



# **KERN HEALTH SYSTEMS**

## **GOVERNANCE AND COMPLIANCE COMMITTEE MEETING**

**Thursday, March 27, 2025  
at  
8:30 a.m.**

**Kern Health Systems  
2900 Buck Owens Blvd.  
4<sup>th</sup> floor – Kern River Room  
Bakersfield, CA 93308**

**For more information, call (661) 664-5000**



## **AGENDA**

### **GOVERNANCE AND COMPLIANCE COMMITTEE MEETING**

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

**Thursday, March 27, 2025**

**8:30 A.M.**

All agenda item supporting documentation is available for public review at Kern Health Systems in the Administration Department, 2900 Buck Owens Boulevard, Bakersfield, CA 93308 during regular business hours, 8:00 a.m. – 5:00 p.m., Monday through Friday, 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 for review at the same location.

**PLEASE SILENT CELL PHONES AND OTHER ELECTRONIC DEVICES DURING THE MEETING**

COMMITTEE TO RECONVENE

Members: Acharya, Hoffmann, Meave, Turnipseed  
ROLL CALL:

ADJOURN TO CLOSED SESSION

#### **CLOSED SESSION**

- 1) Request for Closed Session regarding Audits and Investigation Update (Health and Safety Code Section 32106 & Welfare and Institutions Code Section 14087.38) -

8:45 A.M.

**COMMITTEE TO RECONVENE**

**REPORT ON ACTIONS TAKEN IN CLOSED SESSION**

**AGENDA**

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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 (Government Code Section 54954.2(a)(2))

COMMITTEE MATTERS

- 4) Report on Kern Health Systems Enterprise Risk Management Project Update –  
**RECEIVE AND FILE; REFER TO KHS BOARD OF DIRECTORS**
- 5) Report on Kern Health Systems Proposed Draft Ticket Distribution Policy –  
**RECEIVE AND FILE; REFER TO KHS BOARD OF DIRECTORS**
- 6) Report on Kern Health Systems Artificial Intelligence Tool Readily (PandanAI)  
(Fiscal Impact: Not to Exceed \$100,000; Budgeted) -  
**APPROVE; REFER TO KHS BOARD OF DIRECTORS**

**AGENDA**

Governance and Compliance Committee Meeting  
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- 7) Report on Kern Health Systems Update Managed Care Accountability Set (MCAS)  
(Fiscal Impact: None) –  
RECEIVE AND FILE; REFER TO KHS BOARD OF DIRECTORS

ADJOURN TO THURSDAY, MAY 29, 2025 AT 8:30 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 meeting of the KHS Finance Committee 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.





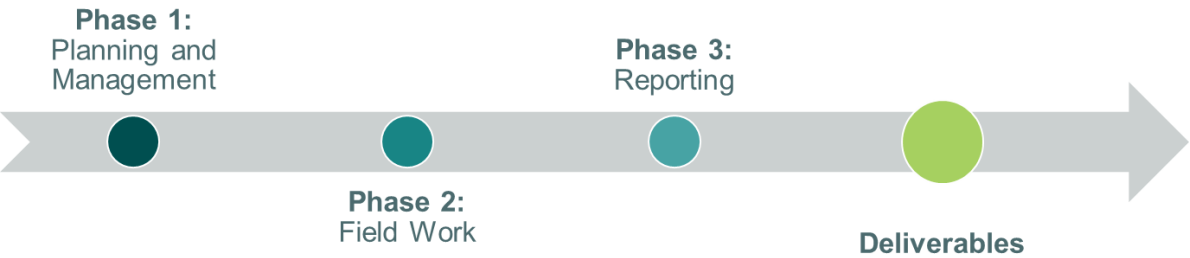
**MEMORANDUM**

**TO:** Kern Health Systems Governance and Compliance Committee  
**FROM:** Deborah Murr, Chief Compliance and Fraud Prevention Officer  
**SUBJECT:** Enterprise Risk Management Project Update  
**DATE:** March 27, 2025

**BACKGROUND**

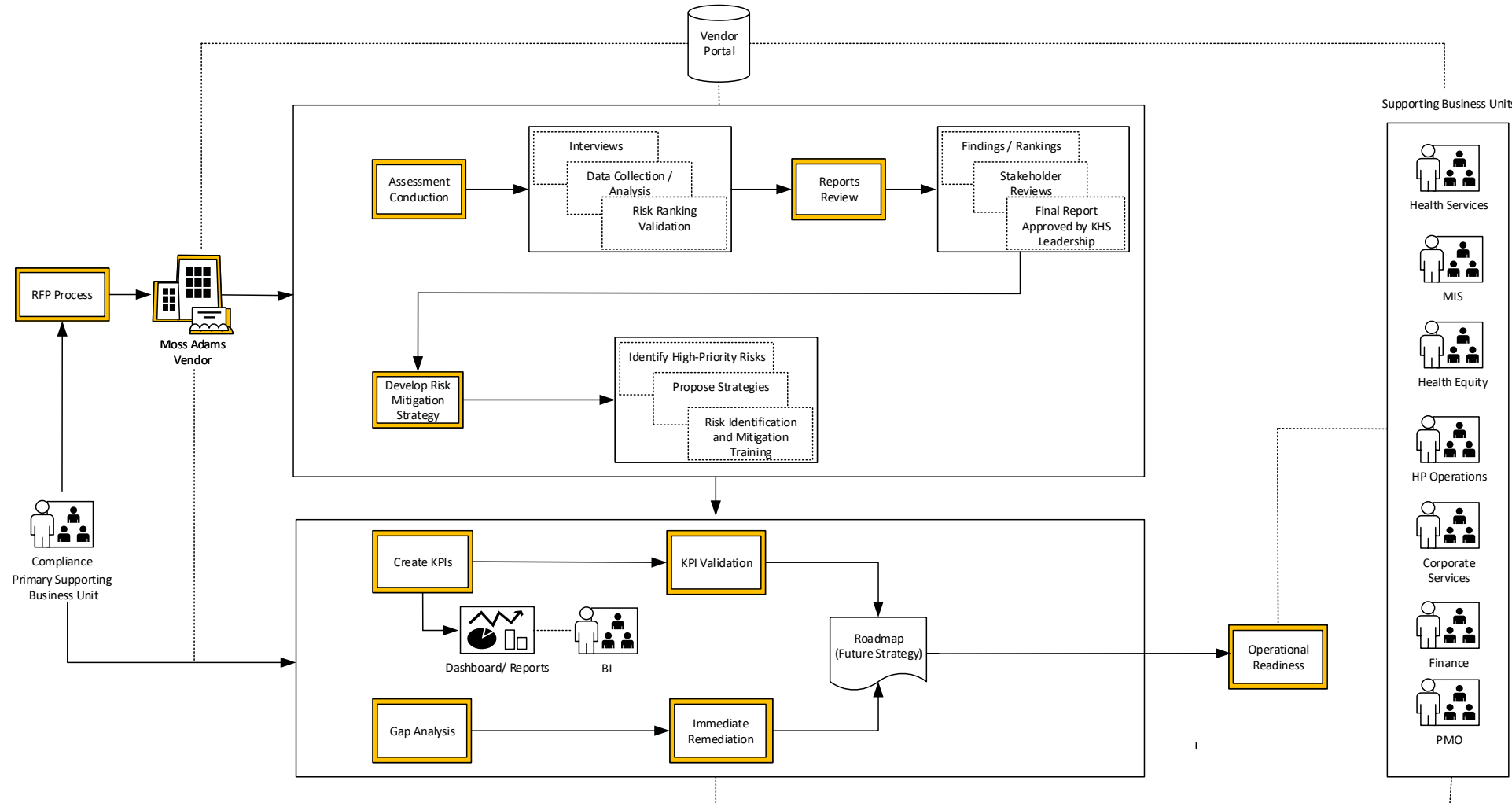
In December 2024, the Kern Health Systems HS Compliance Department received Board of Directors approval to conduct an Enterprise Risk Management Assessment Project to strategically identify, assess, and prepare for potential harm that may interfere with an organization’s operations and objectives. Moss Adams and KHS Compliance staff initiated Phase 1 of 3 for the project on February 4, 2025.

Establishing an Enterprise Risk Management (ERM) program will provide the knowledge and framework to identify and evaluate emerging through design and launching a program that combines existing risk management practices, provides an explanation in familiar terms of how enterprise risk management will benefit KHS, and facilitate conversations around the topic of risk for all stakeholders.



**REQUESTED ACTION**

Receive and File the Enterprise Risk Management Project Update; Refer to the KHS Board of Directors.





Enterprise-Wide Risk Assessment Example Timeline

Tasks	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16	Week 17	Week 18
Kickoff Meeting																		
Status Updates																		
Receive Initially Requested Documentation																		
Develop Risk Universe																		
Meeting to Discuss Risk Universe and Finalize																		
Schedule individual stakeholder and group session meetings																		
Hold individual leadership and group session meetings																		
Provide initial ranked universe based on individual and group sessions																		
Meeting to discuss initial ranked universe																		
Identify risk owners																		
Schedule meetings with risk owners to discuss controls																		
Conduct meetings with risk owners																		
Apply control reliance and present updated risk ranked universe																		
Meeting to discuss updated risk ranked universe																		

KHS Governance and Compliance Committee Meeting, March 27, 2025

Major Deliverables (EPIC)	Major Deliverable Requirements (What and Why)	Requirement Details (Specifics)
<i>Data exchange (example)</i>	<i>ABC department requires multiple data files from XYZ so that we can manage members</i>	<i>1 daily Membership file - inbound</i>
Conduct Assessment	Regulatory Framework Alignment	Review OIG/DOJ guidelines and other applicable regulations to ensure the ERM framework complies with them. Adjust ERM strategies to align with these standards and address compliance needs.
	Gap Analysis	Conduct a thorough review of the current risk management environment. Document discrepancies between the existing processes and regulatory requirements.
	Risk Identification and Categorization	Identify existing risks across KHS domains. Categorize risks based on their impact and probability. Align risks with regulatory impact areas for prioritization.

	Scenario Analysis and Testing	Conduct scenario analysis for high-risk events. Test organizational readiness and response to those events.
	Internal Controls Assessment	Conduct a thorough review of internal controls. Test internal controls to evaluate their effectiveness.
Review Reports	Policy and Procedure Review	Review and assess current policies and procedures. Identify and address any gaps or deficiencies in regulatory compliance.
	Risk Reporting and Communication	Assess current risk reporting systems and communication channels. Ensure reports meet regulatory standards and are accessible to stakeholders.
	Third-Party Risk Management	Assess the third-party risk management processes. Evaluate compliance with regulatory standards in vendor oversight.
	Documentation and Audit Readiness	Document all ERM processes and strategies. Ensure documentation meets audit and regulatory standards.
	Prioritization of Gaps	Rank identified gaps based on severity, impact on compliance, operations, and financial risk. Use a risk scoring system to prioritize mitigation actions.

Develop Risk Mitigation Strategy	Mitigation Strategy Development	Develop actionable strategies for each identified gap. Ensure strategies are aligned with regulatory requirements and best practices.
	Resource Allocation	Review resource allocation for risk management. Ensure adequate resources are available for mitigation actions.
	Integration with Strategic Goals	Align risk management strategies with KHS's organizational goals. Ensure that ERM is integrated into overall strategic planning.
Create/Develop Key Performance Indicators (KPIs)	Risk Appetite and Tolerance	Review KHS's risk appetite and tolerance levels. Ensure these levels are consistent with regulatory standards and organizational goals.
	Monitoring and Continuous Improvement	Implement ongoing monitoring mechanisms for ERM. Develop a continuous improvement plan based on monitoring results.
	Risk Culture Evaluation	Assess organizational risk culture. Identify gaps in awareness, communication, and propose solutions.

Integration	Integration with Strategic Goals	Align risk management strategies with KHS's organizational goals. Ensure that ERM is integrated into overall strategic planning.
	Stakeholder Engagement	Hold meetings with stakeholders from relevant departments to discuss gaps and strategies. Ensure alignment between departments for unified risk management
	Training and Awareness Programs	Evaluate current training programs. Propose enhancements based on identified gaps.
Systems	Data Quality and Accessibility	Review data sources used in risk management. Assess quality and accessibility for decision-making.
	Risk Reporting and Communication	Assess current risk reporting systems and communication channels. Ensure reports meet regulatory standards and are accessible to stakeholders.
	Monitoring and Continuous Improvement	Implement ongoing monitoring mechanisms for ERM. Develop a continuous improvement plan based on monitoring results.





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## MEMORANDUM

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**TO:** Kern Health Systems Governance and Compliance Committee  
**FROM:** Deborah Murr, Chief Compliance and Fraud Prevention Officer  
**SUBJECT:** Proposed Draft Ticket Distribution Policy  
**DATE:** March 27, 2025

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### **BACKGROUND**

The purpose of a Ticket Distribution Policy (Policy) is to ensure that all tickets and/or passes that Kern Health Systems (KHS) receives from public and private entities and individuals are distributed in furtherance of governmental and/or public purposes as required pursuant to Fair Political Practices Commission (FPPC) Regulation Section 18944.1.

This new policy conforms to the requirements of Regulation 18944.1, and it increases the ability of KHS to distribute tickets to qualifying community organizations, in line with the actual distribution of tickets. It takes into consideration best practices for ticket distribution and reporting that are consistent with the previous and ongoing distribution of tickets. Specifically, tickets covered by the policy include gratuitously provided to KHS by an outside source and distributed to KHS Representatives or purchased by KHS and distributed to KHS Representatives.

### **REQUESTED ACTION**

Receive and File; Refer to the KHS Board of Directors.



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
<b>Policy Title</b>	Ticket Distribution Policy	<b>Policy #</b>	14.xxxx
<b>Policy Owner</b>	Compliance	<b>Original Effective Date</b>	xx/2025
<b>Revision Effective Date</b>		<b>Approval Date</b>	
<b>Line of Business</b>	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare		

## I. PURPOSE

The purpose of this Ticket Distribution Policy (Policy) is to ensure that all tickets and/or passes that Kern Health Systems (KHS) receives from public and private entities and individuals are distributed in furtherance of governmental and/or public purposes as required pursuant to Fair Political Practices Commission (FPPC) Regulation Section 18944.1.

This Policy conforms to the requirements of Regulation 18944.1, and it increases the ability of KHS to distribute tickets to qualifying community organizations, in line with the actual distribution of tickets. It takes into consideration best practices for ticket distribution and reporting that are consistent with the previous and ongoing distribution of tickets.

## II. POLICY

### A. Tickets Covered by this Policy

1. Gratuitously provided to KHS by an outside source and distributed by the Ticket Coordinator to KHS Representatives; and
2. Purchased by KHS = and distributed by the Ticket Coordinator to KHS Representatives.

### B. Limitations and Exclusions

1. This Policy shall only apply to KHS's distribution of Tickets to, or at the behest of, a KHS Representative. Consideration of equal or greater value shall be presumed if the Tickets are distributed pursuant to this Policy.
2. This Policy shall apply only to Tickets to entertainment, amusement, recreational, or similar events and functions that further a public purpose in accordance with title 2, section 18944.1, of the California Code of Regulations. Tickets that are distributed as provided in this policy will



not result in a gift to the KHS Representative who receives the tickets.

2. This Policy shall apply only if (i) the Ticket is not earmarked by the original source of the Ticket for use by the specific KHS Representative who uses the Ticket, (ii) the Ticket Coordinator accepts the Ticket on behalf of KHS, (iii) the Ticket is provided by the Ticket Coordinator to a KHS Representative or at the behest of a KHS Representative, and (iv) the Ticket Coordinator determines in his/her sole discretion which Representative may use the Ticket.
3. This Policy shall not apply to any other item of value provided to KHS or KHS Representative unless the item is provided to all members of the public with the same class of Ticket, such as food and beverages. Any other benefits may be reportable on the KHS Representative's Form 700 and be subject to state law and FPPC regulations related to gifts to public Representatives.
4. This Policy does not apply to up to two ticket(s) or other admission to political fundraising event or non-profit (501(c)(3) exempt organization fundraisers that are provided directly to the KHS Representative for use by the KHS Representative and one other guest and does not involve KHS. Such tickets or admissions are not considered gifts or income in accordance with FPPC Regulation 18946.4.
5. This Policy does not apply to any Ticket received by a KHS Representative that:
  - (a) The KHS Representative treats as income consistent with applicable state and federal income tax laws and regulations and KHS reports the distribution of the Ticket as income to the KHS Representative; or
  - (b) For which the KHS Representative pays the fair market value, or for which the KHS Representative reimburses the original source of the Ticket in accordance with FPPC Regulations, or for which the KHS Representative pays or reimburses KHS for the fair market value; or
  - (c) Is a "gift" to the KHS Representative in accordance with FPPC Regulations whether or not the KHS Representative reports the gift on the KHS Representative's Form 700.
6. This Policy does not apply to a Ticket provided to a KHS Representative for his or her admission to an event at which the KHS Representative performs a ceremonial role or function on behalf of KHS. Such Tickets are exempt from disclosure or reporting requirements under FPPC Regulations in effect as of the date of the adoption of this policy.

### **C. Ticket Distribution for Public Purposes**

The distribution of any Ticket by KHS to, or at the behest of, a KHS Representative shall further a public purpose as defined below, or as otherwise considered and approved by the KHS Board of Directors where not listed herein. KHS may accomplish one or more of the following public purposes through the distribution of Tickets to, or at the behest of, a KHS Representative:

1. Support or promotion of KHS.
2. Sponsorships of events, activities, or programs of KHS.
3. Support or promotion of local nonprofit health care related charitable organizations and foundations.

4. Sponsorships of events, activities, or programs of local nonprofit health care related charitable organizations and foundations.
5. Sponsorship, promotion, or increasing public exposure to and awareness of the KHS's mission to promote good health to the staff, members, providers, and community partners of KHS.
6. Sponsorships or promotion of special events in accordance with a KHS contract.
7. Representation or promotion of KHS recognition, visibility, and/or profile on local, state, or federal levels.
8. Recognizing or rewarding meritorious service of a KHS Representative or employee with a Ticket for their personal use, including to support general employee morale and retention, except if the KHS Representative is a member of the governing body, the chief administrative officer of the agency, political appointee, or department head.

#### **D. Purchase of Tickets or Passes**

KHS Representatives may request the Ticket Coordinator purchase up to two (2) tickets in accordance with the public purposes of this Policy for use by the KHS Representative, and an immediate family member (spouse or dependent child), or one other person.

#### **E. Transfer, Sale, and Reimbursement Prohibitions**

The transfer by any KHS Representative of any Ticket, distributed to such KHS Representative pursuant to this Policy, to any other person, except to one guest or members of the KHS Representative's Immediate Family for their personal use, is prohibited. No person receiving a Ticket pursuant to this Policy shall be permitted to sell, receive reimbursement for the value of, or further transfer any Ticket.

#### **F. Return of Tickets**

Any KHS Representative or any member of KHS Representative's Immediate Family, or any person or entity receiving a Ticket at the behest of any KHS Representative, may return any unused Ticket to the Ticket Coordinator for redistribution pursuant to this Policy, provided such Ticket(s) is/are returned prior to the event taking place. A KHS Representative is not required to report on Form 802 any Ticket returned pursuant to this Section prior to the event taking place. Any Ticket returned unused but after the event has taken place shall be deemed to have been used by the recipient and reported as such on Form 802.

#### **G. Website Posting**

This Policy and all completed FPPC Form 802s, or a summary of the information on the Form 802, shall be posted on KHS's website in a prominent fashion within thirty (30) days after the Ticket distribution.

#### **H. Reporting**

KHS shall report the distribution of a Ticket as required by title 2, section 18944.1, of the California

## Code of Regulations.

**III. DEFINITIONS**

TERMS	DEFINITIONS
Organization	Shall mean Kern Health Systems (KHS)
Organization Representative	Shall mean and refer to Kern Health System's "public Representatives" as that term is defined by Government Code Section 82048 and FPPC Regulation Section 18701, as these sections are amended from time to time.
FPPC	Shall mean the California Fair Political Practices Commission.
FPPC Regulations	Shall mean the regulations of the FPPC set forth in Title 2, Division 6, of the California Code of Regulations.
Immediate Family	Shall have the same meaning as set forth in Government Code Section 82029 as the same may be amended from time to time. As of the date of adoption of this Policy, the term "Immediate Family" is defined in Section 82029 as the Representative's spouse and dependent children.
Policy	Shall mean this Ticket Distribution Policy.
Fair Market Value	Shall mean "fair market value" as defined in title 2, section 18946, of the California Code of Regulations, as it now exists or as it may be amended in the future.
Ticket/Pass	Shall mean a "ticket or pass" as that term is defined in FPPC Regulation 18944.1, as amended from time to time, but which currently defines a "ticket or pass" as access, entry, or admission to a facility, event, show or performance for an entertainment, amusement, recreational, or similar purpose for which similar tickets or passes are sold to the public to view, listen to, or otherwise take advantage of the attraction or activity for which the ticket is sold. "Ticket" includes a "pass" as defined in this section, so that wherever this Policy uses the term "ticket," it means both tickets and passes. A ticket includes any benefits that the ticket provides.
Ticket Coordinator	Shall be Kern Health System's CEO or their designee who shall be the Agency Head responsible for implementing this policy, distributing tickets in accordance with this policy and completing and posting the FPPC Form 802.

**IV. PROCEDURES**

**A. Applicability**

- 1. A ticket not covered by this policy may be subject to separate disclosure requirements and the annual gift limit under the California Political Reform Act and related regulations. A KHS Representative who receives or behests a ticket not covered by this policy is solely responsible for determining, and complying with, all reporting requirements and the annual gift limit applicable to such ticket.
- 2. This Policy applies only to the benefits that the KHS Representative receives from the ticket that are provided to all members of the public with the same class of ticket. If the KHS Representative receives benefits, such as food and beverages, that are not provided to all members of the public with the same class of ticket, then the KHS Representative shall treat those benefits as gifts unless the KHS Representative provides consideration of equal or greater value for the benefits.
- 3. The use of tickets is a privilege extended by KHS and not the right of any person to whom the privilege may from time to time be extended.

**V. ATTACHMENTS**

Attachment A:
Attachment B:
Attachment C:
Attachment D:

**VI. REFERENCES**

Reference Type	Specific Reference
Regulatory	California Code of Regulations Title 2 Sections 18944.1; 18942.3
Regulatory	California Code of Regulations Title 2, section 18946
Choose an item.	

**VII. REVISION HISTORY**

Action	Date	Brief Description of Updates	Author
Effective			
Revised			

Retired			
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## VIII. APPROVALS

<b>Committees   Board</b> (if applicable)	<b>Date Reviewed</b>	<b>Date Approved</b>
Choose an item.		
Choose an item.		
Choose an item.		
Choose an item.		
Choose an item.		
Choose an item.		

<b>Regulatory Agencies</b> (if applicable)	<b>Date Reviewed</b>	<b>Date Approved</b>
Choose an item.		
Choose an item.		
Choose an item.		

<b>Chief Executive Leadership Approval *</b>		
<b>Title</b>	<b>Signature</b>	<b>Date Approved</b>
Chief Executive Officer		
Chief Operating Officer		
Chief Financial Officer		
Chief Compliance and Fraud Prevention Officer		
*Signatures are kept on file for reference but will not be on the published copy		



**KHS Policy & Procedure:**

**Last approved version:**

**Reason for Creation:**

Director Approval		
Title	Signature	Date Approved

Date posted to public drive: \_\_\_\_\_

Date posted to website (“P” policies only) : \_\_\_\_\_



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## MEMORANDUM

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**TO:** Kern Health Systems Governance and Compliance Committee  
**FROM:** Deborah Murr, Chief Compliance and Fraud Prevention Officer  
**SUBJECT:** Readily Artificial Intelligence Tool  
**DATE:** March 27, 2025

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### **BACKGROUND**

Kern Health System operates in a complex regulatory environment that requires constant vigilance to ensure alignment with California's Department of Health Care Services (DHCS), and Department of Managed Health Care (DMHC) All Plan Letters (APLs), Centers for Medicare and Medicaid Services (CMS), Health Plan Management System (HPMS) Memos, and federal and state laws. Keeping up with the volume and frequency of regulatory updates is a daunting task, often requiring extensive manual effort to interpret, track, and implement requirements across the organization.

Readily, an AI-powered compliance tool streamlines these processes by automatically monitoring, categorizing, and analyzing new regulatory communications, providing actionable insights in real-time. The tool will assist the compliance and other operational departments to prioritize critical updates and avoid costly delays or missed deadlines.

Readily is a robust solution for managing audit tracking and responding efficiently to inquiries. AI can centralize audit data, flag potential risks, and predict gaps based on historical trends, enabling a proactive approach to compliance. By integrating with existing systems, the tool can improve operational efficiency, reduce human error, and provide a scalable solution to meet increasing regulatory demands.

### **REQUESTED ACTION**

Approve; Refer to the KHS Board of Directors.







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## MEMORANDUM

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**TO:** Kern Health Systems Governance and Compliance Committee  
**FROM:** Jake Hall, Senior Director of Contracting and Quality Performance  
**SUBJECT:** Managed Care Accountability Set Update  
**DATE:** March 27, 2025

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### **Background**

The Managed Care Accountability Set (MCAS) is a California specific, focused subset of HEDIS (Health Effectiveness Data Information Set) measures that DHCS and DMHC uses to evaluate managed care plan performance. These measures include well child visits, adolescent vaccinations, breast cancer screenings, Diabetes monitoring, blood pressure control, and a host of other preventative care services. The measures are categorized into various “domains” such as Chronic Disease Management, Behavioral Health, Cancer Prevention, Women, and Children’s domains. The QP team is responsible for plan monitoring and oversight of MCAS performance annually, as well as evaluation of ongoing MCAS activities. This overview provides an update on our annual MCAS audit progress, 2025 year to date performance, and a comparison of 2025 versus 2024 performance.

### **Discussion**

See attached PowerPoint Presentation.

### **Fiscal Impact**

The fiscal impact of not achieving and maintaining satisfactory MCAS rates may be severe to the health plan. This includes sanctions which may come in the form of monetary fines, reduction in default assignment, reduction in membership, and ultimately revocation of the plan from the Medi-Cal program. Another cost is utilization and increased costs of care associated with the lack of preventive care, that turns preventable conditions into chronic conditions. The ultimate cost is paid by the membership in the form of reduced health status and diminished quality of life. Access to high quality and equitable care is what MCAS drives, and what we as a plan are striving to deliver to the more than 400,000 lives we cover.

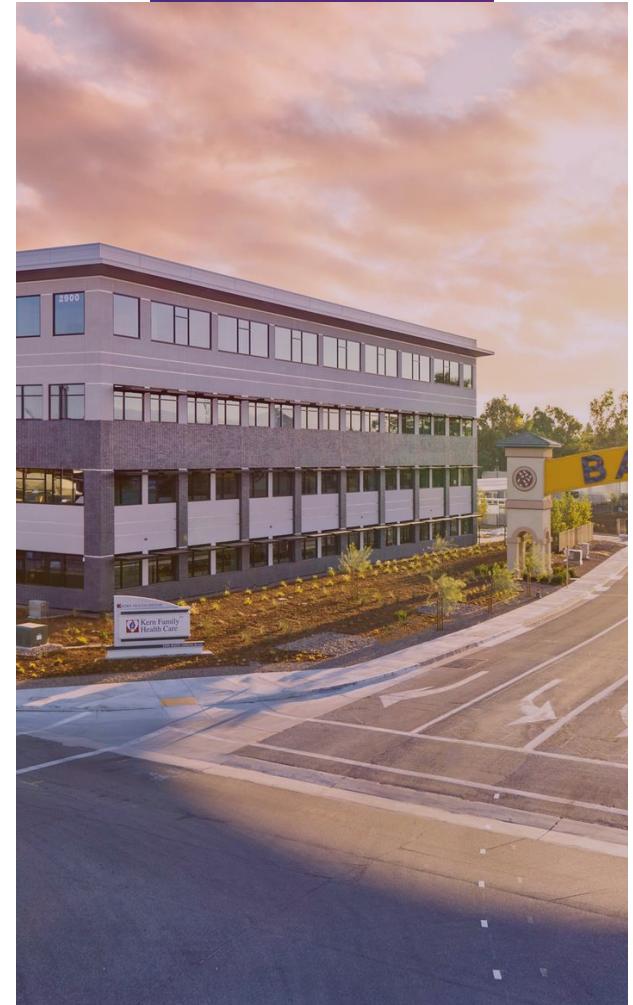
### **Requested Action**

Receive and File; Refer to KHS Board of Directors.

# Quality Performance

## MCAS

Jake Hall  
Senior Director of Contracting and Quality  
Performance



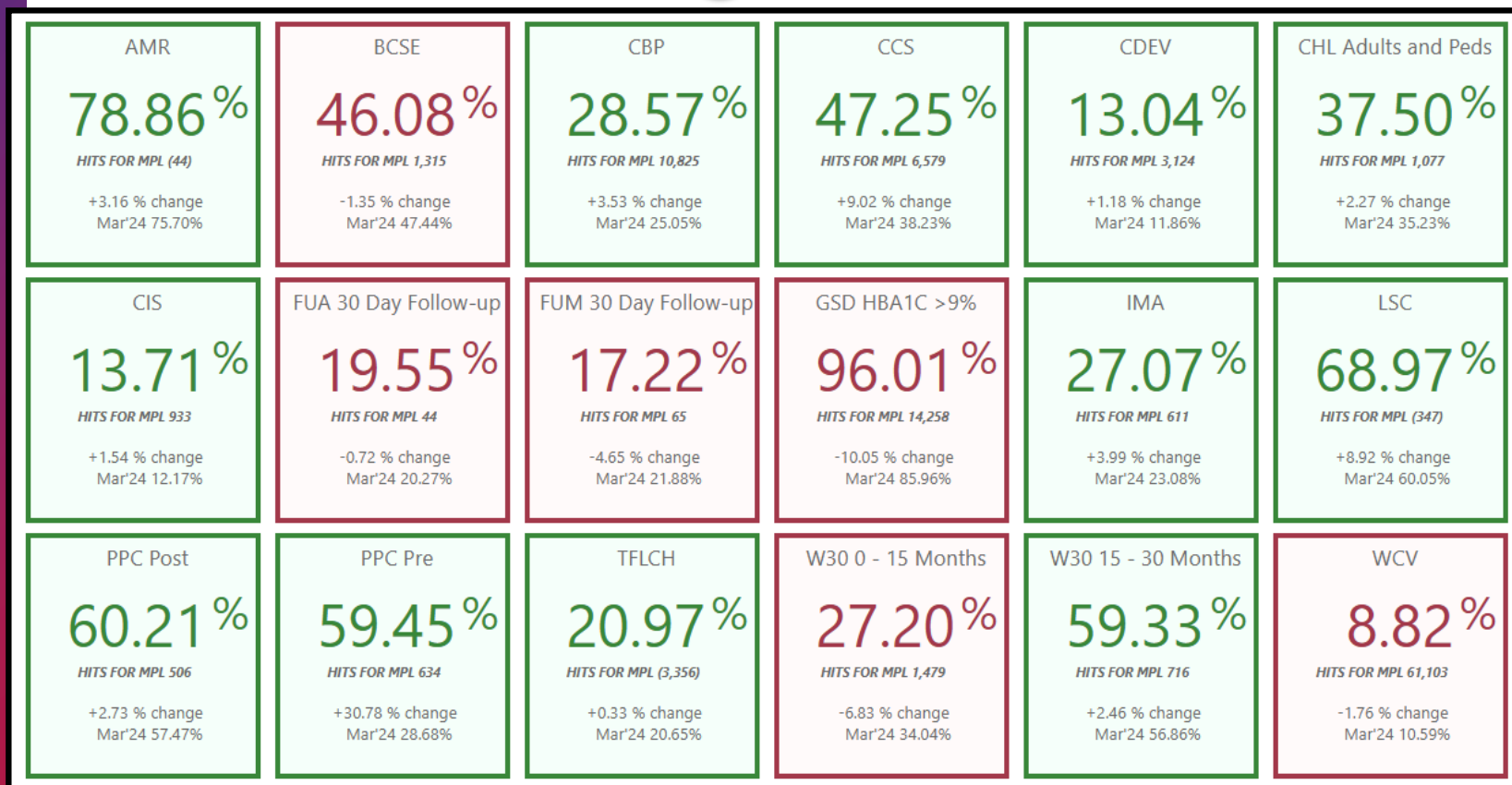
# 2025 YTD Performance

<b>AMR</b> <b>78.86%</b> <i>HITS FOR MPL (44)</i> MPL: 66.24% Over MPL by 12.62% AMR is not held to MPL.	<b>BCSE</b> <b>46.08%</b> <i>HITS FOR MPL 1,315</i> MPL: 52.68% Under MPL by 6.60%	<b>CBP</b> <b>28.57%</b> <i>HITS FOR MPL 10,825</i> MPL: 64.48% Under MPL by 35.91%	<b>CCS</b> <b>47.25%</b> <i>HITS FOR MPL 6,579</i> MPL: 57.11% Under MPL by 9.86%	<b>CDEV</b> <b>13.04%</b> <i>HITS FOR MPL 3,124</i> MPL: 35.70% Under MPL by 22.66%	<b>CHL Adults and Peds</b> <b>37.50%</b> <i>HITS FOR MPL 1,077</i> MPL: 55.95% Under MPL by 18.45%
<b>CIS</b> <b>13.71%</b> <i>HITS FOR MPL 933</i> MPL: 27.49% Under MPL by 13.78%	<b>FUA 30 Day Follow-up</b> <b>19.55%</b> <i>HITS FOR MPL 44</i> MPL: 36.18% Under MPL by 16.63%	<b>FUM 30 Day Follow-up</b> <b>17.22%</b> <i>HITS FOR MPL 65</i> MPL: 53.82% Under MPL by 36.60%	<b>GSD HBA1C &gt;9%</b> <b>96.01%</b> <i>HITS FOR MPL 14,258</i> MPL: 33.33% Under MPL by 62.68% Inverted Measure	<b>IMA</b> <b>27.07%</b> <i>HITS FOR MPL 611</i> MPL: 34.30% Under MPL by 7.23%	<b>LSC</b> <b>68.97%</b> <i>HITS FOR MPL (347)</i> MPL: 63.84% Over MPL by 5.13%
<b>PPC Post</b> <b>60.21%</b> <i>HITS FOR MPL 506</i> MPL: 80.23% Under MPL by 20.02%	<b>PPC Pre</b> <b>59.45%</b> <i>HITS FOR MPL 634</i> MPL: 84.55% Under MPL by 25.10%	<b>TFLCH</b> <b>20.97%</b> <i>HITS FOR MPL (3,356)</i> MPL: 19.00% Over MPL by 1.97%	<b>W30 0 - 15 Months</b> <b>27.20%</b> <i>HITS FOR MPL 1,479</i> MPL: 60.38% Under MPL by 33.18%	<b>W30 15 - 30 Months</b> <b>59.33%</b> <i>HITS FOR MPL 716</i> MPL: 69.43% Under MPL by 10.10%	<b>WCV</b> <b>8.82%</b> <i>HITS FOR MPL 61,103</i> MPL: 48.07% Under MPL by 39.25%

- ✓ Meeting MPL for measures
- ✓ 2 of 3 in children's domain
- ✓ Reflective of YTD admin data only



# 2025 Trending Performance



- Improving in 13 of 18 measures compared to same time last year



**KERN HEALTH  
SYSTEMS**

# MY2024 Audit Update

Hybrid Measures Held to MPL							
CCS	CIS-10	GSD*	CBP	IMA-2	PPC-Pre	PPC-Post	LSC
55.72	24.09	34.55	59.85	36.50	85.89	82.00	66.42
MPL: 57.18 Diff: -1.46	MPL: 27.49 Diff: -3.40	MPL: 33.33 Diff: -1.22	MPL: 64.48 Diff: -4.63	MPL: 34.3 Diff: 2.20	MPL: 84.55 Diff: 1.34	MPL: 80.23 Diff: 1.77	MPL: 63.84 Diff: 2.58
Hits Needed: 7	Hits Needed: 14	Hits Needed: 6	Hits Needed: 20	Hits Needed: 0	Hits Needed: 0	Hits Needed: 0	Hits Needed: 0
Admin Measures Held to MPL							
AMR	BCS-E	CHL	DEV	FUA	FUM	TFL-CH	W30(0-15M)
75.53	58.79	56.86	30.33	28.60	17.77	18.69	45.88
MPL: 66.24 Diff: 9.29	MPL: 52.68 Diff: 6.11	MPL: 55.95 Diff: 0.91	MPL: 35.70 Diff: -5.37	MPL: 36.18 Diff: -7.58	MPL: 53.82 Diff: -36.05	MPL: 19.00 Diff: -0.31	MPL: 60.38 Diff: -14.50
Hits Needed: 0	Hits Needed: 0	Hits Needed: 0	Hits Needed: 722	Hits Needed: 134	Hits Needed: 360	Hits Needed: 476	Hits Needed: 434
W30(15-30M)	WCV						
69.00	50.49						
MPL: 69.43 Diff: -0.43	MPL: 51.81 Diff: -1.32						
Hits Needed: 25	Hits Needed: 1,852						
		Indicates KHS did not met MPL		Indicates KHS met or exceeded MPL			
		Indicates KHS need 5% or less to met MPL		Indicates KHS met or exceeded HPL			
Note: 'Hits Needed' is the number of compliant members needed to reach MPL							
For GSD* A lower rate indicates better performance therefore the number of required numerators must decrease by the number shown.							

- Currently meeting MPL for 7 of 18 measure
- Within 5% of MPL for 5 additional measure
- 55% of charts reviewed to date
- Pending 2 lag runs to capture additional ad
- On track to exceed MY2023 performance

- Currently meeting MPL for 7 of 18 measures
- Within 5% of MPL for 5 additional measures
- 55% of charts reviewed to date
- Pending 2 lag runs to capture additional admin data
- On track to exceed MY2023 performance

You + Us = **a better day!**

**Thank you!**

