



**KERN HEALTH
SYSTEMS**

**PUBLIC POLICY/COMMUNITY
ADVISORY COMMITTEE**

Tuesday, December 15, 2020

at

11:00 A.M.

At

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

The public is invited.

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

AGENDA

PUBLIC POLICY/COMMUNITY ADVISORY COMMITTEE

KERN HEALTH SYSTEMS
2900 Buck Owens Boulevard
Bakersfield, California 93308

Regular Meeting
Tuesday, December 15, 2020

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, Valerie Rangel, Cecilia Hernandez-Colin, Beatriz Basulto, Jose Sanchez, Tammy Torres, Yadira Ramirez, Caitlin Criswell, Michelle Bravo, Alex Garcia, Quon Louey

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

STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

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

COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Committee members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a])
- CA-3) Minutes for Public Policy/Community Advisory Committee meeting on September 29, 2020 –
APPROVE
- CA-4) Report on December 2020 Medi-Cal Membership Enrollments –
RECEIVE AND FILE
- CA-5) Report on Health Education Report for third quarter ending September 30, 2020 –
RECEIVE AND FILE
- CA-6) Report on Disease Management Report for third quarter ending September 30, 2020 –
RECEIVE AND FILE
- 7) Report on Member Services Reports for third quarter ending September 30, 2020 and Kern Family Health Care Grievance & Appeals Overview –
RECEIVE AND FILE
- 8) Report on Kern Family Health Care Back to Care Campaign –
RECEIVE AND FILE
- 9) Report on Kern Family Health Care Member Rewards Program –
RECEIVE AND FILE

- 10) Report on Case Management Report for third quarter ending September 30, 2020 –
RECEIVE AND FILE

ADJOURN TO TUESDAY, MARCH 30, 2021 AT 11:00 A.M.

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

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

SUMMARY OF PROCEEDINGS

PUBLIC POLICY/COMMUNITY ADVISORY COMMITTEE

KERN HEALTH SYSTEMS
2900 Buck Owens Boulevard
Bakersfield, California 93308

GoToMeeting
Tuesday, September 29, 2020

11:00 A.M.

Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/543316053>

You can also dial in using your phone.

United States: [+1 \(408\) 650-3123](tel:+14086503123)

Access Code: 543-316-053

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COMMITTEE RECONVENED

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

Members Absent: Jennifer Wood

Meeting called to order at 11:01 A.M. by Louie Iturriria, Director of Marketing and Public Relations

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- CA-3) Minutes for Public Policy/Community Advisory Committee meeting on June 23, 2020 (Attachment) – APPROVED
- CA-4) Membership Enrollment Report - Medi-Cal – (Attachment) – APPROVED
- CA-5) 2020 2nd Quarter Health Education Activities Report–(Attachment) – APPROVED

**All Consent Agenda Items Approved (CA-3 through CA-5)
Hefner-Hernandez Colin: All Ayes**

- 6) Welcome New Committee Members to the Kern Health Systems Public Policy/Community Advisory Committee- RECEIVED AND FILED

- 7) Member Services Report – (Nate Scott – Director of Member Services)
- a. 2020 2nd Quarter Grievance Summary Report
 - b. 2020 2nd Quarter Grievance Report
(Attachments) – APPROVE

Hernandez Colin-Sanchez: All Ayes

- **Alan Avery suggested to review the current Grievance process with the Public Policy Committee at the next convening to ensure all members, new and tenured, understand the regulatory standards KHS is held to under our contract with the state.**

- 8) Health Education Report – (Isabel Silva, MPH – Director of Health Education/
Cultural & Linguistics Services)
- a. 2020 Population Needs Assessment (Attachment)
 - b. Spring 2021 KFHC Member Newsletter (Discussion)

PNA:

- **Key PNA findings and action plan shared with committee members. Committee suggestions to reach out and partner with faith based organizations and other community groups to reach targeted populations identified in action plan.**

Member Newsletter:

- **Presented articles in for Fall 2020 newsletter scheduled to reach member homes the end of October. Shared article ideas for Spring 2021. Committee suggestions to include articles on Alzheimer’s disease, importance of regular STD testing and symptoms of COVID-19, Cold and Flu, and Valley Fever in 2021 issues.**

– APPROVED

Hernandez Colin- Ochoa: All Ayes

- 9) Case and Disease Management Report– (Michael Pitts, RN – Director of Case &
Disease Management)
- a. 2020 2nd Quarter Case Management Report
 - b. 2020 2nd Quarter Disease Management Report
(Attachments)

**Michael Pitts, Director of Case Management and Disease Management,
Reviewed Q3 2020 Disease Management statistics with Committee.**

He also discussed primary focus of department is on members with dx:

- **Asthma**
- **Diabetes with Hypertension**

Reviewed statistics around:

- **Call and Answer Rates**
 - **Assessments and Care Plans**
 - **Diabetic Eye Exams**
 - **Diabetic Clinic Enrollment**
 - **Diabetes Prevention Program**
 - APPROVED
- Hernandez Colin-Sanchez: All Ayes**

MEETING ADJOURNED BY LOUIE ITURRIRIA,
DIRECTOR OF MARKETING AND PUBLIC RELATIONS @ 12:12 P.M.
TO TUESDAY, DECEMBER 15, 2020 AT 11:00 A.M

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KHS DECEMBER 2020 ENROLLMENT:

Medi-Cal Enrollment

As of December 1, 2020, Medi-Cal enrollment is 191,755, which represents an increase of 0.6% from November enrollment.

Seniors and Persons with Disabilities (SPDs)

As of December 1, 2020, SPD enrollment is 14,149, which represents a decrease of 0.1% from November enrollment.

Expanded Eligible Enrollment

As of December 1, 2020, Expansion enrollment is 71,368, which represents an increase of 1.5% from November enrollment.

Kaiser Permanente (KP)

As of December 1, 2020, Kaiser enrollment is 10,913, which represents an increase of 1.5% from November enrollment.

Total KHS Medi-Cal Managed Care Enrollment

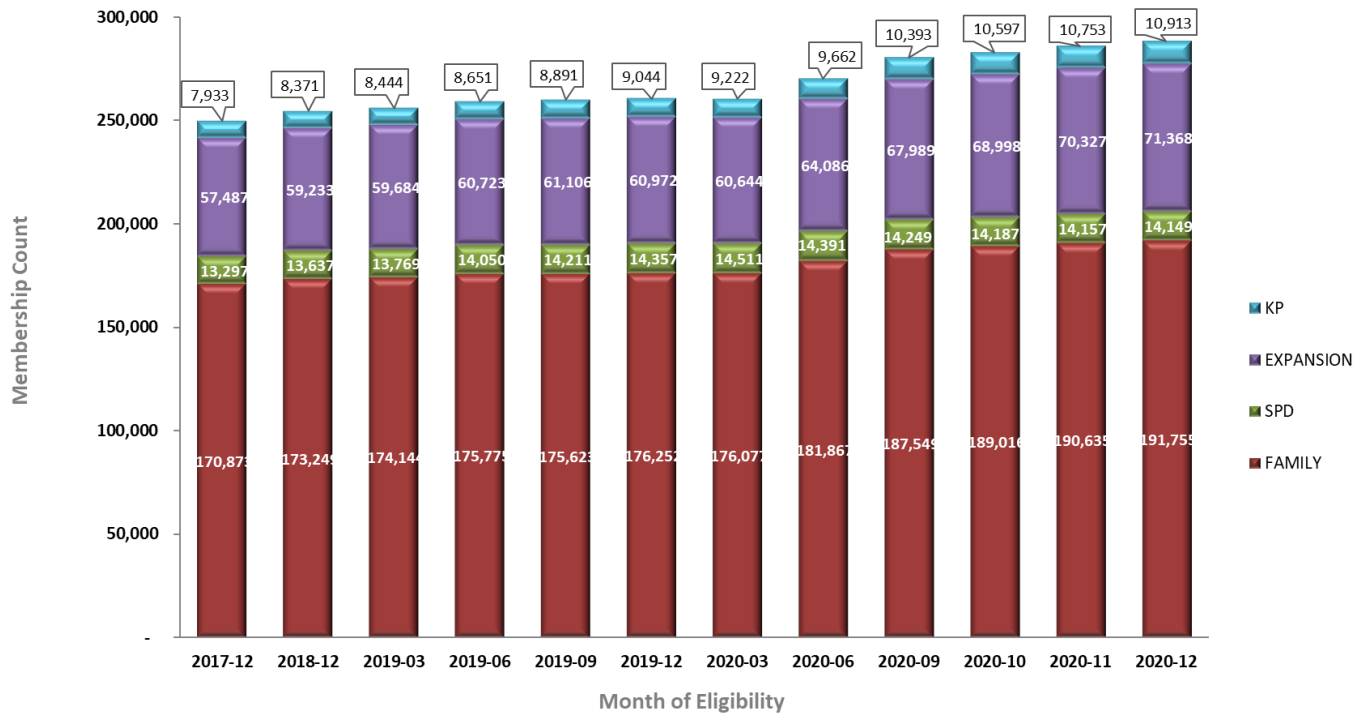
As of December 1, 2020, total Medi-Cal enrollment is 288,185, which represents an increase of 0.8% from November enrollment.

Membership as of Month of Eligibility	FAMILY	SPD	EXPANSION	KP	BABIES	Member Total
2017-12	170,426	13,297	57,487	7,933	447	249,590
2018-12	172,772	13,637	59,233	8,371	477	254,490
2019-03	173,744	13,769	59,684	8,444	400	256,041
2019-06	175,357	14,050	60,723	8,651	418	259,199
2019-09	175,111	14,211	61,106	8,891	512	259,831
2019-12	175,823	14,357	60,972	9,044	429	260,625
2020-03	175,649	14,511	60,644	9,222	428	260,454
2020-06	181,446	14,391	64,086	9,662	421	270,006
2020-09	187,090	14,249	67,989	10,393	459	280,180
2020-10	188,554	14,187	68,998	10,597	462	282,798
2020-11	190,181	14,157	70,327	10,753	454	285,872
2020-12	191,423	14,149	71,368	10,913	332	288,185

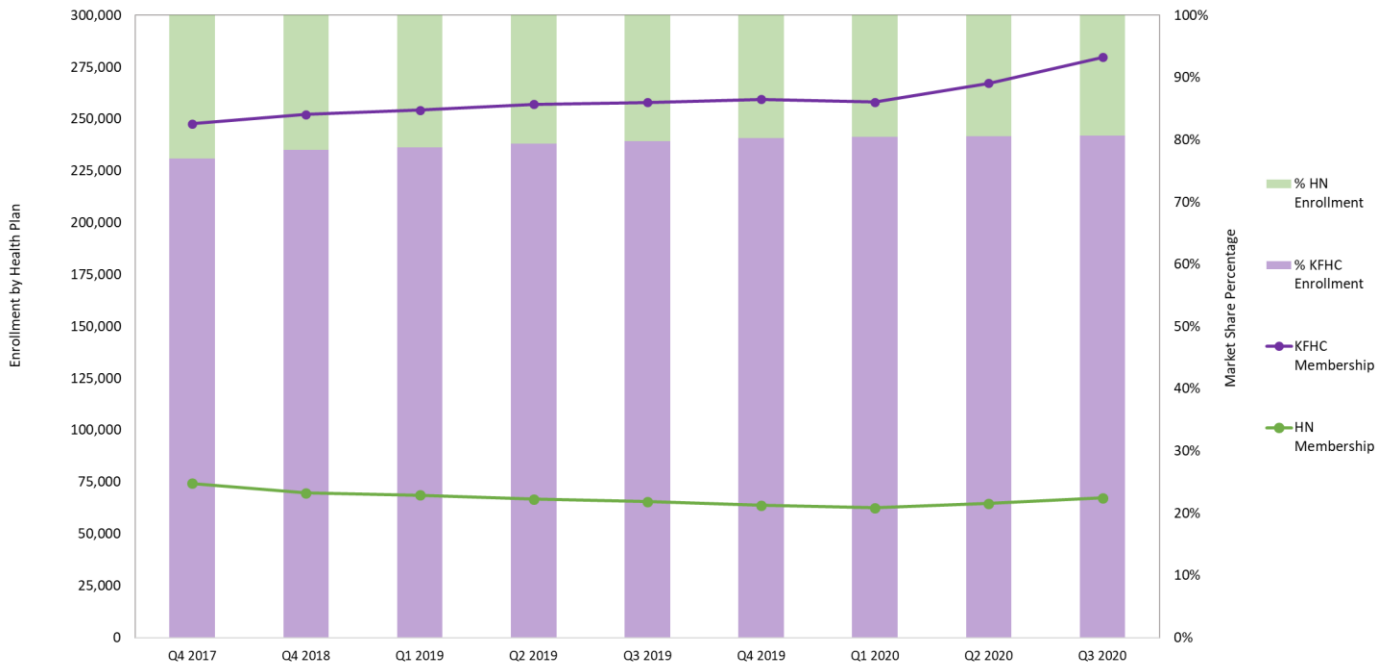
Enrollment Update:

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

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



Medi-Cal Managed Care Enrollment
Kern County



KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Third Quarter 2020

Report Date: October 16, 2020

OVERVIEW

Kern Health Systems' Health Education 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 following pages reflect statistical measurements for the Health Education department detailing the ongoing activity for the 3rd quarter 2020.

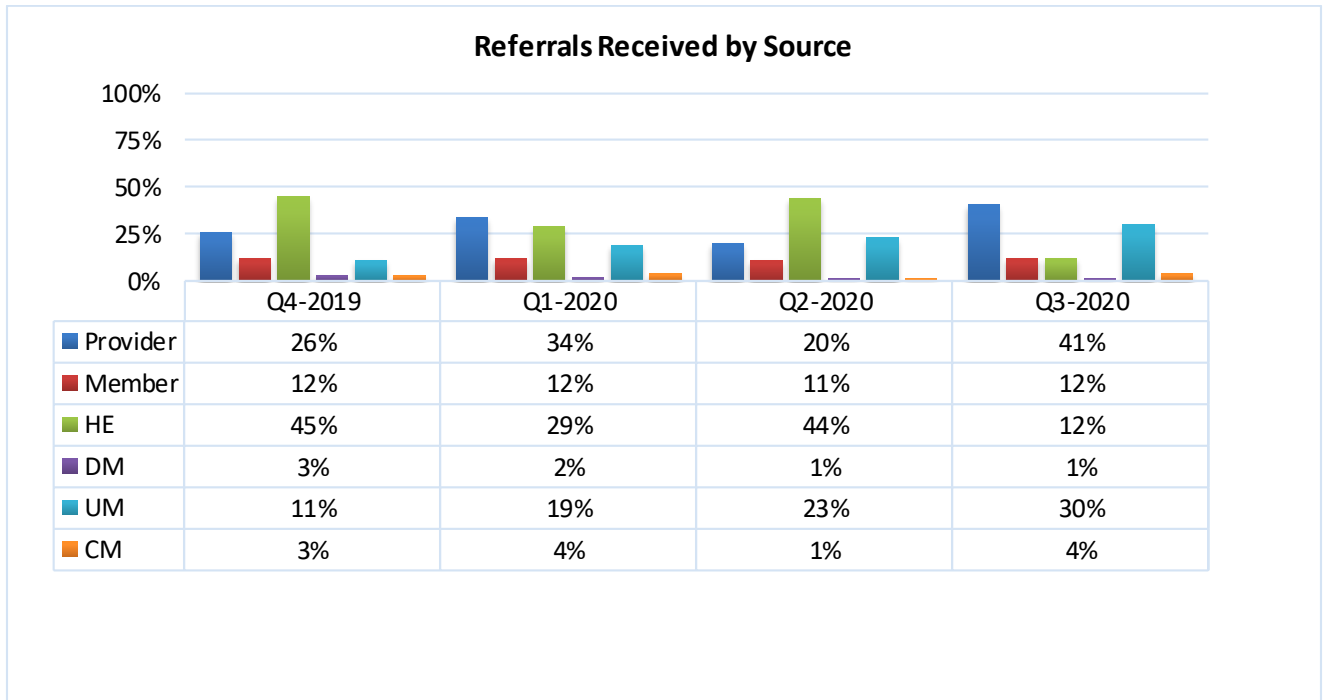
- MCAS Member Rewards Project
- Virtual Health Education Classes
- Asthma Mitigation Project
- Cultural and Linguistics Trainings

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

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Third Quarter 2020

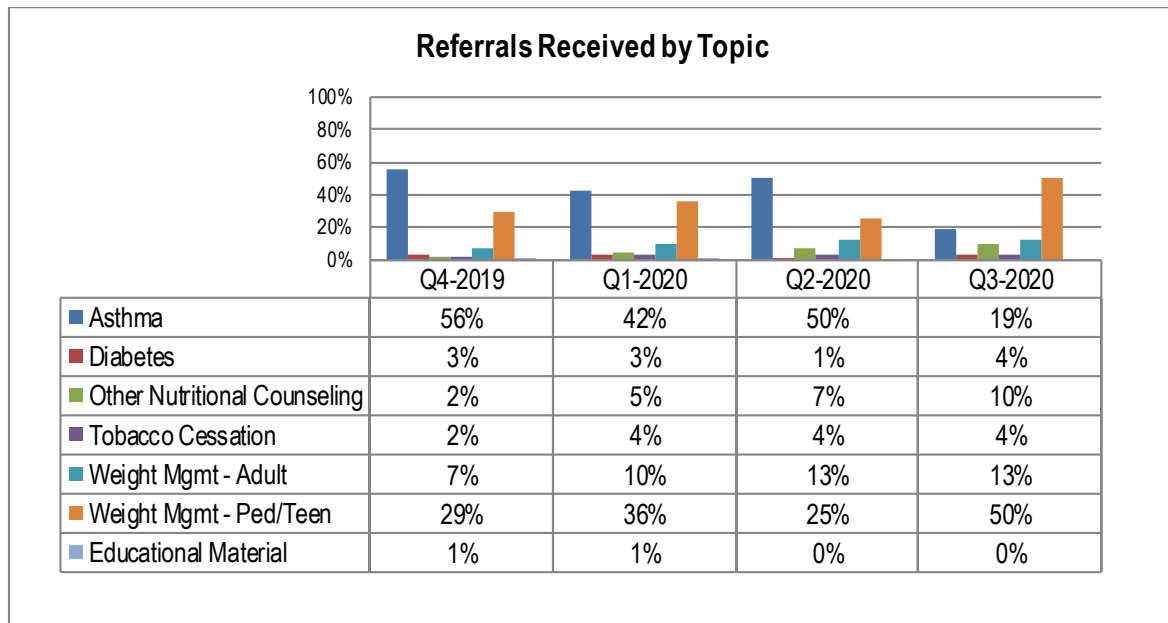
REFERRALS FOR HEALTH EDUCATION SERVICES

The Health Education Department (HE) receives referrals from various sources. Internal referrals are received from the Kern Health Systems (KHS) Utilization Management (UM), Disease Management (DM), Case Management (CM), Member Services (MS), and Member Portal. Externally, KHS providers submit referrals for health education services according to the member’s diagnosis and members can also self-refer for health education services through the Member Portal or by calling Member Services.

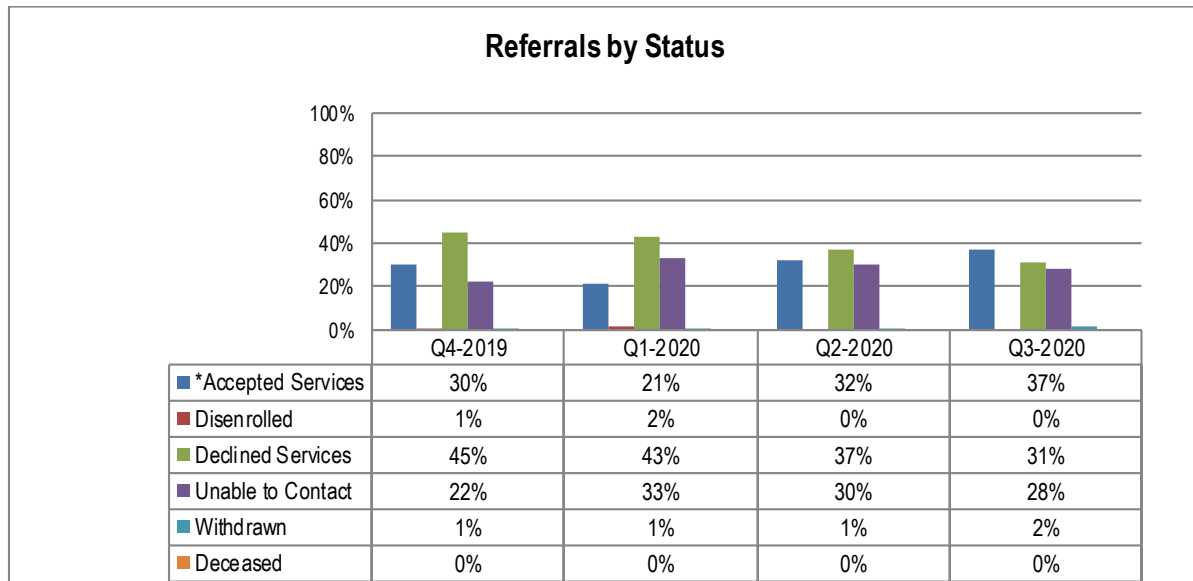


During this quarter, 710 referrals were received which is a 2% increase in comparison to the previous quarter.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
 Third Quarter 2020



The HE department receives referrals for various health conditions. This quarter, referrals for Ped/Teen weight management education increased from 25% to 50% due to an increase in provider referrals.



The rate of members who accepted to receive health education services increased from 32% in the 2nd quarter to 37% in the 3rd quarter of 2020.

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HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Third Quarter 2020

HEALTH EDUCATION SERVICE PROVIDERS

The HE department offers various types of services through KHS or through community partnerships. These services are currently being provided in a virtual setting or have been placed on hold due to COVID-19.

Kern Family Health Care (KFHC):

- Healthy Eating and Active Lifestyle Workshop
 - Intro to Gardening
 - Rethink Your Drink
 - Funxercise
 - Healthy Cooking
- Breathe Well Asthma Workshop

Bakersfield Memorial Hospital (BMH):

- Diabetes Management Classes (English and Spanish)
- Heart Healthy Classes
- Individual Nutrition Counseling
- Small Steps to a Healthy Weight Classes (English and Spanish)

Clinica Sierra Vista (CSV) WIC:

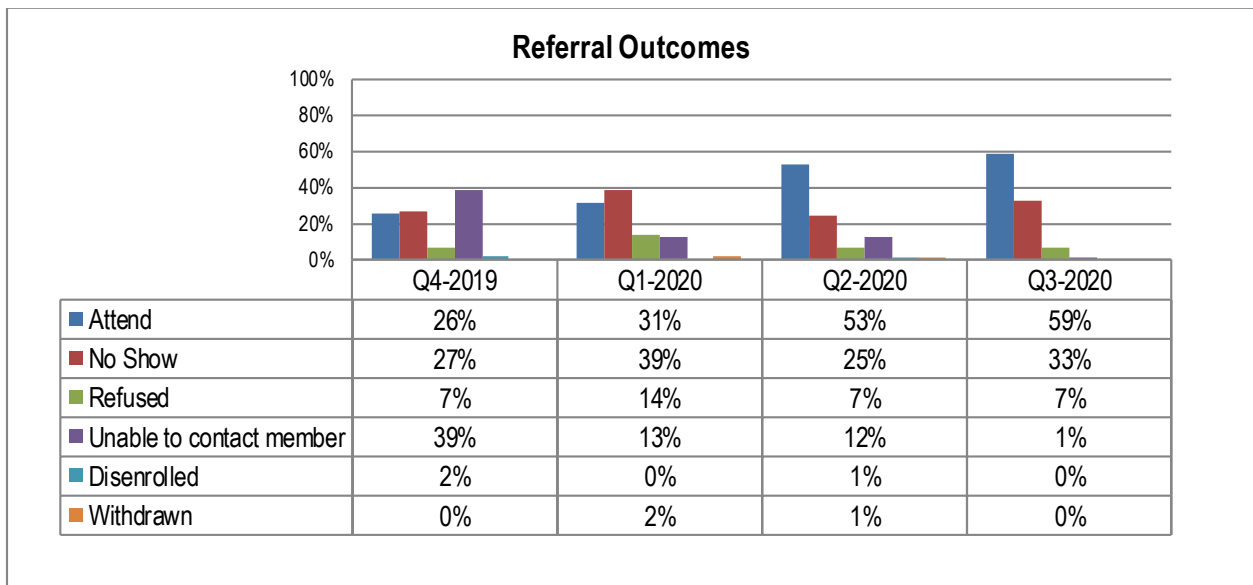
- Diabetes Management Classes
- Heart Healthy Classes

California Smokers' Helpline (CSH):

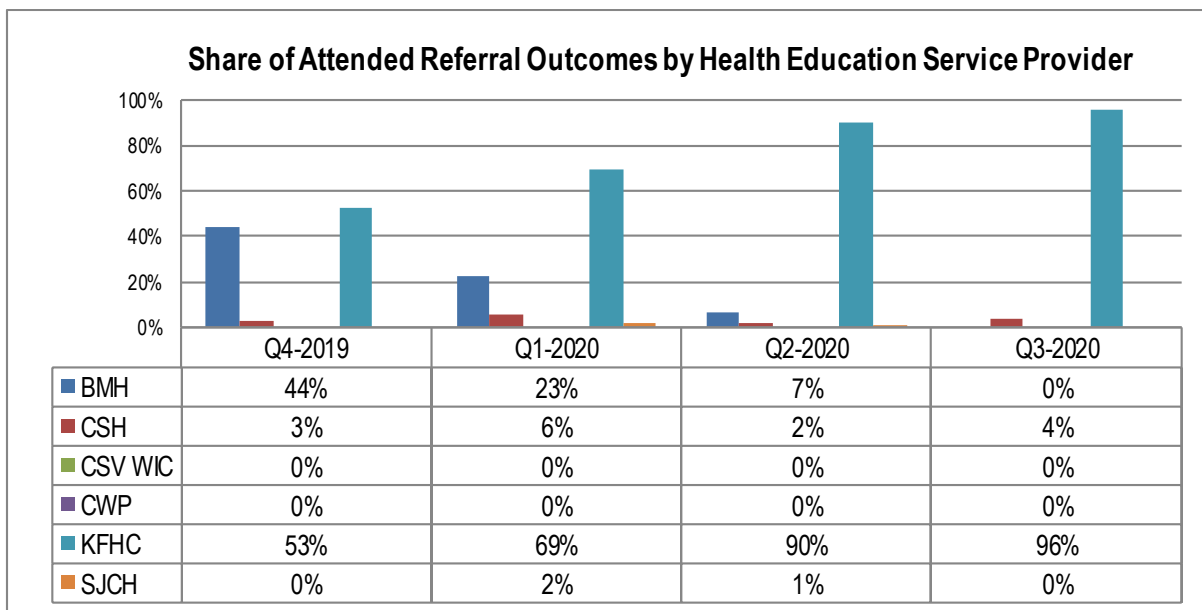
- Telephone Smoking Cessation Counseling

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
 Third Quarter 2020

REFERRAL OUTCOMES



During this quarter, the rate of members who received health education services out of all members who accepted services increased from 53% to 59%.

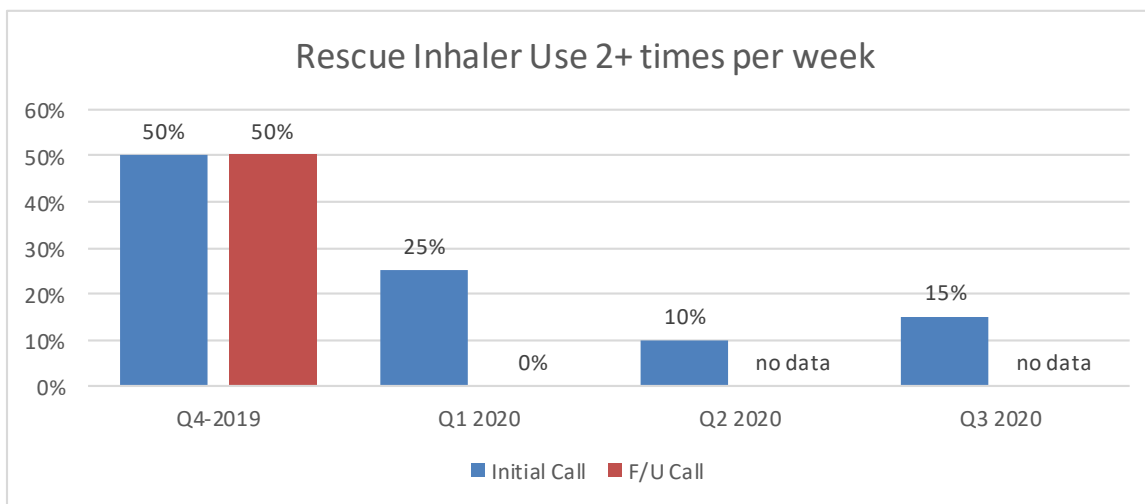
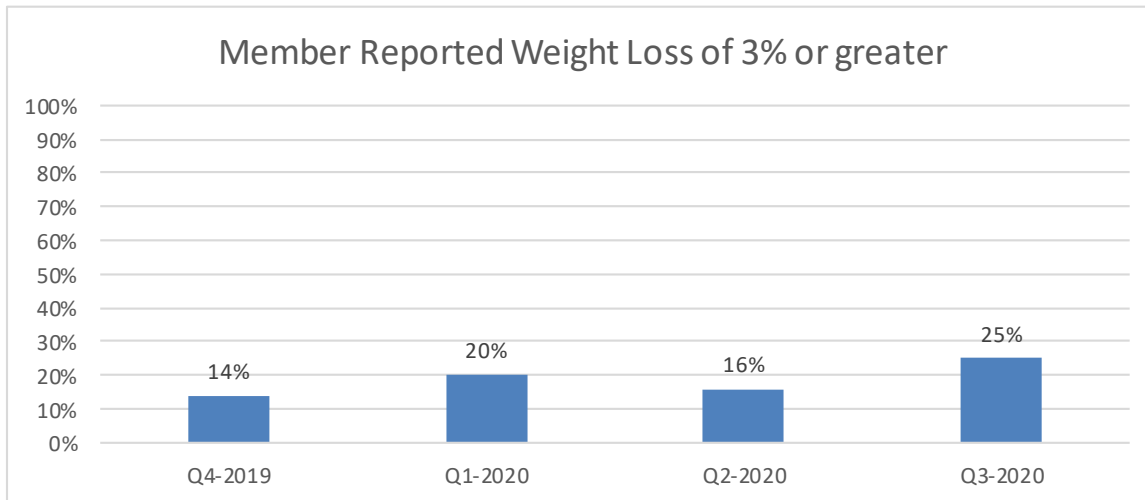


Services through KFHC demonstrates to be the largest share of referral outcomes. This quarter KFHC showed an increase from 90% in the 2nd quarter to 96% in the 3rd quarter of 2020.

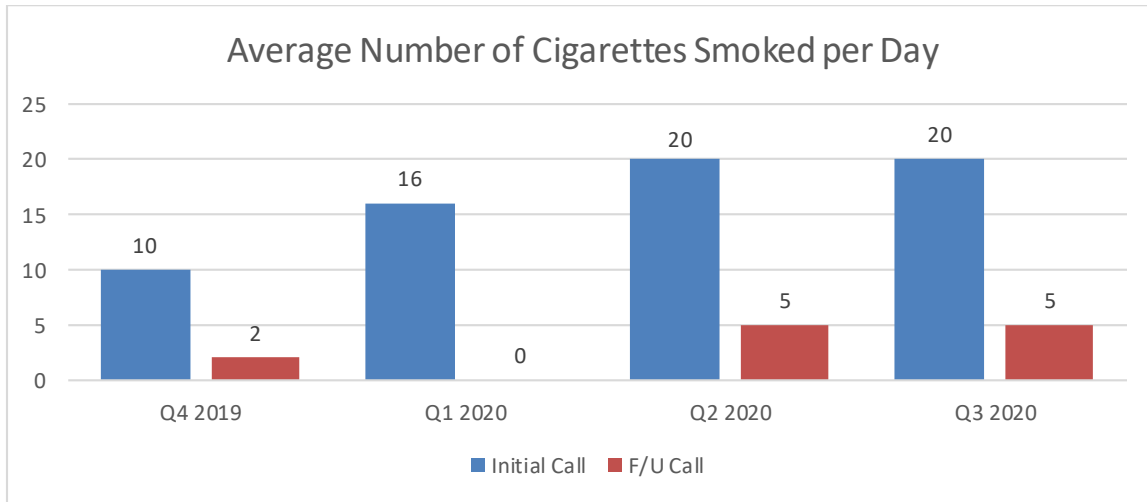
KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
 Third Quarter 2020

Effectiveness of Health Education Services

To evaluate the effectiveness of the health education services provided to members, a 3-month follow up call was conducted on members who received services during the prior quarter. Of the 15 members who participated in the 3 month follow up call, 14 received weight management education and 1 received smoking cessation education. There were 0 members who received asthma management education. All findings are based on self-reported data from the member.

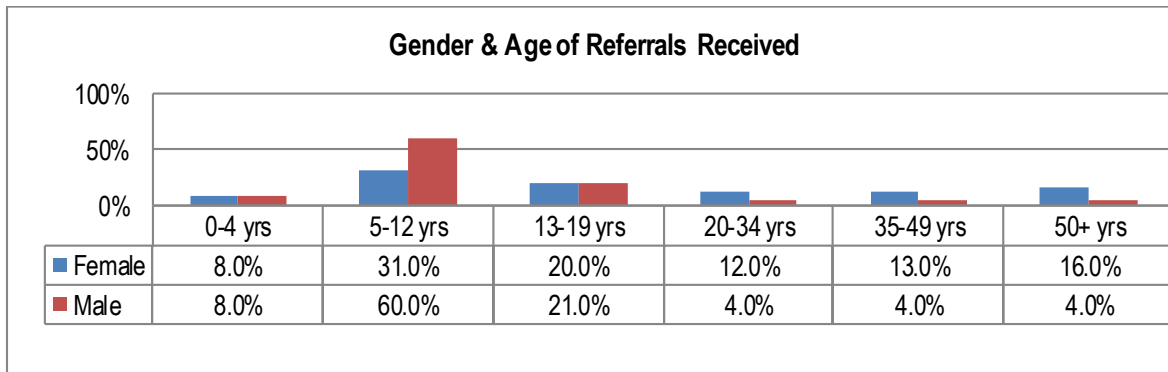


KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
 Third Quarter 2020



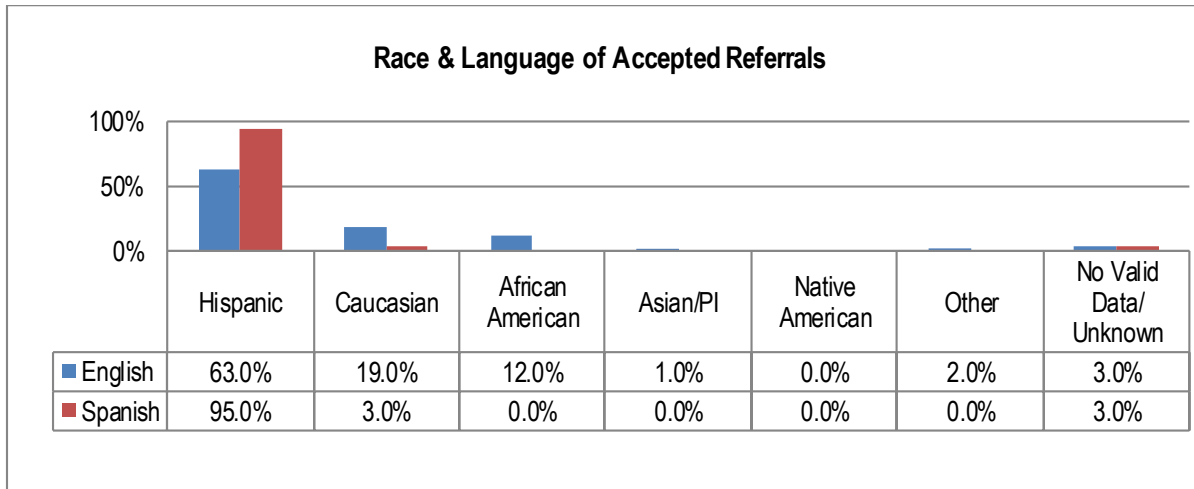
Demographics of Members

KHS’ provides services to a culturally and linguistically diverse member population. KHS’ language threshold is English and Spanish, and all services and materials are available in these languages.



Out of the members who were referred for health education services, the largest gender-age groups were male ages 5-12 years and female ages 5-12 years.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Third Quarter 2020



A breakdown of member classifications by race and language preferences revealed that the majority of members who accepted services are Hispanic and the majority preferred to speak Spanish.

Referrals Accepted by Top Bakersfield Zip Codes			
Q4-2019	Q1-2020	Q2-2020	Q3-2020
93307	93307	93307	93307
93306	93306	93306	93306
93304	93304	93304	93305
93305	93309	93308	93313
93308	93305	93309	93309

KHS serves members in the Kern County area. During this quarter, 87% of the members who accepted services reside in Bakersfield and the highest concentration of members were in the 93307 area.

Referrals Accepted by Top Outlying Areas			
Q4-2019	Q1-2020	Q2-2020	Q3-2020
Arvin	Delano	Delano	Delano
Delano	McFarland	Lamont	Wasco
Shafter	Tehachapi	Arvin	Arvin
Lamont	Lamont	Shafter	Shafter
Wasco	Arvin	Tehachapi	Lamont

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Third Quarter 2020

Additionally, 13% of the members who accepted services reside in the outlying areas of Kern County and the highest concentration of members reside in Delano.

Health Education Mailings

In addition to referrals, the HE department mails out a variety of educational material in an effort to assist members with gaining knowledge on their specific diagnosis or health concern. During this quarter, the HE department was not able to provide material by mail due to COVID-19. Members were directed to access digital information available on the Kern Family Health Care website.

Educational Mailings				
	Q4-2019	Q1-2020	Q2-2020	Q3-2020
Anemia	0	0	0	0
Asthma	459	305	0	0
High Cholesterol	4	6	0	0
Diabetes	30	20	0	0
Gestational Diabetes	1	2	0	0
High Blood Pressure	4	13	0	0
COPD	1	2	0	0
Postpartum Care	263	564	0	0
Prenatal Care	23	120	0	0
Smoking Cessation	15	12	0	0
Weight Management	223	357	0	0
WIC	41	245	0	0
Total	1,064	1,646	0	0

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Third Quarter 2020

INTERPRETER REQUESTS

Face-to-Face Interpreter Requests

During this quarter, there were 132 requests for face-to-face interpreting services received, which was a decrease in comparison to the previous quarter. KHS employs qualified staff interpreters in Spanish and contracts with the interpreting vendor, CommGap. During this quarter, the majority of these requests were for a Spanish interpreter.

Top Languages Requested			
Q4-2019	Q1-2020	Q2-2020	Q3-2020
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Mandarin	Mandarin	Arabic	Cantonese
Arabic	Arabic	Cantonese	Vietnamese
Cantonese	Cantonese	Vietnamese	Arabic
Vietnamese	Persian		

Telephonic Interpreter Requests

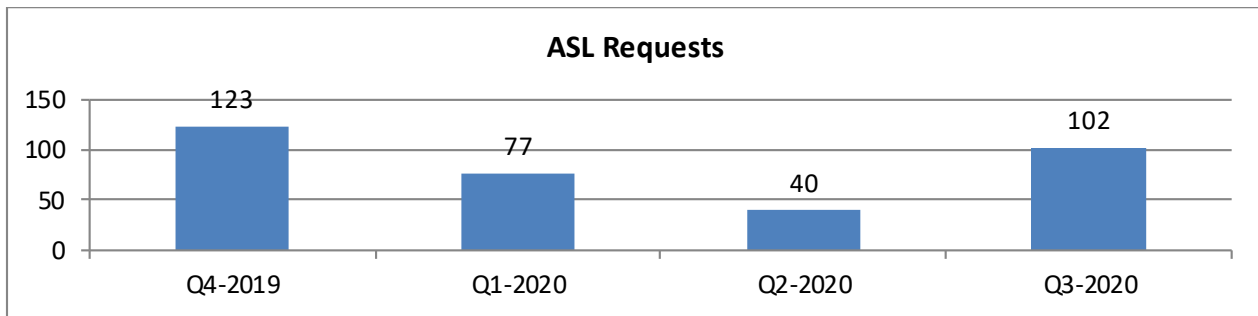
During this quarter, there were 750 requests for telephonic interpreting services through KHS' interpreting vendor, Language Line Solutions, which was an increase in comparison to the previous quarter. During this quarter, the majority of these requests were for a Spanish interpreter.

Top Languages Requested			
Q4-2019	Q1-2020	Q2-2020	Q3-2020
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Arabic	Arabic	Arabic	Arabic
Tagalog	Mandarin	Tagalog	Vietnamese
Vietnamese	Tagalog	Vietnamese	Cantonese

American Sign Language (ASL) Requests

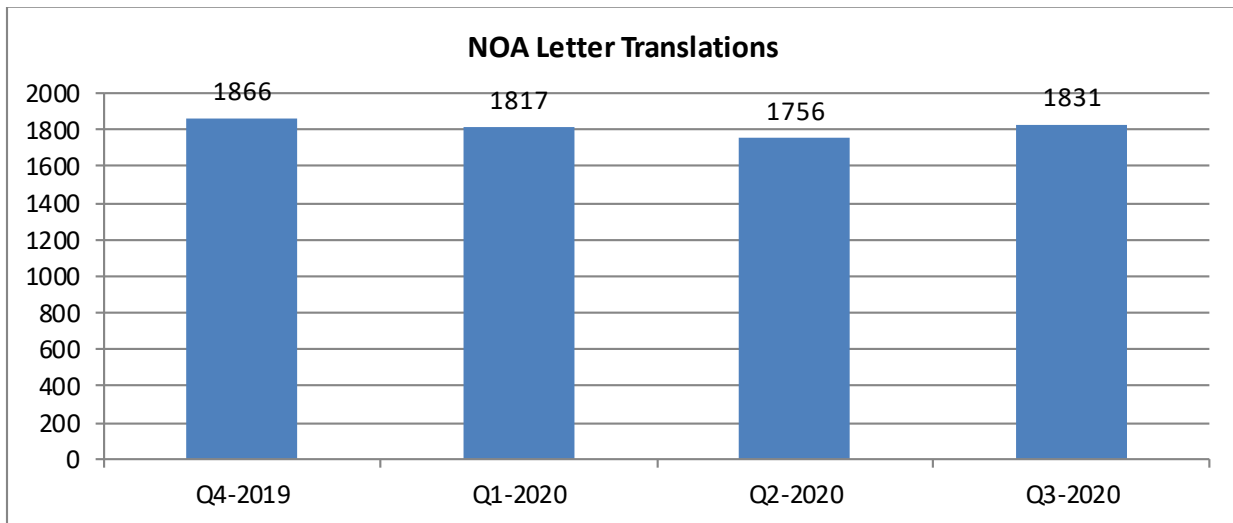
During this quarter, there were a total of 102 requests received for an American Sign Language interpreter, which was an increase in comparison to the previous quarter.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Third Quarter 2020



DOCUMENT TRANSLATIONS

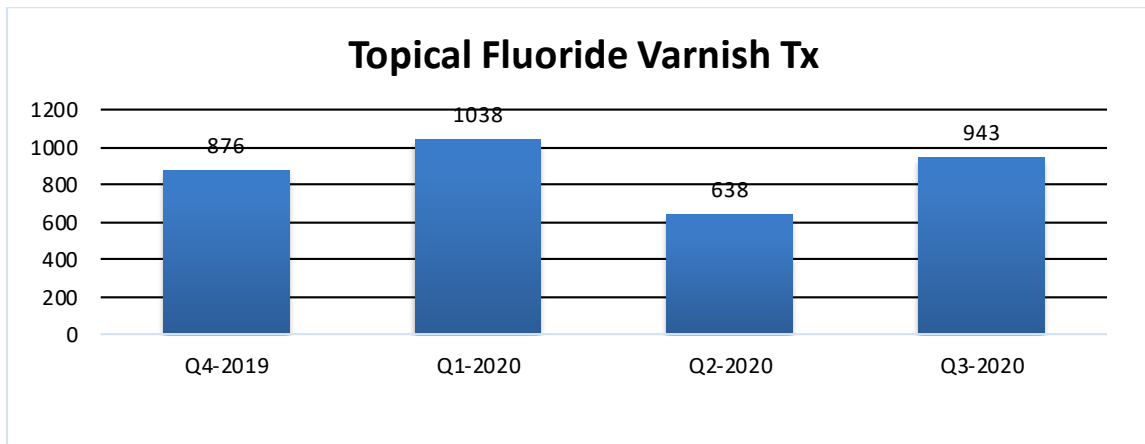
The Health Education department coordinates the translation of written documents for members. Translations are performed in-house by qualified translators or outsourced through a contracted translation vendor. During this quarter, 1,831 Notice of Action letters were translated in-house into Spanish for the UM and Pharmacy departments.



TOPICAL FLUORIDE VARNISH TREATMENTS

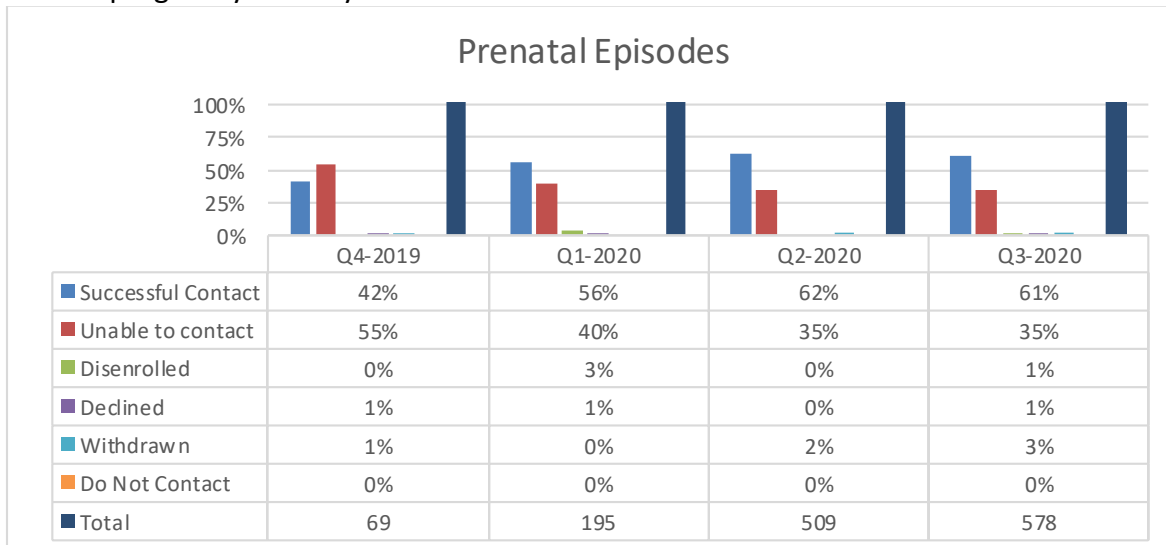
Fluoride varnish treatments are effective in preventing tooth decay and more practical and safer to use with young children. KHS covers up to three topical fluoride varnish treatments in a 12-month period for all members younger than 6 years.

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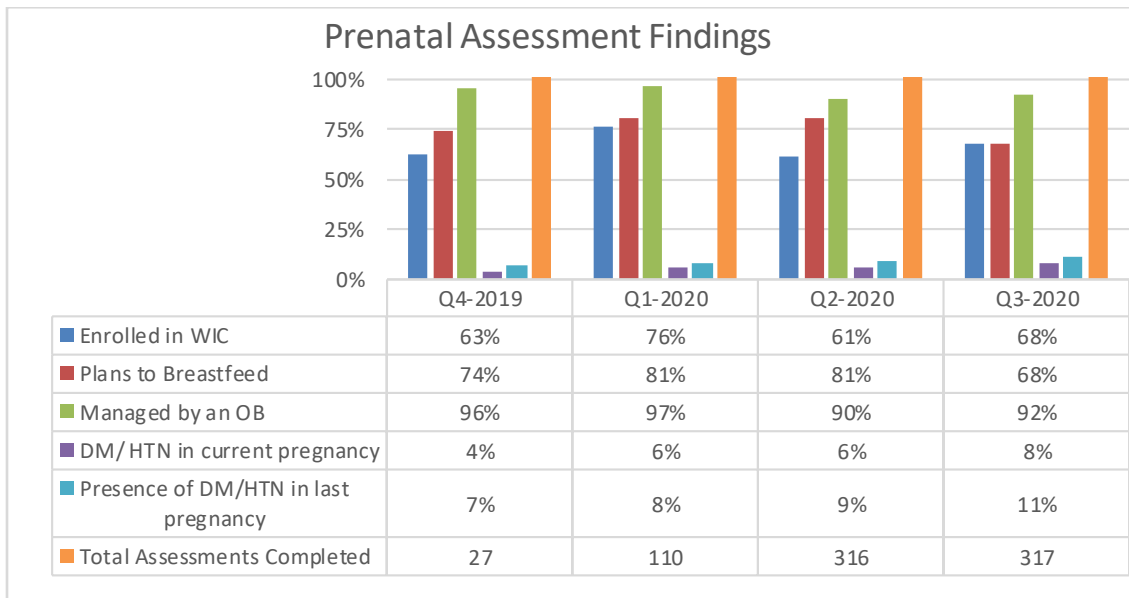
PERINATAL OUTREACH AND EDUCATION

The HE department performs outreach education calls to all members identified as being pregnant in the 1st trimester, a pregnant teen (under age 18), or postpartum due to a C-section or teen pregnancy delivery.

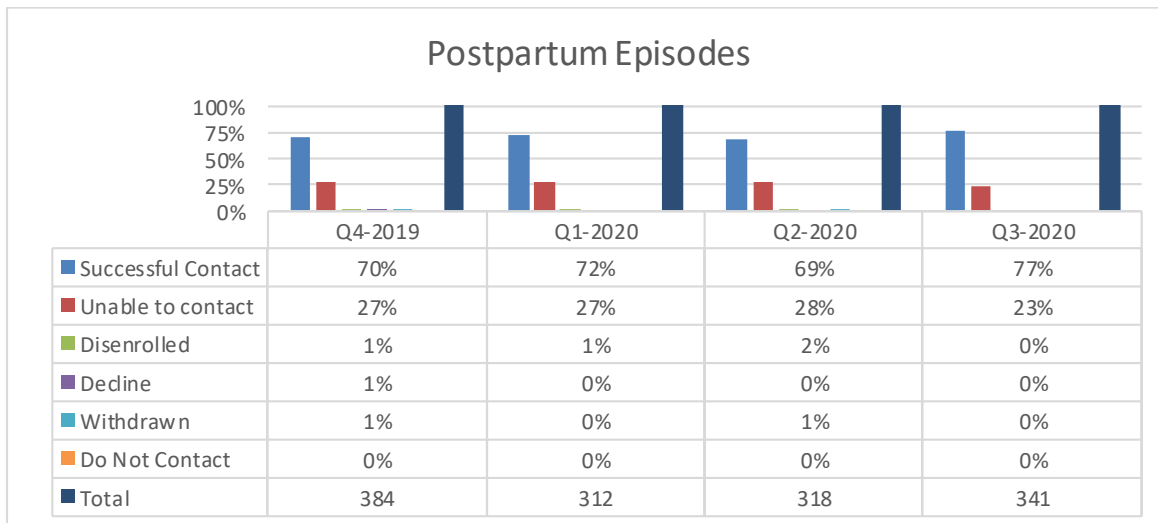


During the 3rd quarter of 2020, 578 episodes for pregnant members were completed and the rate of successful contacts decreased from 62% to 61%.

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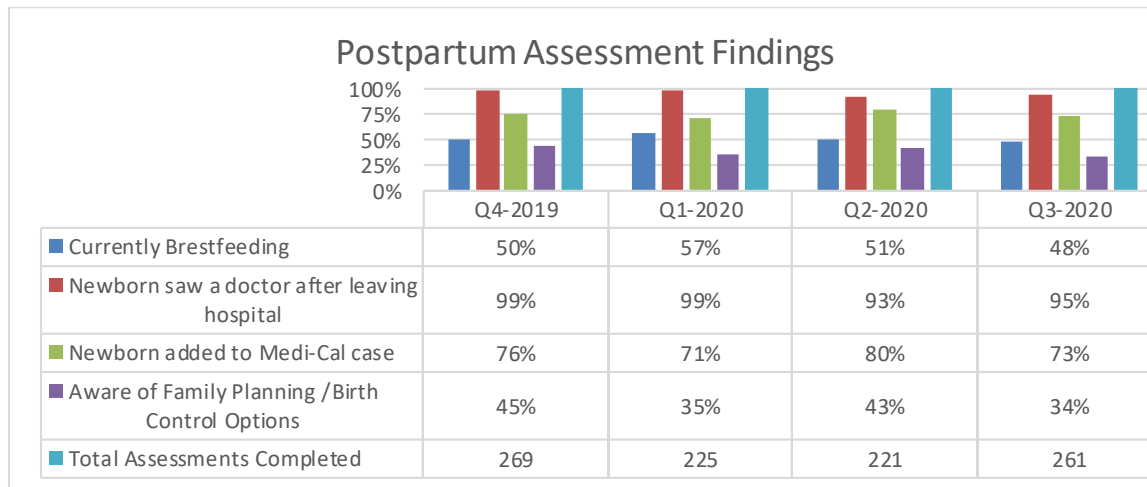


The total prenatal assessments completed remained consistent from 2nd quarter to the 3rd quarter. Although there was a slight increase in the percentage of members reporting that they were enrolled in WIC, the percentage of members who planned to breastfeed decreased from 81% in the 2nd quarter to 68% in the 3rd quarter.



During the 3rd quarter 2020, 341 postpartum episodes were closed and the rate of successfully contacts increased from 69% to 77%.

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Postpartum assessments completed increased from 221 assessments in the 2nd quarter of 2020 to 261 assessment completed in the 3rd quarter of 2020. The percentage of members who reported adding their newborn to their Medi-Cal case decreased by 13 percentage points. The percentage of members who reported that they were aware of their family planning options decreased by about 9 percentage points.

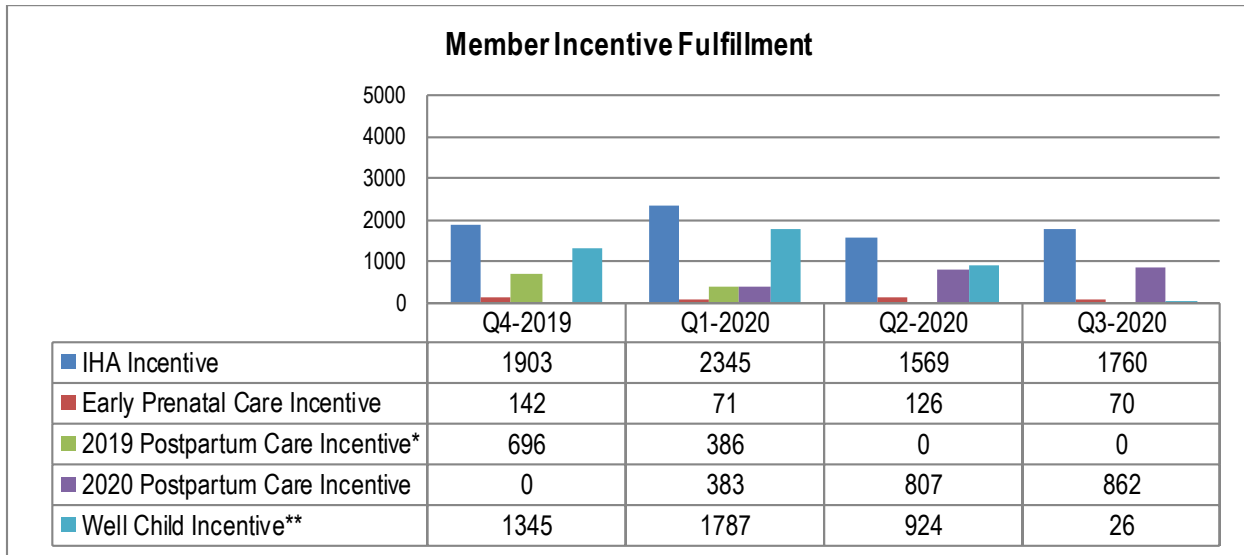
MEMBER WELLNESS BASED INCENTIVES AND CHRONIC CONDITION TOOLS

During the 3rd quarter of 2020, KHS continued to offer wellness based incentives for members. In January 2020, the postpartum care incentive was modified to align with the new MCAS measure where the time frame to complete this visit is now 1-12 weeks following delivery. Additionally, the well child 12-23 months incentive program was discontinued in April and will be replaced with another incentive program that better aligns with the new MCAS measures.

- **Initial Health Assessment (IHA)** – newly enrolled members who complete the IHA visit within 120 days of enrollment are mailed a \$10 gift card.
- **Early Prenatal Care** – pregnant members who complete prenatal care during the 1st trimester will receive a \$30 gift card.
- **2019 Postpartum Care** – members who delivered in 2019 and complete the postpartum visit within 21-56 days following delivery will receive a \$30 gift card.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Third Quarter 2020

- **2020 Postpartum Care** – members who delivered in 2020 and complete the postpartum visit within 1-12 weeks following delivery will receive a \$30 gift card.



*Discontinued as of 1/1/2019. Incentives fulfilled due to claims lag.

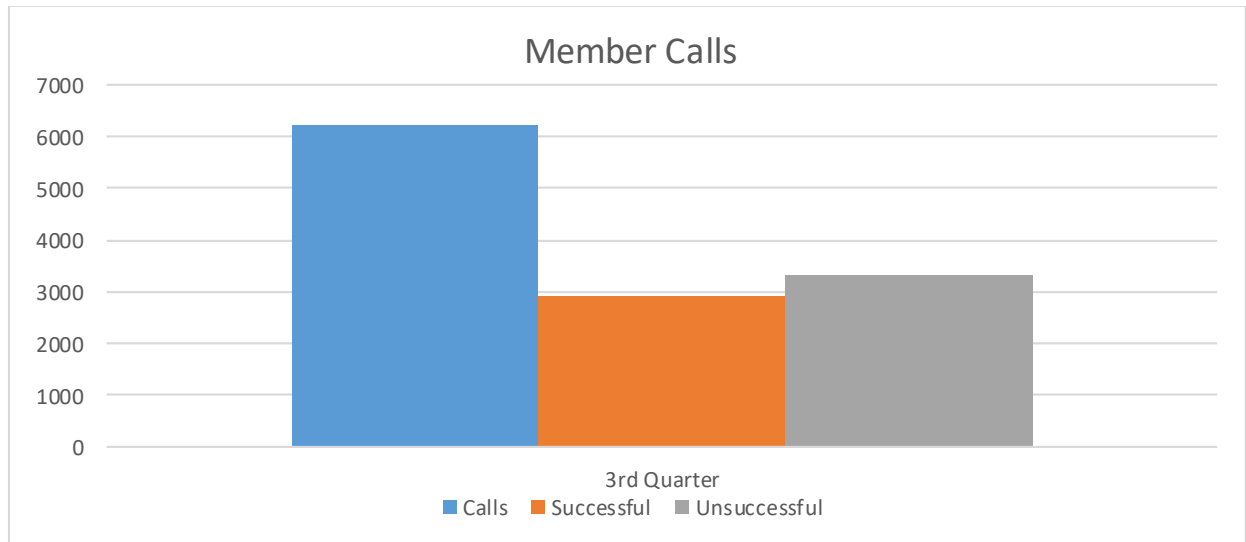
**Discontinued as of 4/1/2020. Incentives fulfilled due to claims lag.

Disease Management Quarterly Report

3rd Quarter, 2020

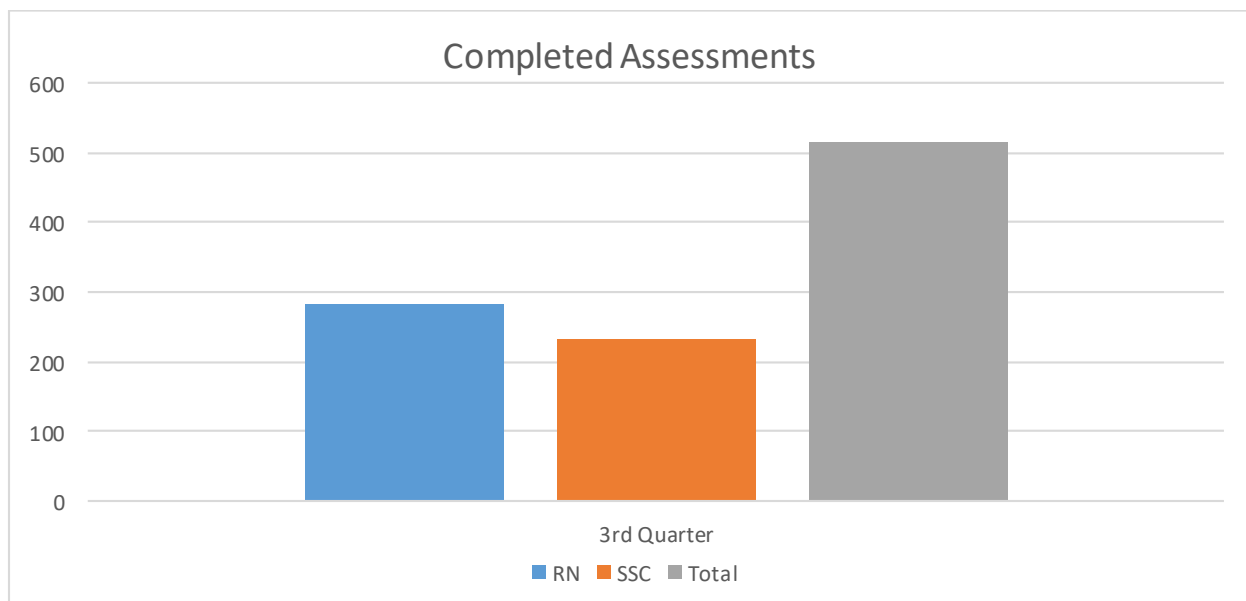
Telephone Calls: A total of 6,225 calls were made by the DM staff during the 3rd Quarter, 2020.

Member Calls Attempted	Successful Calls	Unsuccessful Calls	Total Member Calls	% Contacted
RN	1,388	1,648	3,076	46%
SSC	1,517	1,672	3,189	48%
Total	2,905	3,320	6,225	47%



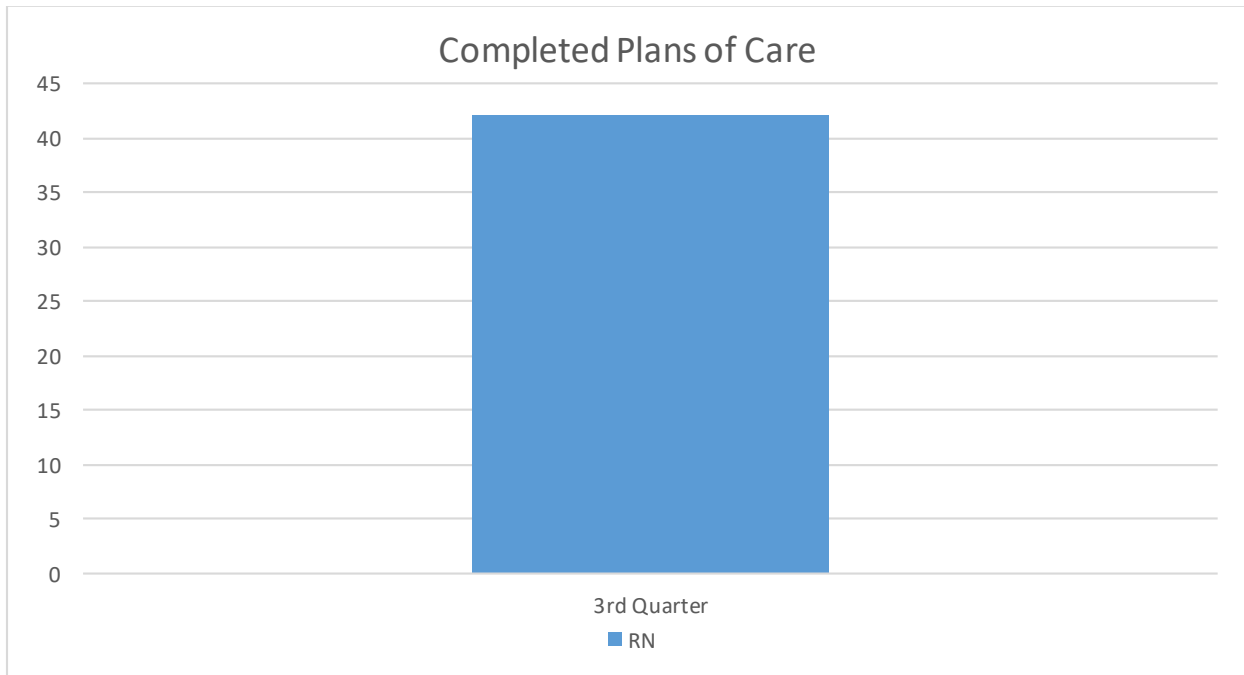
New Assessments Completed.

RN	SSC	Total
282	233	515



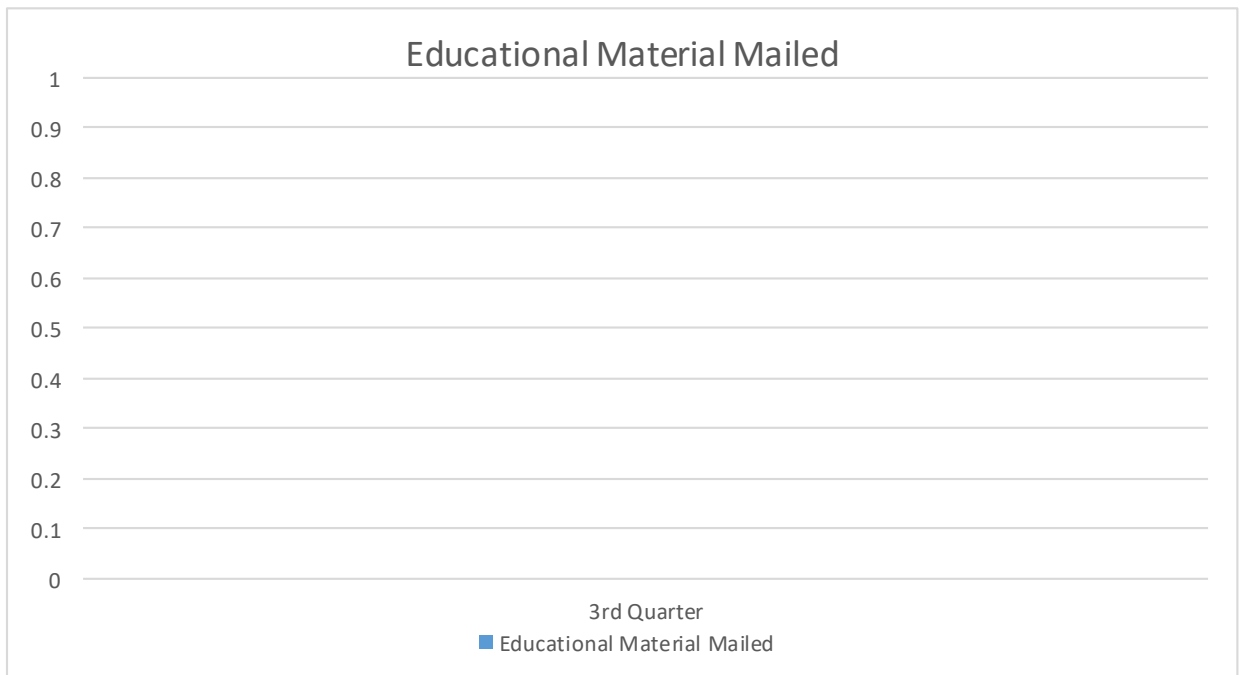
Plans of Care Completed & Closed.

RN
42



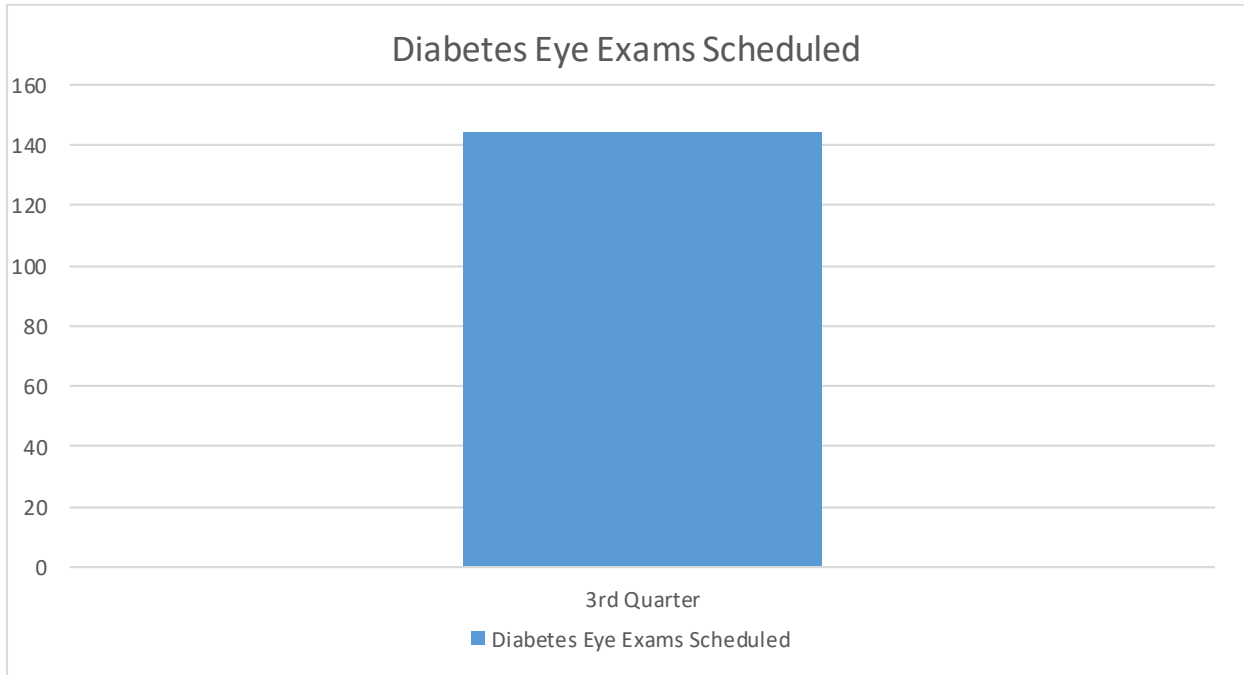
Educational Material Mailed. No educational material being mailed at this time

0



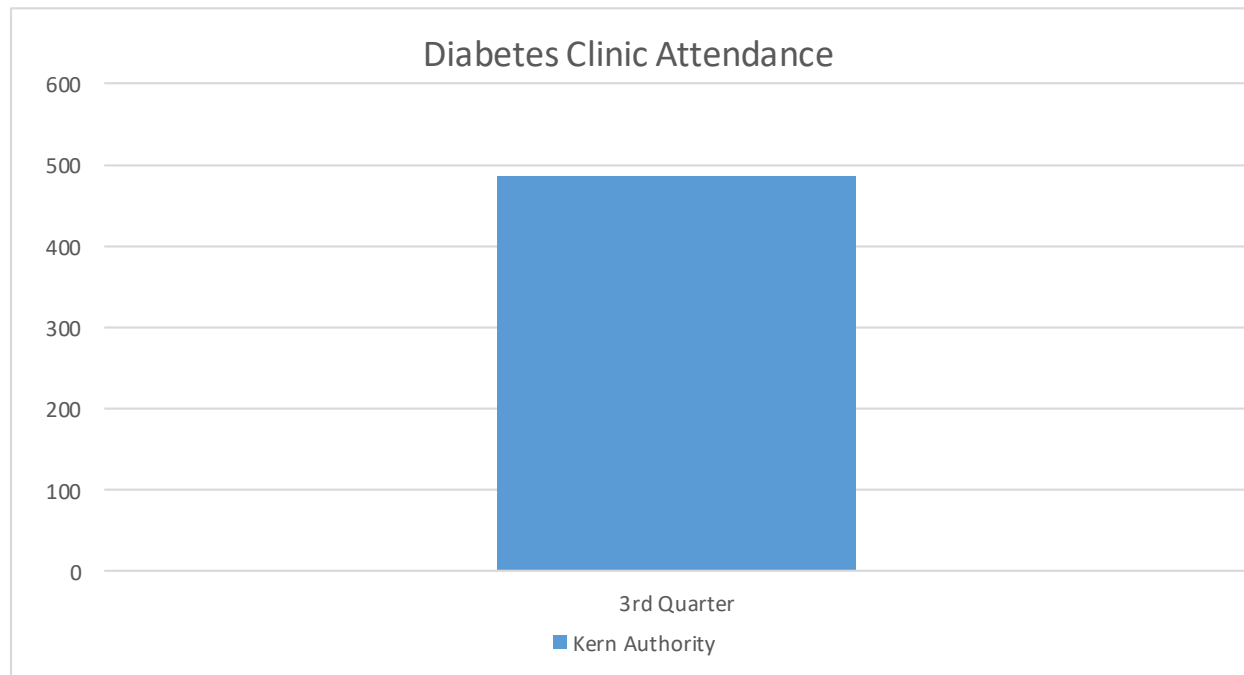
Diabetes Eye Exams Scheduled.

144



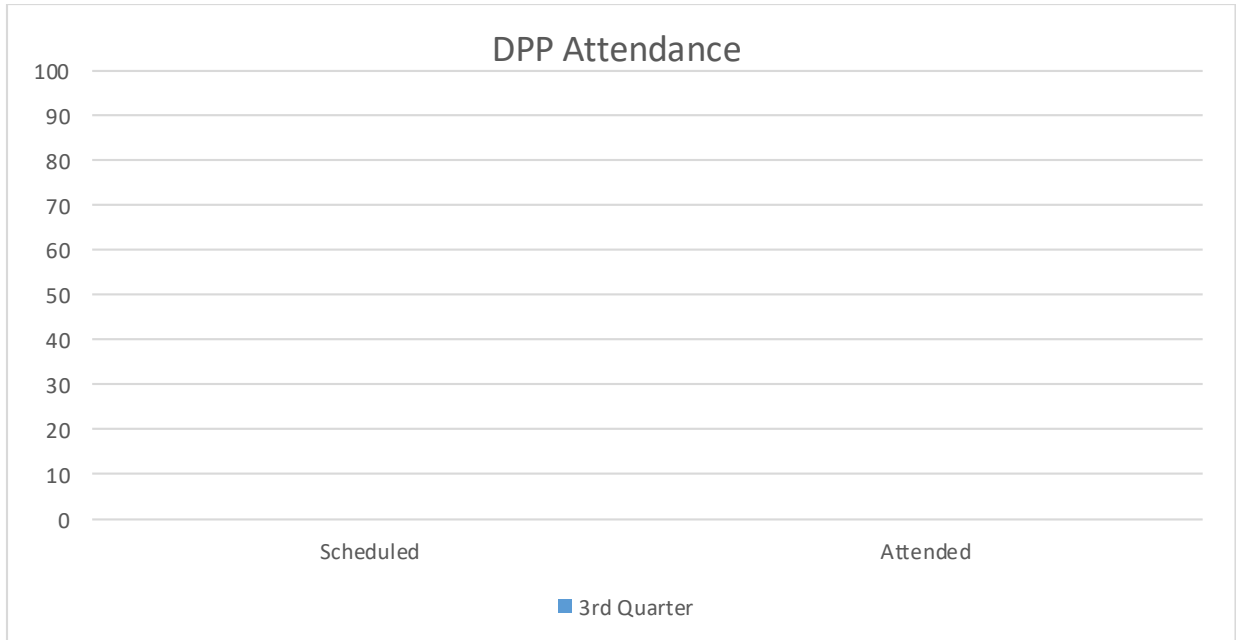
Diabetes Clinic Attendance.

Kern Authority
485



Diabetes Prevention Program: The first DPP program was completed at the end of February, 2020. Of the 48 members who attended the first session on March, 4th, 2019, 22 members completed the 26 sessions. The 2nd cohort has been delayed as a result of COVID19.

Sessions Scheduled to Attend (Jan & Feb)	Actual Sessions Attended (Jan & Feb)
0	0



KERN FAMILY HEALTH CARE GRIEVANCE & APPEALS OVERVIEW



GRIEVANCES

What is a grievance?



A written or oral expression of dissatisfaction regarding the plan and/or provider, including quality of care concerns, quality of service concerns, issues related to accessibility, or any other dissatisfaction, made by an enrollee or the enrollee's representative. A complaint is the same as a grievance.

APPEALS

What is an appeal?



An Appeal is a review of a disputed health care service by KHS as a result of an Adverse Benefit Determination. An appeal is initiated upon request by a member, a member's representative or by a provider on behalf of a member.

RECEIPT OF GRIEVANCES AND APPEALS

KHS receives grievances and appeals

by:

- A call to Member Service:



- Online through our Member Portal or our website



- In writing



- By fax



GRIEVANCE COORDINATORS

The Member Services Grievance Coordinators handle all member grievances and appeals.

- **All member dissatisfactions are considered grievances and will be processed by the Grievance Coordinators.**
- **When necessary, the Grievance Coordinators will request a written response and/or medical records from the member's treating provider to ensure a thorough investigation of the grievance or appeal is completed.**
- **The Grievance Coordinators work closely with our Medical Directors and the Utilization Management team on the Appeals we receive.**

THE GRIEVANCE COMMITTEE

The KHS Grievance Committee consists of our Chief Operating Officer (COO), Medical Directors, and representatives from the following departments: Quality Improvement (QI), Pharmacy, Utilization Management, Compliance, Provider Relations, Member Services.



The Grievance Committee meets weekly. They take the information provided by the Grievance Coordinators and come to a decision. The decision of the Grievance Committee is final.

GRIEVANCE AND APPEALS PROCESS

Grievance or Appeal Received

Notification sent to Grievance Committee

Grievance or Appeal is classified and initial disposition is set

Case information received and presented to Grievance Committee

Grievance Coordinator requests records/response

If any Potential Inappropriate Care issues are identified during classification, then the case is closed and sent to QI for their process

Case is closed and resolution mailed to member.



DISPOSITIONS – TYPES OF GRIEVANCES AND APPEALS

- **Access to Care PCP – Grievances related to accessibility issues of PCP services**
- **Difficulty Accessing Specialist – Grievances related to accessibility issues of Specialists services**
- **Potential Inappropriate Care – Grievances related to potential inappropriate care received from a provider or staff.**
- **Quality of Service – Grievances related to potential inappropriate service received from the Plan, provider or staff.**
- **Cultural & Linguistic Sensitivity – Grievances related to dissatisfaction or lack of interpretation services by Plan or provider.**
- **Medical Necessity – Appeals where the decision is based on medical based criteria.**
- **Coverage Dispute – Appeals where the decision is based not only on medical based criteria, but whether the service is a Medi-Cal covered service.**
- **Other – Where the grievance or appeal does not fall in any other predefined disposition.**

EXTERNAL REVIEW & APPEAL OPTIONS

When KHS upholds a decision during the appeal process and the referral authorization request is still denied, a member has two external appeal options. In both instances, the member must complete the KHS Grievance and Appeal process before seeking out one or both of the following options.

- **A State Fair Hearing (SFH) is conducted by an Administrative Law Judge (ALJ) and both the member and KHS present their position. The ALJ will make a decision.**
- **An Independent Medical Review (IMR) is conducted by a physician who is not affiliated with KHS. They review documentation provided to them by both the member and KHS. IMR decisions are typically based on medical necessity.**

THANK YOU!

AMY CARRILLO
MEMBER SERVICES MANAGER
AMYS@KHS-NET.COM





2020 3rd Quarter Operational Report

3rd Quarter 2020 Grievance Report

Category	Q3 2020	Status	Issue	Q2 2020	Q1 2020	Q4 2019	Q3 2019
Access to Care	49		Appointment Availability	33	53	56	34
Coverage Dispute	0		Authorizations and Pharmacy	0	0	0	1
Medical Necessity	288		Questioning denial of service	246	222	187	220
Other Issues	10		Miscellaneous	11	34	14	16
Potential Inappropriate Care	263		Questioning services provided. All cases forwarded to Quality Dept.	210	273	323	65
Quality of Service	8		Questioning the professionalism, courtesy and attitude of the office staff. All cases forwarded to PR Department	8	2	0	0
Total Formal Grievances	618			508	584	580	337
Exempt**	1041		Exempt Grievances-	986	1620	1140	1545
Total Grievances (Formal & Exempt)	1659			1494	2204	1720	1882



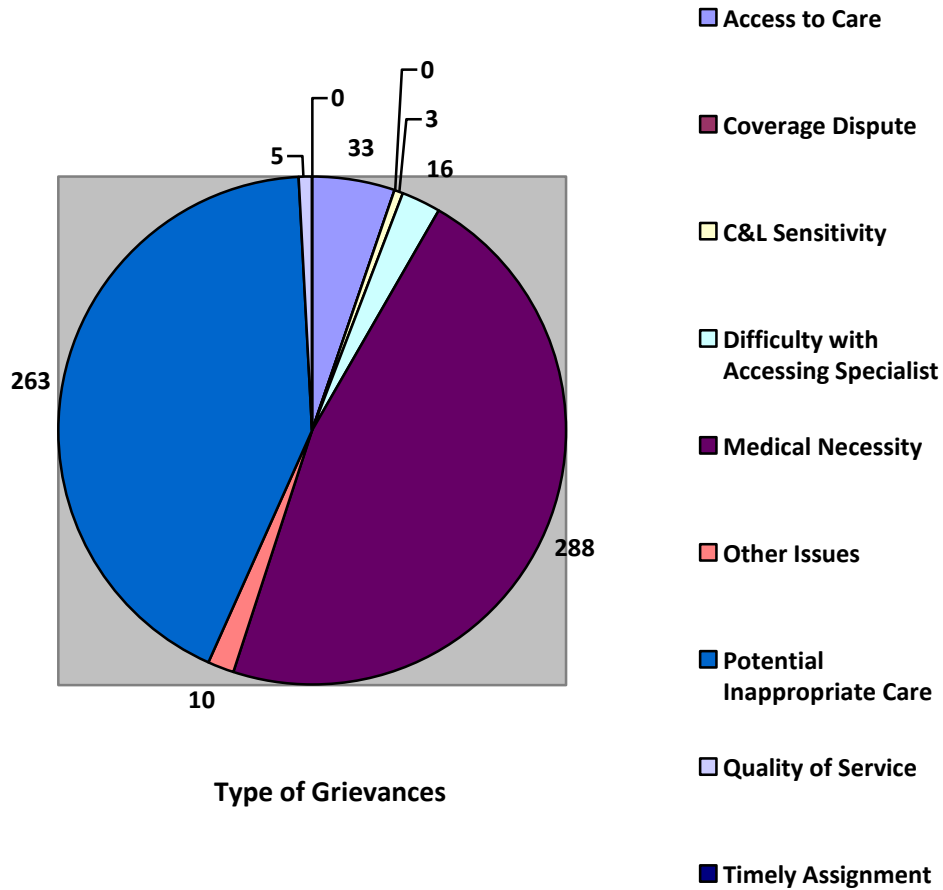
Additional Insights-Formal Grievance Detail

Issue	3 rd Quarter Grievances	Upheld Plan Decision	Further Review by Quality	Overtured Ruled for Member	Still Under Review
Access to Care	33	4	0	19	10
Coverage Dispute	0	0	0	0	0
Specialist Access	16	7	0	6	3
Medical Necessity	288	152	0	83	53
Other Issues	10	5	0	4	1
Potential Inappropriate Care	263	135	103	25	0
Quality of Service	8	4	0	2	2
Total	618	307	103	139	69



3rd Quarter 2020 Grievance Summary

Issue	Number	In Favor of Health Plan	Under Review by Q.I	In favor of Enrollee	Still under review
Access to care	33	4	0	19	10
Coverage dispute	0	0	0	0	0
Cultural and Linguistic Sensitivity	3	1	0	1	1
Difficulty with accessing specialists	16	7	0	6	3
Medical necessity	288	152	0	83	53
Other issues	10	5	0	4	1
Potential Inappropriate care	263	135	103	25	0
Quality of service	5	3	0	1	1
Timely assignment to provider	0	0	0	0	0



Grievances per 1,000 Members

During the third quarter of 2020, there were six hundred and eighteen formal grievances and appeals received. One hundred and thirty nine cases were closed in favor of the Enrollee; three hundred and seven cases were closed in favor of the Plan. Sixty nine cases are still open pending review. Four hundred and forty five cases closed within thirty days. One case was pended and closed after thirty days.

3rd Quarter 2020 Grievance Summary

Access to Care

There were thirty three grievances pertaining to access to care. Four cases closed in favor of the Plan. Nineteen cases closed in favor of the Enrollee. Ten cases are still open pending review. The following is a summary of these issues:

Sixteen members complained about the lack of available appointments with their Primary Care Provider (PCP). One case closed in favor of the Plan after the response indicated the office provided appropriate access to care based on Access to Care standards. Eight 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. Seven cases are still open pending review.

Eight members complained about the wait time to be seen for a Primary Care Provider (PCP) appointment. One case closed in favor of the Plan after the response indicated the member was seen within the appropriate wait time for an appointment or the member was there 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 an appointment. Two cases are still open pending review.

Seven members complained about the telephone access with their Primary Care Provider (PCP). Two cases closed in favor of the Plan after the responses indicated the members were provided with the appropriate telephone access. Four cases closed in favor of the Enrollee after the responses indicated the members may not have been provided with the appropriate telephone access. One case is still open pending review.

One member complained about the physical access to a provider's office. This case closed in favor of the Enrollee after the provider failed to provide a response to the Plan.

One member's mother complained about a provider not submitting a referral authorization request in a timely manner. This case closed in favor of the Enrollee after it was determined the referral authorization request may not have been submitted timely.

Coverage Dispute

There were no grievances pertaining to a Coverage Dispute issue.

Cultural and Linguistic Sensitivity

There were three grievances pertaining to Cultural and Linguistic Sensitivity. One case closed in favor of the Plan. One case closed in favor of the Enrollee. One case is still open pending review. The following is a summary of these issues:

Three members complained about the lack of interpreting service to assist during their appointments. One case closed in favor of the Plan after the response indicated the member was provided with the appropriate access to interpreting services. One case closed in favor of the Enrollee after the response indicated the member may not have

3rd Quarter 2020 Grievance Summary

been provided with the appropriate access to interpreting services. One case is still open pending review.

Difficulty with Accessing a Specialist

There were sixteen grievances pertaining to Difficulty Accessing a Specialist. Seven cases closed in favor of the Plan. Six cases closed in favor of the Enrollee. Three cases are still open pending review. The following is a summary of these issues:

Six members complained about the lack of available appointments with a specialist. Two 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. Two cases closed in favor of the Enrollee after the responses indicated the members may not have been provided appropriate access to care based on the Access to Care Standards for specialty appointments. Two cases are still open pending review.

Six members complained about the wait time to be seen for a specialist appointment. Three 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. Three cases closed in favor of the Enrollee after the responses indicated the members may not have been seen within the appropriate wait time for an appointment based on the Access to Care Standards.

Four members complained about the telephone access with a specialist office. Two cases closed in favor of the Plan after the responses indicated the member was provided with the appropriate telephone access. One case closed in favor of the Plan after the response indicated the member may not have been provided with the appropriate telephone access. One case is still open pending review.

Medical Necessity

There were two hundred and eighty eight appeals pertaining to Medical Necessity. One hundred and fifty two cases were closed in favor of the Plan. Eighty three of the cases closed in favor of the Enrollee. Fifty three cases are still open pending review. The following is a summary of these issues:

Two hundred and forty seven members complained about the denial or modification of a referral authorization request. One hundred and twenty 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. Three cases were closed in favor of the Plan and modified. Seventy eight cases were closed in favor of the Enrollee as it was determined medical necessity was met and the denials were overturned. Forty six cases are still open pending review.

Forty one members complained about the denial or modification of a TAR. Twenty nine of the cases were closed in favor of the Plan, as it was determined there was no supporting documentation submitted with the TAR to support the criteria for medical necessity of the requested medication; therefore, the denials were upheld. Five cases

3rd Quarter 2020 Grievance Summary

were closed in favor of the Enrollee as it was determined medical necessity was met and the denials were overturned. Seven cases are still open pending review.

Other Issues

There were ten grievances pertaining to Other Issues. Five cases were closed in favor of the Plan after the responses indicated appropriate service was provided. Four cases closed in favor of the Enrollee after the responses indicated appropriate service may not have received appropriate service may not have been provided. One case is still open pending review.

Potential Inappropriate Care

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

The following is a summary of these issues:

One hundred and fifty five members complained about the potential inappropriate care received from a Primary Care Provider (PCP). All records and/or responses were sent to QI for further review and investigation. Eighty four cases closed in favor of the Plan as no inappropriate care issue was identified. Nineteen cases closed in favor of the enrollee as a potential inappropriate care concern was identified and is still under further review with QI. Fifty two cases are still under further review with QI.

Seventy six members complained about the potential inappropriate care received from a specialty provider. All records and/or responses were sent to QI for further review and investigation. Thirty four cases closed in favor of the Plan as no potential inappropriate care issue was identified. Five cases closed in favor of the Enrollee as a potential inappropriate care concern was identified and is still under further review with QI. Thirty seven cases are still under further review with QI.

Twenty seven members complained about the potential inappropriate care received from providers staffed by an urgent care, hospital, or a non-hospital affiliated clinic. All records and/or responses were sent to QI for further review and investigation. Fifteen cases closed in favor of the Plan as no potential inappropriate care issue was identified. One cases closed in favor of the Enrollee as a potential inappropriate care issue was identified and is still under further review with QI. Eleven cases are still under further review with QI.

Five members complained about the potential inappropriate care received from a pharmacy. All records and/or responses were sent to QI for further review and investigation. Two cases closed in favor of the Plan as no potential inappropriate care issue was identified. Three cases are still under further review with QI.

3rd Quarter 2020 Grievance Summary

Quality of Service

There were five grievances involving Quality of Service issues. Three of the cases were closed in favor of the Plan. One of the cases closed in favor of the Enrollee. One case is still pending review. The following is a summary of these issues:

Four members complained about the service they received from their providers. Two cases closed in favor of the Plan after the responses determined the member received appropriate service. One case closed in favor of the Enrollee as the response indicated the member may not have received appropriate service. One case is still under review

One member complaint about the services they received from their provider and non-clinical staff. This case closed in favor of the Plan after the response determined the member received the appropriate service.

Timely Assignment to Provider

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

Kaiser Permanente Grievances and Appeals

Grievance and appeal information for KHS members assigned to Kaiser, was not yet available at the time of reporting.

Back to Care Campaign

Marketing Department

Louis Iturriria



Back to Care Media Campaign

- To address the fall off in members not receiving routine yet vital healthcare, KHS will launch a media campaign called “Back to Care”
- “Back to Care” is a media campaign to encourage members/patients to reengage in their health care
- The multimedia campaign (in both English and Spanish) will emphasize safety showing examples of vital medical treatment members/patients are missing:
 - Television campaign
 - English TV: <https://vimeo.com/477707500>
 - Spanish TV: <https://vimeo.com/477707925>
 - Radio campaign
 - English Radio: <https://vimeo.com/486455275>
 - Spanish Radio: <https://vimeo.com/486455569>

Back to Care Media Campaign (cont.)

- English Outdoor/Print/Digital Advertisements



Back to Care Media Campaign (cont.)


- Spanish Outdoor/Print/Digital Advertisements




**Es seguro ver
a su médico.**



Estamos Aquí Para Tí.



**Es seguro ver
a su médico.**



Estamos Aquí Para Tí.



**Es seguro ver
a su médico.**



Estamos Aquí Para Tí.



Thank You



Rewards For Being Healthy!

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



- \$10 New Members** | Visit your doctor for an Initial Health Assessment within 120 days of enrolling with KFHC.
- \$30 Prenatal** | Visit your doctor within the 1st three months of becoming pregnant and submit the Prenatal Reward Form.*
- \$30 Postpartum** | Visit your doctor for a postpartum visit within 1-12 weeks after giving birth.
- \$60 Baby Wellness** | Complete well baby visits between 0-15 months. Baby will receive a \$10 gift card per visit for up to six visits.
- \$15 Child Wellness** | Complete a wellness exam at 3, 4, 5, and 6 years of age.**
- \$20 Youth Wellness** | Complete a wellness exam between 12-21 years of age.**

All rewards are in the form of gift cards.

*Limit 1 reward per pregnancy.

**Limit 1 reward per year.



800-391-2000
kernfamilyhealthcare.com



Kern Family Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-391-2000 (TTY: 711) 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-391-2000。(TTY: 711)

¡Premios por estar saludable!

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



\$10

Nuevos Miembros

Visite a su doctor para una Evaluación Inicial de Salud dentro de los primeros 120 días de haberse inscrito en KFHC.

\$30

Prenatal

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

\$30

Posparto

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

\$60

Bienestar del Bebé

Complete las visitas de bienestar para el bebé entre los 0 y 15 meses de edad. El bebé recibirá una tarjeta de regalo de \$10 por cada visita, hasta un máximo de 6 visitas.

\$15

Bienestar del Niño

Complete un examen de bienestar a los 3, 4, 5 y 6 años de edad.**

\$20

Bienestar Juvenil

Complete un examen de bienestar entre los 12 y 21 años de edad.**

Todos los premios se dan en forma de tarjetas de regalo.

**Límite de 1 premio por embarazo.*

***Límite de 1 premio por año.*



Kern Family Health CareTM

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Kern Family Health Care cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad de origen, edad, discapacidad o sexo. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-391-2000. 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-391-2000。(TTY: 711)

KERN HEALTH SYSTEMS
CASE MANAGEMENT DEPARTMENT QUARTERLY REPORT

Report Date: October 8th, 2020

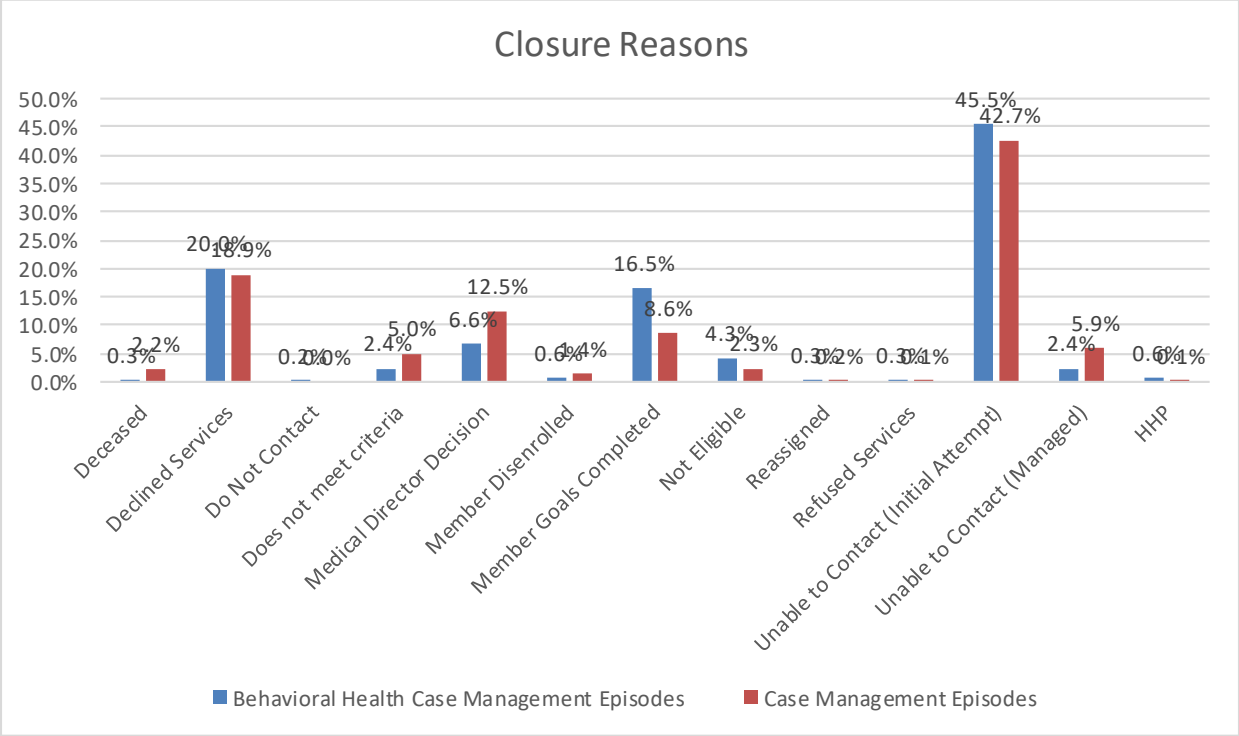
Reporting Period: July 1st, 2020- September 30th, 2020

During the months of July thru September, a total of 1,712 members were managed by the Case Management Department.

Episode Type	Closed Episodes	Open Episodes	Referral Episodes	Total
Case Management	910	172	4	1,086
Behavioral Health Case Management	507	116	3	626

Episode Source other than ACG Modeler	Behavioral Health Management Episodes	Percentage	Case Management Episodes	Percentage
All Internally Generated Complex Case Management	7	1.8%	67	22.9%
All Internally Generated Disease Management	0	0.0%	2	0.7%
All Internally Generated Grievance	2	0.5%	7	2.4%
All Internally Generated Hospital Discharge	1	0.3%	16	5.5%
All Internally Generated Medical Director	1	0.3%	18	6.1%
All Internally Generated Member Request	9	2.3%	8	2.7%
All Internally Generated UM Generated	19	4.9%	6	2.0%
BH Homeless	1	0.3%	0	0.0%
BH Mental Health	20	5.2%	0	0.0%
CM DM HE Facility Based Social Worker	4	1.0%	1	0.3%
CM DM HE Health Education	1	0.3%	1	0.3%
CM DM HE Member Services	11	2.9%	8	2.7%
CM DM HE Provider	4	1.0%	3	1.0%
CM DM High ER Utilizer	33	8.6%	0	0.0%
Critical High Risk SPD	3	0.8%	2	0.7%
DM HE Social Worker Case Management	2	0.5%	9	3.1%
HE Postpartum Claim	15	3.9%	0	0.0%
HE Prenatal Claim	10	2.6%	0	0.0%
High Risk SPD	241	62.8%	145	49.5%

A total of 1,617 Episodes were closed during the months of July thru September 2020. With 635 BH-CM Episode Type closed and 982 CM Episode Type closed.



Members Closed and Referred to HHP	Behavioral Health Case Management Episodes	Case Management Episodes
HHP	9	12

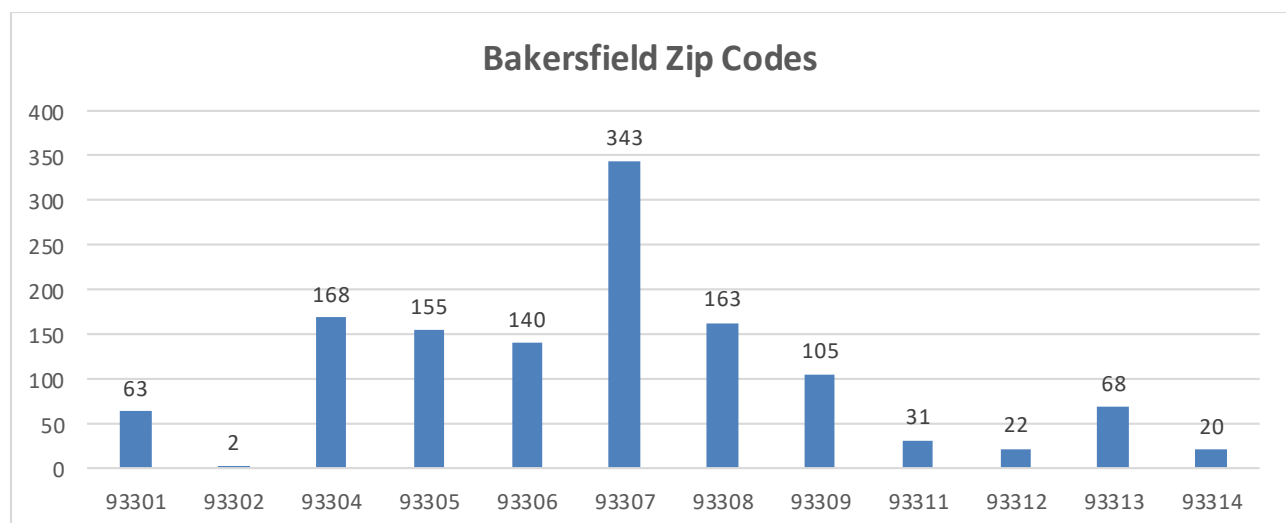
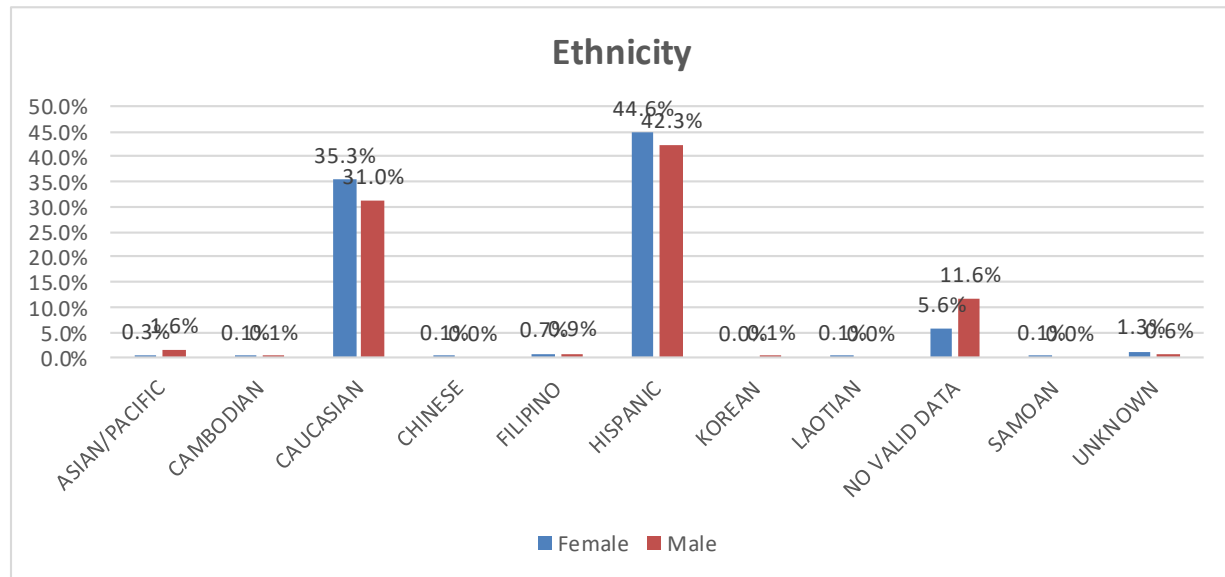
Closed Episodes with Admits within 30 days after Closure	Total
Behavioral Health Case Management	29
Case Management	75
Percentage of closed cases Readmitted	5%

Assessments/Plan of Care	Behavioral Health Case Management Episodes	Case Management Episodes	Total
Assessments	145	188	333
Plan of Care	137	190	327

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

Age	<18	18-40	41-65	>65	Total
Case Management	30	226	752	78	1,086
Behavioral Case Management	55	204	353	14	626

Of the 1,712 members managed during the months of July thru September, the majority of members were female at 59%. The majority of members' ethnicity was Hispanic at 44%.



Outlying Areas

City	Total
ARVIN	37
BEAR VLY SPGS	1
BODFISH	8
BORON	3
BUTTONWILLOW	2
CALIENTE	1
CALIFCITY	24
CALIFORNIA CITY	1
DELANO	70
EDISON	1
FELLOWS	1
FRAZIER PARK	6
HEMET	1
INYOKERN	2
KERNVILLE	1
LAKE ISABELLA	19
LAMONT	36
LANCASTER	3
LOST HILLS	1
MARICOPA	4
MC FARLAND	25
MOJAVE	16
N/A	15
NORTH EDWARDS	2
ONYX	3
ROGERS	1
ROSAMOND	3
SHAFTER	35
TAFT	31
TEHACHAPI	35
WASCO	36
WELDON	5
WOFFORD HEIGHTS	3

Notes Completed

Note Source	Behavioral Case Management Episodes	Case Management Episodes
Activity Note	1325	1384
Add Episode Note	119	54
Care Plan Problem Note	230	508
Change Status Note	2142	2617
Edit Episode Note	24	156
Episode Note	117	336
Goals	171	428
Interventions	390	438

Letters

Letter Template	Behavioral Health Case Management Episodes	Case Management Episodes
Appointment Letter English	39	64
Appointment Letter Spanish	3	19
Consent Form English	7	15
Consent Form Spanish	6	8
Discharge English	45	83
Discharge Spanish	8	36
Educational Material	11	0
Unable to Contact	489	758
Welcome Letter Bilingual	136	233

Activities Completed

Activities Completed	Total
CMA's	2,266
Nurses	541
Social Workers	765

Activity Type

Activity Type	Behavioral Health Case Management Episodes	Case Management Episodes
Clinical Engagement	0	13
Education	0	46
Fax	171	206
Letter Contact	221	325
Member Services	45	51
New HHP Referral	0	2
Phone Call	815	1218

Activity Name

Activity Name	Behavioral Health Case Management Episodes	Case Management Episodes
Appointment Reminder Calls	40	72
Basic Needs	1	0
Close Episode for CEG	0	1
Close Episode for UTC	25	19
Community Resources	2	4
Contact Member	298	246
Contact Pharmacy	3	12
Contact Provider	153	297
COVID-19 Education	0	74
Create Work Item	47	54
HHP	4	1
HRA	0	1
ICT	45	70
Incoming Call	0	4
Inpatient Discharge Follow Up	44	100
Language Line	99	201
Mail Appointment Letter	46	47
Mail Authorization	0	1
Mail Consent Letter	13	19
Mail Discharge Letter	53	116
Mail Educational Material	2	0
Mail Provider Directory	1	2
Mail Unable to contact letter	53	115
Mail Urgent Care Pamphlet	7	0
Mail Welcome Letter	3	1
Medication Review	2	0
Palliative Care	2	0
Plan of care	137	166
Provided Information	0	2
Request Medical Records	82	118
Return Mail	3	1
Schedule Physician Appointment	59	72

Transportation	6	14
Verbal consent to be received	22	31

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 54 percent (917) of the Complex Group during the months of July thru September 2020.

The John Hopkins Predictive Modeler identified SPD's represent 49% percent of the SPD's identified in the Complex Group during the months of July thru September 2020. HRA identified SPD members represent 40% and other sources of SPD members represent 11%.

