenatal care.</p>
<p>3. Research and identify community groups to perform outreach to targeted populations who test positive for a pregnancy test.</p>
<p>4. Participate in local maternal health initiatives, such as the Kern Black Infant Maternal Health Initiative to engage community partners to promote timely access to prenatal care and preconception care.</p>
<p>5. Revise KHS’ Baby Steps Program communication and engagement plan to include new and ongoing strategies that promote the program among KHS staff, members, providers and community partners and implement these strategies.</p>
<p>6. Maintain the Baby Steps Steering Committee meetings to obtain feedback and direction from all member and provider facing department leadership within KHS.</p>
<p>7. Continue to include timely prenatal care in the Pay for Performance provider incentive program.</p>

2020-21 Action Plan Review and Update

<p>Objective 1. By June 2023, the IHA completion rate will have increased from 11.29% to 21.29%.</p> <p>Objective 2. By June 2023, the W30-6 MCAS rate will have increased from 17.62% to 25.62%.</p> <p>Objective 3. By June 2023, the W30-2 MCAS rate will have increased from 60.22% to 68.22%.</p> <p>Objective 4. By June 2023, the WCV MCAS rate will have increased from 45.32% to 53.32%.</p> <p>Data source: (RY 2020 & 2021 MCAS Data, KHS Claims Data, 2020 & 2021 DHCS Health Disparities Rate Sheet).</p>	<p>Progress Measure:</p> <ul style="list-style-type: none"> • The IHA rate decreased from 11.29% to 10.73%. • The W30-6 rate increased from 17.62% to 30.55%. • The W30-2 rate decreased from 60.22% to 55.70% • The WCV rate decreased from 45.32% to 36.16%. <p>Data source: (RY 2020 & 2021 MCAS Data, KHS Claims Data, 2020 & 2021 DHCS Health Disparities Rate Sheet)</p> <p>Progress Toward Objective: The COVID-19 public health emergency continued to cause significant delays and barriers towards members accessing preventive care services which resulted in decreased rates among the IHA, W30-2 and WCV rates; however, significant improvements towards the W30-6 rate had been seen. Although KHS continued to encourage members to seek out care through the member rewards program and campaigns to promote the importance behind these preventive care services, the pandemic likely continued to impose member concerns and hesitancy around the safety of providers’ offices and the perception of preventive care not being essential.</p>
<p>Strategies</p>	
<p>Strategy 1.) Revise member rewards programs to include new MCAS measures that encourage members to see their PCP for a wellness exam at age appropriate intervals.</p>	<p>Progress Discussion: The member rewards program was updated to include 4 new measures targeting blood lead screening, cervical cancer screening, breast cancer screening and chlamydia screening. All other member rewards encouraging well baby visits, well child visits, initial health assessments and perinatal care continued to be offered.</p>
<p>Strategy 2.) Revise the member and provider communication and outreach plan, timeline and calendar to promote the importance of wellness exams and member rewards programs through all KHS communication channels, health education classes,</p>	<p>Progress Discussion: The member rewards communication plan was updated in December 2021 to include the 4 new MCAS measures and an updated 2022 timeline for promoting the program along with the various communication channels.</p>

community partners and KHS' provider network.	
Strategy 3.) Leverage the Interactive Voice Response (IVR) solution to assist with performing member outreach through automated calls on preventive care and gaps in care.	Progress Discussion: Robocall campaigns for all rewards programs were launched in October 2021 and March 2022 along with a mailer to households who did not provide consent for robocalls.
Strategy 4.) Partner with schools, network providers and School Wellness Centers to bridge the gap in member's access to preventive care services.	Progress Discussion: This strategy will start after July 2022 due to the School Wellness Centers temporary focus on the testing and vaccination against COVID-19.
Strategy 5.) Obtain member feedback on the member rewards program, reward interests and barriers to accessing preventive care services that is inclusive of cultural beliefs on accessing care.	Progress Discussion: This strategy will start after July 2022.
Strategy 6.) Update gaps in care to members through the Member Portal to align with new MCAS pediatric preventive care measures.	Progress Discussion: Updates to the member portal gaps in care messages to align with new and revised measures were completed in March 2022.
Strategy 7.) Update gaps in care visibility to all member facing staff and KHS' provider network with new MCAS pediatric preventive care measures.	Progress Discussion: Updates to the gaps in care for all member facing departments and KHS provider network were completed in March 2022.
Strategy 8.) Update monthly reports to include revised rewards programs for monitoring and tracking of member participation and effectiveness of the rewards program	Progress Discussion: All monthly reports were updated to include revisions aligned with the new rewards programs in May 2022.

<p>Objective 5: <i>By June 2023, the average class participation rate in the asthma education class series will have increased from 1.8 to 3.6.</i></p> <p>Data Source: <i>(KHS Population Analysis Reports, KHS Health Education Activities Report)</i></p>	<p>Progress Measure:</p> <ul style="list-style-type: none"> The average class participation rate in the asthma education class series increased from 1.8 to 5.4. <p>Data source: <i>(KHS Population Analysis Reports, KHS Health Education Activities Report)</i></p> <p>Progress Toward Objective: The average asthma class attendance rate increased significantly and surpassed the rate for this objective since last year’s PNA Action Plan Update. This increase was likely due to a variety of member outreach efforts. Targeted outreach towards members with a recent visit to the hospital or urgent care with an asthma diagnosis resulted in member registration for the asthma classes. Offering \$15 gift card for each asthma education class that they attend also may have been a factor. Outreach with members as part of a health education (HE) class member incentive survey, a member asthma survey, and asthma follow up calls has resulted in member self-referrals for the asthma classes. The HE class MI survey occurred during October 2021 – December 2021. The member asthma survey was launched in February 2022 and is expected to conclude in May 2022. Asthma follow up calls are offered to any members who have asthma and attend the asthma classes. A provider asthma survey is scheduled to start in July 2022. The findings from these surveys and outreach efforts will influence the revisions to how KHS promotes and provides its asthma education services.</p>
<p>Strategies</p>	
<p>Strategy 1) Research and develop questionnaires to obtain member and provider feedback.</p>	<p>Progress Discussion: Both member and provider questionnaires were developed with feedback from member and provider facing KHS staff members. Survey questions include but are not limited to awareness of KHS asthma education services, awareness of class incentives, barriers to accessing services, needed asthma resources, preferred learning methods, and preferred outreach and promotion methods. This strategy has been completed.</p>
<p>Strategy 2) Identify targeted members and providers to obtain feedback with special emphasis on Black/African American members who are disproportionately more at</p>	<p>Progress Discussion: An asthma claims report and heat map were developed to identify neighborhoods with a high concentration of Black or African American members with a diagnosis of asthma. The Health Education Department is utilized this report to perform</p>

<p>risk for poor asthma management and providers who serve this population at large.</p>	<p>targeted outreach to recruit members at higher risk for poor asthma management into its asthma education classes. This strategy has been completed.</p>
<p>Strategy 3) Evaluate current incentive program and recommend revisions based on survey findings</p>	<p>Progress Discussion: This strategy is in progress. Data on health education member incentives was collected from members in October 2021 – December 2021. This data was summarized in a report. The findings of the survey will be shared with relevant KHS departments/staff as part of efforts to collect feedback on recommended changes to the asthma education members incentive programs.</p>
<p>Strategy 4) Evaluate effectiveness of member communication and education channels.</p>	<p>Progress Discussion: This strategy is in progress. Data is being collected as part of the member asthma survey. Data will also be collected as part of the provider asthma survey and a community stakeholder survey starting in July 2022.</p>
<p>Strategy 5) Research and identify technology solutions to connect with members on their asthma management</p>	<p>Progress Discussion: This strategy is scheduled to start after July 2022.</p>
<p>Strategy 6) Conduct an internal strategic planning session with stakeholders to identify program strengths, weaknesses, opportunities, and threats (SWOT).</p>	<p>Progress Discussion: This strategy is scheduled to start after July 2022.</p>
<p>Strategy 7) Implement the asthma member engagement strategy based on member and provider feedback, evaluation data and strategic planning analysis.</p>	<p>Progress Discussion: This strategy is scheduled to start after July 2022.</p>

<p>Objective 6: <i>By June 2024, increase the percentage of Black/African American pediatric members who complete at least 6 well child visits by 15 months of age from 3.83% to 13.83%.</i></p> <p>Objective 7: <i>By June 2024, increase the percentage of Black/African American pediatric members who complete at least 2 well child visits between 15 and 30 months of age from 37.05% to 47.05%.</i></p> <p>Data Source: <i>(RY 2020 & 2021 MCAS Data, KHS Claims Data, 2020 & 2021 DHCS Health Disparities Rate)</i></p>	<p>Progress Measure:</p> <ul style="list-style-type: none"> • The W30-6 rate increased from 3.83% to 16.58%. • The W30-2 rate decreased from 37.05% to 30.87% <p>Data source: <i>(RY 2020 & 2021 MCAS Data, KHS Claims Data, 2020 & 2021 DHCS Health Disparities Rate)</i></p> <p>Progress Toward Objective: The COVID-19 public health emergency continues to significantly impact and delay progress on most of the preventive care services particularly among pediatric members; however, a significant improvement was seen among the W30-6 rate among Black/African American pediatric members which is consistent with the overall W30-6 rate reported in 2021.</p> <p>Existing community partnerships were maintained and a new partnership with a local parent advisory group was established. The series of focus groups to gain a better understanding of access to care barriers and perceptions around well baby visits were completed in April 2022 and the data is in the process of being analyzed. A single call campaign was launched during 2022; however due to the limited consents on file, the impact of the call was to a small population.</p>
<p>Strategies</p>	
<p>Strategy 1) Meet with key community stakeholders serving the Black/African American community to understand the perceptions around preventive care and wellness, the challenges experienced with accessing care and obtain recommendations on how KHS can close the health care gaps.</p>	<p>Progress Discussion: Meetings with representatives and participants in the Black Infant Health program continued to be maintained and access for guidance on messaging targeted at Black/African American member households. Additionally, KHS began participating in a Black Infant Maternal Health Initiative and an African American Parent Advisory Council to identify opportunities to promote its member rewards program, benefits and services.</p>
<p>Strategy 2) Expand partnerships with key community stakeholders serving the Black/African American community and participate in community events and public presentations that allow</p>	<p>Progress Discussion: KHS has maintained and expanded its partnerships with community stakeholders through presentation on its services and disparities identified among Black pediatric members access to well baby visits to the Black Infant Health program and the Bakersfield City School District’s African American Parent Advisory</p>

<p>engagement with this population to promote KHS well child rewards, the importance of accessing care and how to access KHS benefits such as transportation services.</p>	<p>Committee. Due to the pandemic, KHS was unable to participate in community events in-person. This strategy has been completed and will not be continued.</p>
<p>Strategy 3) Facilitate a member survey or focus groups with KHS Black/African American members to better understand the challenges they encounter when trying to access well child visits.</p>	<p>Progress Discussion: A total of 4 member focus group sessions took place in April 2022 consisting of 23 member participants. The recordings from these focus groups are currently being transcribed prior to analysis of the data. This strategy has been completed.</p>
<p>Strategy 4) Revise current outreach material and communication campaigns to better meet the cultural relevancy of KHS Black/African American members.</p>	<p>Progress Discussion: This strategy is scheduled to start after July 2022.</p>
<p>Strategy 5) Evaluate and revise the well child visit member rewards program to include incentives that may influence higher completion rates with well child visits and allow for onsite receipt of the rewards.</p>	<p>Progress Discussion: This strategy is scheduled to start after July 2022.</p>
<p>Strategy 6) Create a member and provider engagement strategy to increase awareness on the health inequities among KHS Black/African American members under 3 years old, address challenges and concerns with access care, educate on the importance of well child visits, and promote the member rewards program.</p>	<p>Progress Discussion: This strategy is scheduled to start after July 2022.</p>
<p>Strategy 7) Pilot targeted clinic hours with at least 2 provider sites with a high concentration of KHS Black/African American members assigned.</p>	<p>Progress Discussion: This strategy is scheduled to start after July 2022.</p>

<p>Strategy 8) Send automated reminder calls, text messages and/or mailers to non-compliant member households.</p>	<p>Progress Discussion: An automated call campaign to Black/African American member households was performed in Q1 2022 along with a mailer promoting KHS members incentives on pediatric preventive care services. Partnering organizations such as the Black Infant Health Program were consulted on the messaging prior to the launch of the program.</p>
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VI. Stakeholder Engagement

KHS’ PP/CAC is comprised of members and representatives from the county’s Department of Human Services, KCDPHS, Family Resource Centers, and the Center for Gender Identity and Sexual Diversity. The PP/CAC was engaged to provide input on KHS’ PNA through an online and telephonic survey on the current issues impacting the community, major challenges KHS members face when accessing services, suggestions on how to encourage participation in preventive care screenings and health education services, and how to improve KHS’ understanding of the diverse cultural and linguistic needs of KHS members. Due to the COVID-19 pandemic, KHS was limited in its ability to obtain in-person feedback from the PP/CAC and other community groups.

The PNA findings and action plan will be presented to KHS’ Quality Improvement/Utilization Management Committee which is comprised of KHS primary care providers, specialists, pharmacies, home health and durable medical equipment providers. KHS’ contracted provider network will be notified of the PNA findings and action plan through the KHS website, provider portal and provider bulletin. Providers will be encouraged to contact KHS’ Director of Health Education, Cultural and Linguistic Services for additional information, questions and comments.

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