



**KERN HEALTH
SYSTEMS**

**PUBLIC POLICY/COMMUNITY
ADVISORY COMMITTEE**

Tuesday, September 26, 2023

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
1st Floor Board Room

Tuesday, September 26, 2023

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

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 June 27, 2023
APPROVE
- CA-4) Report on September 2023 Medi-Cal Membership Enrollment RECEIVE AND FILE
- CA-5) Report on Health Education for Q2 2023 -
RECEIVE AND FILE
- CA-6) Report on Marketing Medi-Cal Redetermination -
RECEIVE AND FILE
- 7) Report on Member Services - Grievance Operational Report and Grievance Summary for Q2 2023 -
APPROVE

- 8) Health Equity - Community Advisory Committee 2024 Changes -
APPROVE

ADJOURN MEETING TO TUESDAY, December 12, 2023 AT 11:00 A.M.

(This date may change due to the holiday schedules and the availability of the committee members.)

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

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

SUMMARY

PUBLIC POLICY/COMMUNITY ADVISORY COMMITTEE

KERN HEALTH SYSTEMS
2900 Buck Owens Boulevard
Bakersfield, California 93308

Regular Meeting
Tuesday, June 27, 2023

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: 8 Present; 5 Absent – Jennifer Wood, Jasmine Ochoa, Mark McAlister, Tammy Torres, Yadira Ramirez

Meeting called to order by Isabel Silva, Director of Health Education and Cultural and Linguistics Services, at 11:07 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.

COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

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- CA-3) Minutes for Public Policy/Community Advisory Committee meeting on March 28, 2023 -
APPROVED
Hefner-Louey: 8 Ayes; 5 Absent – Wood, Ochoa, McAlister, Torres, Ramirez
- CA-4) Report on June2023 Medi-Cal Membership Enrollment -
RECEIVED AND FILED
Hefner-Louey: 8 Ayes; 5 Absent – Wood, Ochoa, McAlister, Torres, Ramirez
- CA-5) Report on Health Education for Q1 2023 -
RECEIVED AND FILED
Hefner-Louey: 8 Ayes; 5 Absent – Wood, Ochoa, McAlister, Torres, Ramirez
- 6) Report on Member Services Grievance Operational Report and Grievance Summary for Q1 2023 -
APPROVED
Hefner-Louey: 8 Ayes; 5 Absent – Wood, Ochoa, McAlister, Torres, Ramirez
- QUON LOUEY SUGGESTED TRACKING POSITIVE FEEDBACK IF POSSIBLE, AND KAELSUN SINGH-TYISKA SUGGESTED WE CREATE A QR CODE FOR EASIER ACCESS FOR MEMBERS TO COMMENT POSITIVE EXPERIENCES.
- 7) Marketing Department Medi-Cal Redetermination presentation -
RECEIVED AND FILED
- 8) Health Education Tobacco Cessation Program presentation -
RECEIVED AND FILED

MEETING ADJOURNED BY ISABEL SILVA, DIRECTOR OF HEALTH EDUCATION AND CULTURAL AND LIGUISTICS SERVICES,
AT 11:57 AM TO SEPTEMBER 26, 2023 AT 11:00 AM

KHS September 2023 ENROLLMENT:

Medi-Cal Enrollment

As of September 1, 2023, Medi-Cal enrollment is 235,105, which represents a decrease of 1.4% from August enrollment.

Seniors and Persons with Disabilities (SPDs)

As of September 1, 2023, SPD enrollment is 17,969, which represents a decrease of 0.5% from August enrollment.

Expanded Eligible Enrollment

As of September 1, 2023, Expansion enrollment is 97,585, which represents a decrease of 2.3% from August enrollment.

Kaiser Permanente (KP)

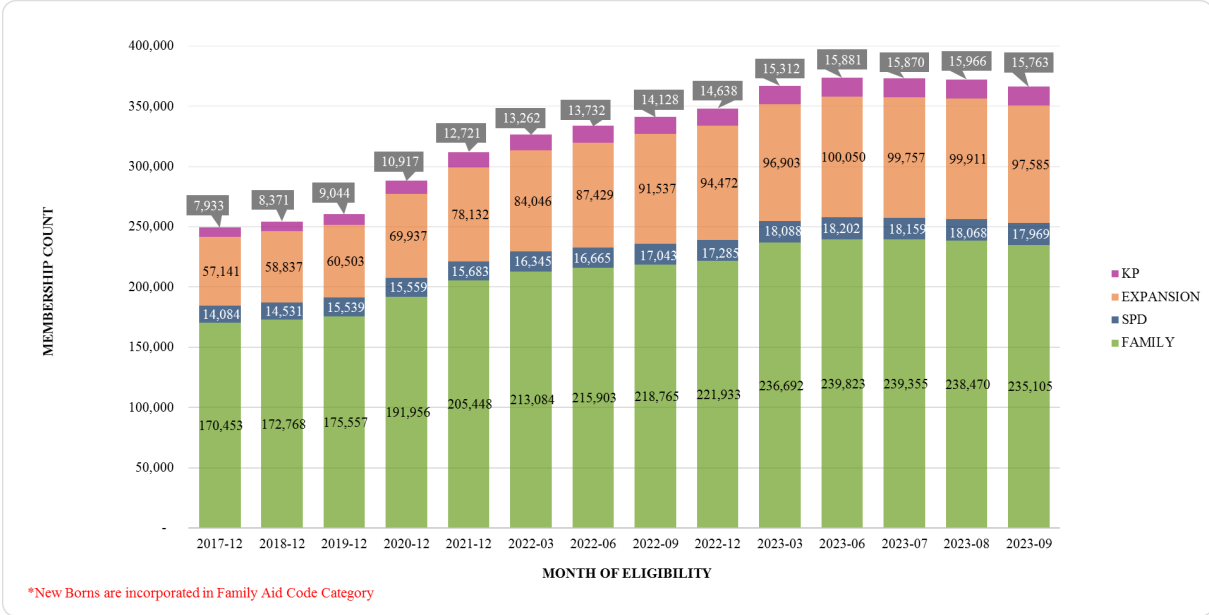
As of September 1, 2023, Kaiser enrollment is 15,763, which represents a decrease of 1.3% from August enrollment.

Total KHS Medi-Cal Managed Care Enrollment

As of September 1, 2023, total Medi-Cal enrollment is 366,422, which represents a decrease of 1.6 % 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
2021-12	204,999	15,683	78,132	12,721	449	311,984
2022-03	212,658	16,345	84,046	13,262	426	326,737
2022-06	215,437	16,665	87,429	13,732	466	333,729
2022-09	218,230	17,043	91,537	14,128	535	341,473
2022-12	221,429	17,285	94,472	14,638	504	348,328
2023-03	236,259	18,088	96,903	15,312	433	366,995
2023-06	239,364	18,202	100,050	15,881	459	373,956
2023-07	238,904	18,159	99,757	15,870	451	373,141
2023-08	237,971	18,068	99,911	15,966	499	372,415
2023-09	234,623	17,969	97,585	15,763	482	366,422

KHS Public Policy Community Advisory Committee - September 26, 2023





To: Public Policy/Community Advisory Committee

From: Isabel Silva, MPH

Date: September 26, 2023

Re: 2023 2nd Quarter Health Education, Cultural & Linguistics Activities Report

Background

KFHC's 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 KFHC have a Cultural and Linguistic Services Program and that KFHC 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 2023.

Requested Action

Receive and File.

Kern Health Systems
Health Education, Cultural and Linguistic Activities Report
2nd Quarter 2023

Executive Summary

Report Date: August 15, 2023

OVERVIEW

Kern Health Systems' Health Education (HE) department provides comprehensive, culturally, and linguistically competent services to plan members with the intent of promoting healthy behaviors, improving health outcomes, reducing risk for disease and empowering plan members to be active participants in their health care. The Executive Summary below highlights the larger efforts currently being implemented by the HE department. Following this summary reflects the statistical measurements for the HE department detailing the ongoing activity for Q2 2023.

Cultural and Linguistics Program

- Linguistic Performance Audits
 - Bilingual Staff Calls
 - Over-the-Phone Interpreter Calls
- Member Satisfaction with Interpreter Services
 - In-Person Interpreter Survey
 - Over-the-Phone Interpreter Survey
 - Post Call Surveys
- Written Translation Audit
 - Corporate website

Health Education Program

- Live Better Program
 - Buttonwillow, Delano and Taft (pending)
 - No cost community-based fitness and lifestyle education program
- New Evidence-Based Curriculums & Tools
 - Eat Healthy, Be Active (Office of Disease Prevention and Health Promotion)
 - Activity + Eating (Dairy Council of CA)
 - Healthwise Patient Education and Self-Management Tools
- Health Education Service Audits
 - Audit Tool Developed. Evaluates the planning and preparation, implementation and delivery and member engagement during health education classes. Provides insight on opportunities for future trainings to improve class facilitation and member experience.
- Member Satisfaction
 - Class Evaluation Surveys
 - Pre and Post knowledge Surveys

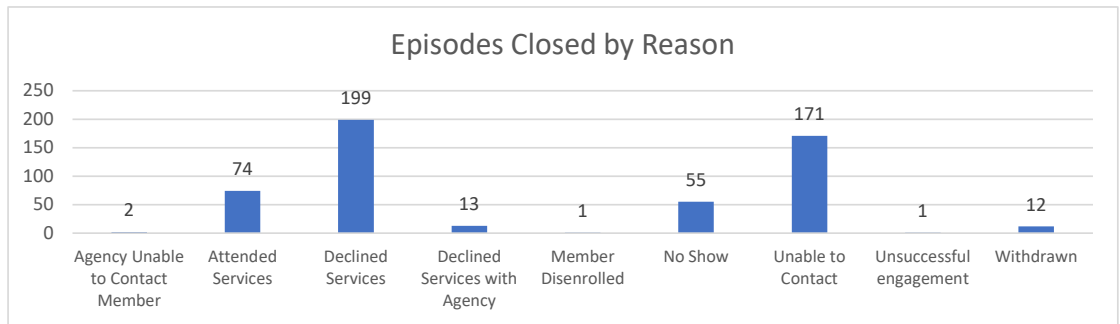
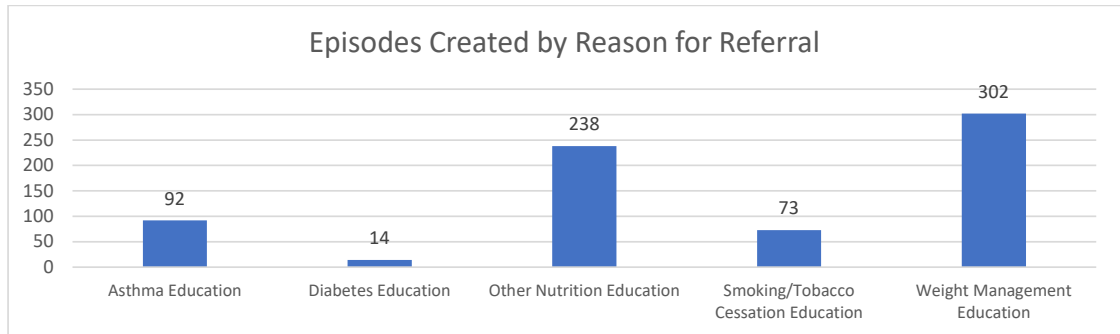
Respectfully submitted,

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

Kern Health Systems
Health Education, Cultural and Linguistic Activities Report
2nd Quarter 2023

Referrals for Health Education Services

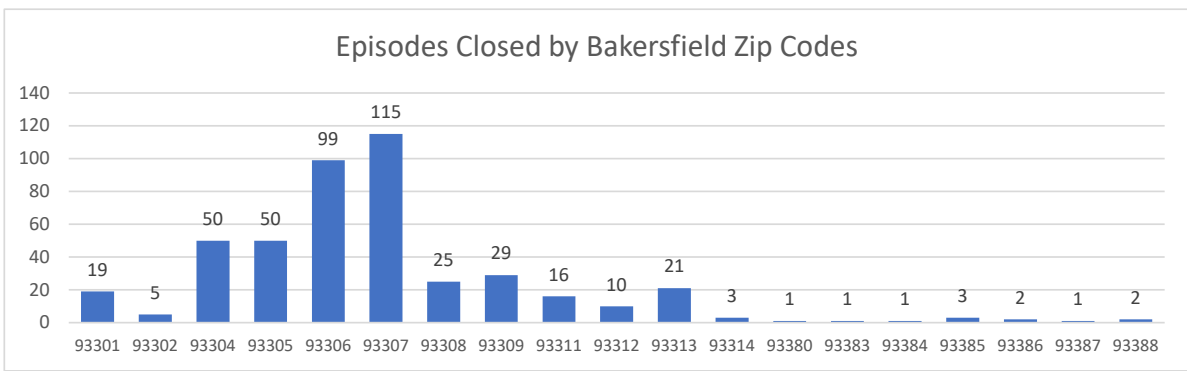
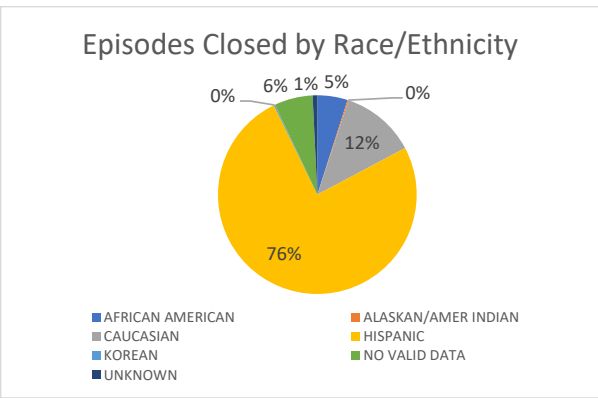
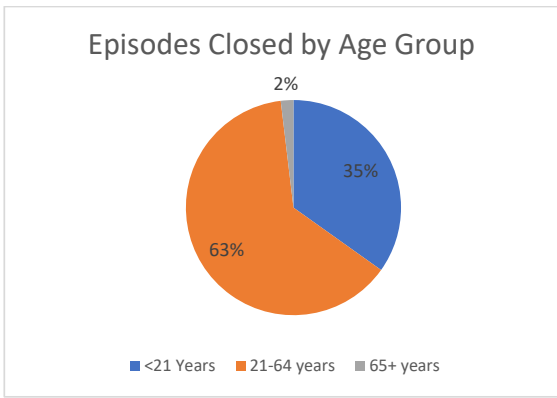
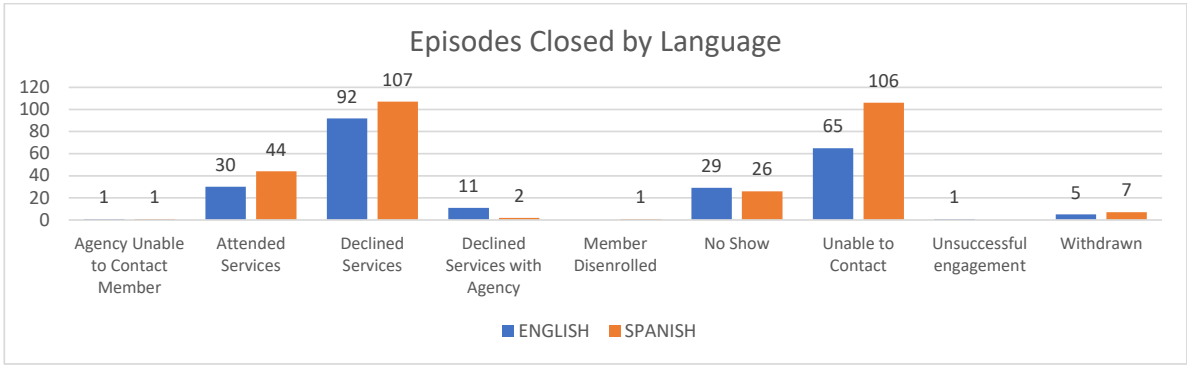
During Q2, there were 719 referrals for health education services which is a 13% increase in comparison to the previous quarter. Requests for Weight Management continues to be the primary reason for health education services. Additionally, the health education service acceptance rate decreased from 52% between Q1 to Q2 whereas the received services rate increased from 67% in Q1 to 70% in Q2.



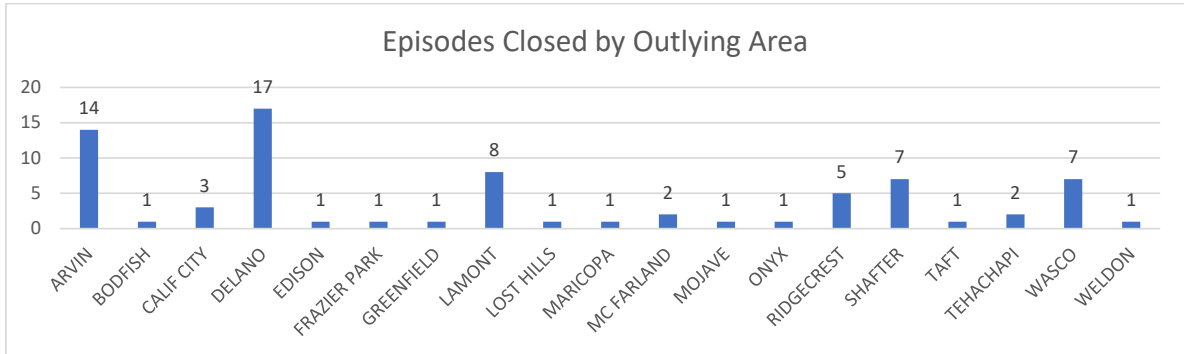
Demographics of Members

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

Kern Health Systems
Health Education, Cultural and Linguistic Activities Report
2nd Quarter 2023



Kern Health Systems
Health Education, Cultural and Linguistic Activities Report
2nd Quarter 2023



Health Education Service Audit

The Health Education Service Audit Tool considers a variety of markers to determine the quality of Health Education Services being provided to members. It includes observations on planning and preparation, implementation and delivery, and member engagement during health education classes. During Q2, 6 classes and 3 facilitators were evaluated. The classes observed were in English or Spanish and represented a variety of combinations among the facilitators and technical assistants. Class format was in-person or virtual. The average score was an 87% proficiency among facilitators and ranges from 72% to 100%.

Health Education Class Evaluations

Health Education classes include an evaluation questionnaire for participants. The questionnaire is provided at the end of the class. Findings revealed that more than 95% of participants were satisfied with the services.

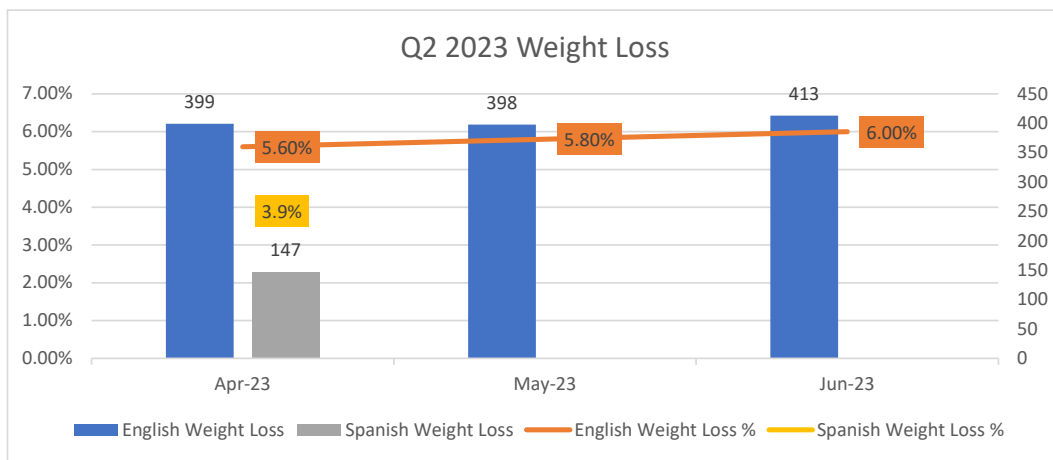


Kern Health Systems
Health Education, Cultural and Linguistic Activities Report
2nd Quarter 2023

Health Education Program Effectiveness

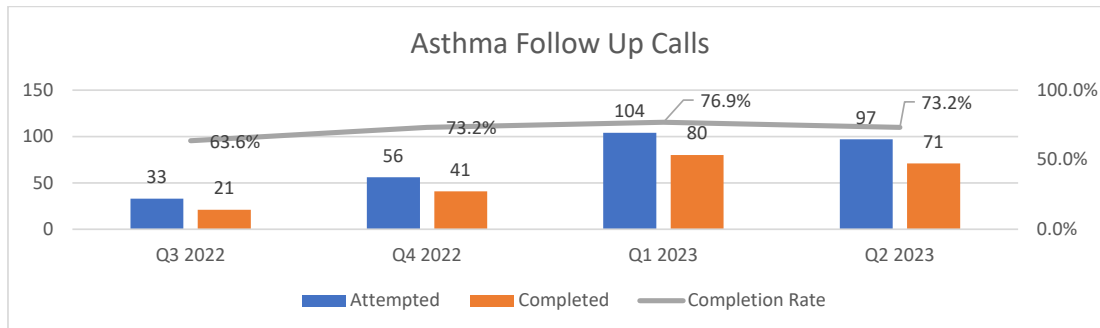
The Healthy Eating, Active Lifestyle classes include and pre and post test questionnaires. During Q2, findings revealed an average 2 percentage point increase in knowledge gained after completing the class series.

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program designed to prevent or delay the onset of type 2 diabetes among at risk members. By the end of Q2, the English cohort remained with 31 members enrolled. The Spanish cohort ended in April with 20 members completing and graduating DPP. By the end of Q2, the two cohorts lost a combined total of 560 lbs.



Asthma Education Effectiveness

Members who have attended KFHC asthma classes are offered asthma follow up calls. These calls occur at 1 month, 3 months, and 6 months after attending the classes. During the follow up call, members are screened to determine if asthma symptoms are well controlled using the Asthma Control Test (ACT) screening tool. An ACT score of 20 or higher is an indicator of well controlled asthma. During this quarter, 73.2% of members completed an asthma follow up call and improvements in ACT scores were found.



Kern Health Systems
Health Education, Cultural and Linguistic Activities Report
2nd Quarter 2023

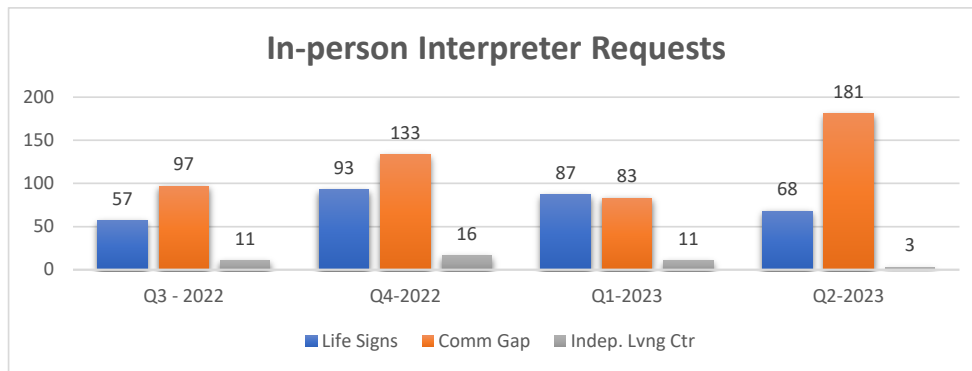
Q2 2023 Average ACT Scores		
Asthma Follow Up Calls		
Call Month	<12 years of age	12+ years of age
1	19.4	17.0
3	22.6	19.3
6	23.8	No scores

Interpreter Requests

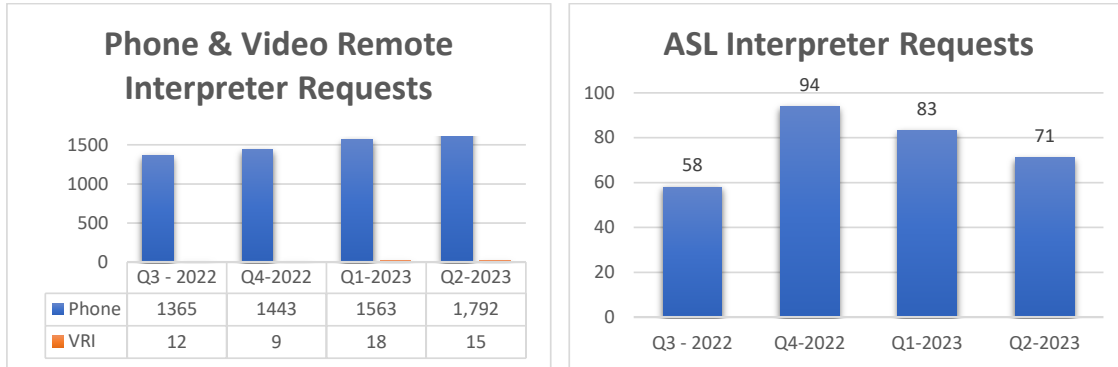
During this quarter, there were 181 requests for Face-to-Face Interpreting, 1,792 requests for Telephonic Interpreting, 15 for Video Remote Interpreting (VRI) and 71 requests for an American Sign Language (ASL) interpreter.

Top Face-to-Face Interpreting Languages Requested Phone and Video Remote
Spanish
Punjabi
Arabic

Top Face-to-Face Interpreting Languages Requested In- person
Spanish
Cantonese
Arabic

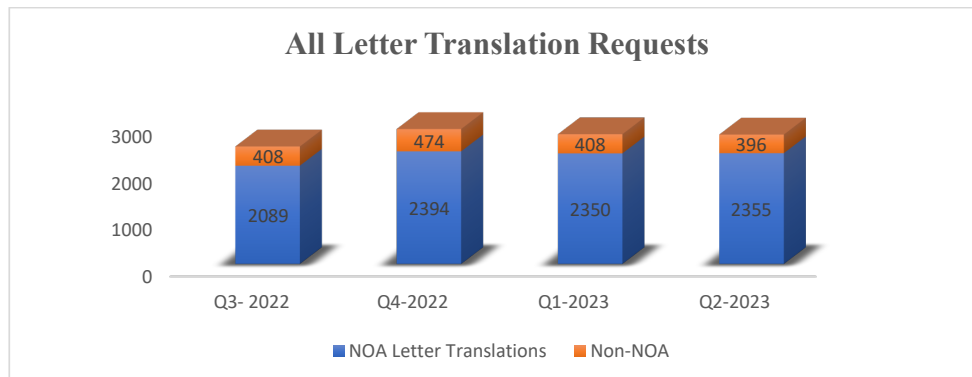


Kern Health Systems
Health Education, Cultural and Linguistic Activities Report
2nd Quarter 2023



Written Translations

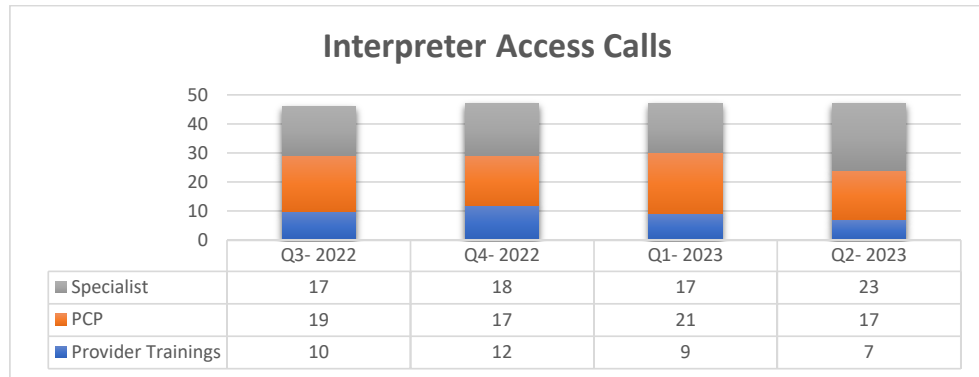
The HE department coordinates the translation of written documents for members. Translations are performed in-house by qualified translators or outsourced through a contracted translation vendor. During this quarter, 2,751 requests for written translations were received.



Interpreter Access Survey Calls

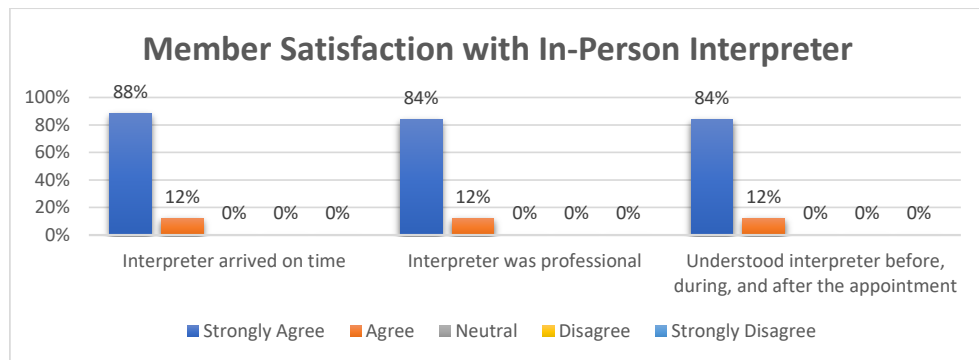
Each quarter, the Provider Network Management department conducts an interpreter access survey among KHS providers. During Q2, 17 PCPs and 23 Specialists participated in this survey. Of these providers, 7 received a refresher training on KHS' C&L services.

Kern Health Systems
Health Education, Cultural and Linguistic Activities Report
2nd Quarter 2023



Member Satisfaction Surveys

During this quarter, a total of 25 satisfaction surveys were collected from members who received in-person interpreting services and more than 95% of members reported they “Strongly Agreed” or “Agreed” being satisfied with their interpreter.



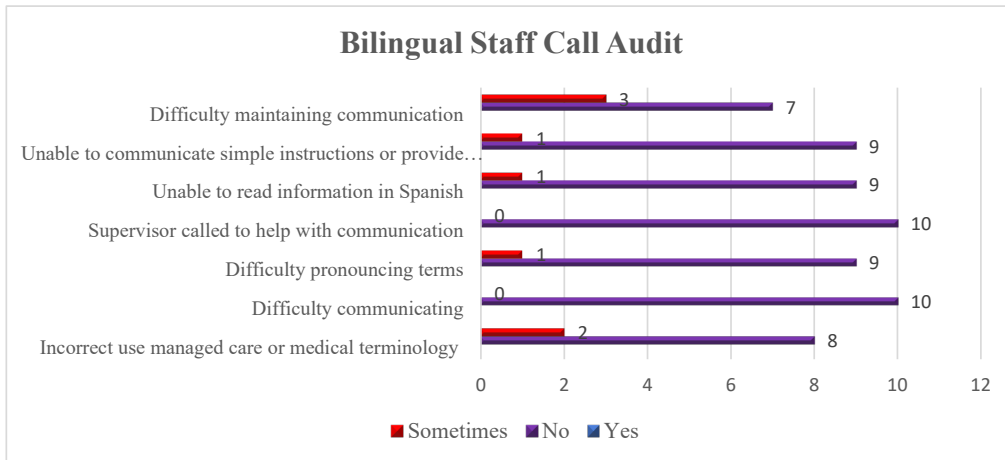
Over-the-Phone (OPI) Interpreter Call Monitoring

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

Kern Health Systems
Health Education, Cultural and Linguistic Activities Report
2nd Quarter 2023

Bilingual Staff Call Audit

During this quarter, a total of 10 Spanish audio calls from KHS member facing departments were reviewed to assess the linguistic performance of the Bilingual Staff. Findings revealed that 88% of Bilingual staff did not have difficulty communicating with members in a non-English language.





To: KHS Public Policy/Community Advisory Committee
From: Louis Iturriria
Date: September 26, 2023
Re: Marketing & Member Engagement Report- KFHC Medi-Cal Renewals Update

Background:

During the public health emergency (PHE), the Department of Health Care Services froze Medi-Cal redeterminations. The unwinding of Medi-Cal continuous enrollment provision began in April 2023 for Medi-Cal eligibles who are due to renew their Medi-Cal eligibility beginning in June 2023. During the unwinding of Medi-Cal continuous enrollment, the State, County, KHS, and other stakeholders are working together to ensure continuity of coverage since the complete Medi-Cal redetermination process resumed. Given that more than half of Medi-Cal enrollees complete their annual renewal through the manual mailing process, this collaboration is even more important.

Kern DHS out stationed two full time Human Services Technicians (HST) staff and one part time Supervisor on-site at KHS. KHS funds these positions to assist Kern DHS process updates from KHS and complete the renewal process for KHS members. In addition to the 2.5 DHS staff, KHS has brought on board over 25 additional staff (Member Navigators) who are fully trained to answer redetermination questions and can help members complete the renewal process over the phone or in person at KHS. In April 2023, Kern DHS began sharing eligibility data with KHS that includes which members must complete the manual mailing renewal process along with timelines and due dates. KHS is communicating the importance of completing this process to members using text messages, mail, robocalls, phone calls, and the KFHC Member Portal. KHS is also sharing renewal information with staff and contracted providers so they can inform members of their upcoming renewal date and connect them with help completing the process.

Update:

KHS brought on board 5 additional staff (Community Enrollment Navigators) to answer redetermination questions and help members complete the renewal process. The Community Navigators are located at provider partner sites in Bakersfield and the outlying areas of Delano, McFarland, Taft, and Arvin. Kern DHS also granted designated KHS staff to have access to the CalSAWS system (the State Medi-Cal eligibility system) to assist in determining mutual beneficiaries Medi-Cal renewal status and resolution needed to ensure successful Medi-Cal renewals. KHS also began conducting direct outreach to the disenrolled members in a hold status who have 90 days (from disenrollment date) to complete their renewal to be retroactively enrolled to their disenrollment date. In addition, the KFHC Advertising Campaign was revised to focus on redetermination awareness and encouraging members to take action (see attached).

Next Steps:

KHS will continue the direct member outreach activities along with working with providers, local Medi-Cal enrollment entities, and community-based organizations to support the correct completion of the renewal applications which Kern DHS will review and use to determine eligibility. We will also continue direct outreach to the disenrolled members in a hold status.

Requested Action

Receive and File

September 26, 2023

Marketing CAC Report

Billboards—Keep Your Medi-Cal. Renew Today!

English



Spanish



GET Bus Advertisement— Keep Your Medi-Cal. Renew Today!



Radio Ads— Keep Your Medi-Cal. Renew Today!

English

[CLICK HERE: Renew Your Medi-Cal Today! A Message From Kern Family Health Care. \(English\).](#)

Spanish

[CLICK HERE: ¡Renueve su Medi-Cal hoy! Un mensaje de Kern Family Health Care. \(Español\).](#)

TV Ads— Keep Your Medi-Cal. Renew Today!

English

[CLICK HERE: KFHC Enrollment \(English\).](#)

Spanish

[CLICK HERE: KFHC Enrollment TV Spanish](#)

Outreach Flyer

English

Spanish

Keep Your Medi-Cal. **RENEW TODAY!**

Keep yourself and your family covered.

**Pick one way to renew your
Medi-Cal coverage:**



Online
Visit www.benefitscal.com and choose the "Create an Account" link.



By Mail
Send the completed packet back to KCDHS, P.O. Box 511, Bakersfield, CA 93302.



In Person
Kern County Department of Human Services
100 E. California Avenue, Bakersfield, CA.



Phone
(877) 410-8812, TTY 711

KFHC Members– Need help filling out the forms?
Call **Member Services at (800) 391-2000, TTY 711.**

Scan to learn more.



Mantenga Su Medi-Cal. **¡RENUÉVELO HOY MISMO!**

**Manténgase y mantenga a su familia
con cobertura.**

**Elija una forma de renovar su
cobertura de Medi-Cal:**



En Línea
Visite www.benefitscal.com y elija el enlace "Crear una Cuenta".



Por Correo
Envíe el paquete con la información completa a KCDHS, P.O. Box 511, Bakersfield, CA 93302.



En Persona
Kern County Department of Human Services
100 E. California Avenue, Bakersfield, CA.



Teléfono
(877) 410-8812, TTY 711

Miembros de KFHC– ¿Necesitan ayuda para
completar las formas? Llame a **Servicios para
Miembros al (800) 391-2000, TTY 711.**

Escanear para obtener más información.



Paid Advertising— Social Mirroring Ads

English

Spanish





To: KHS QI/UM Committee

From: Nate Scott

Date: September 21, 2023

Re: Executive Summary for 2nd Quarter 2023 Operational Board Update - Grievance Report

Background

Executive Summary for 2nd Quarter 2023 Operational Board Update - Grievance Report:

When compared to the previous four quarters, the following trends were identified related to the Grievances and Appeals received during the 2nd Quarter, 2023.

- There was an overall increase in Grievances and Appeals in Quarter 2, 2023 when compared to Quarter 1, 2023. We can attribute this to our substantial increase in membership during the first quarter of the year.
- We can also attribute the overall increase in membership to the increase in access related grievances. Of the 233 access to care grievances, 180 were closed in favor of the Plan with no access issues identified and 53 closed in favor of the enrollee. All access grievances are tracked and trended by our Provider Network Management department.
- Appeals also rose slightly from Quarter 1, 2023 to Quarter 2, 2023. Utilization Management confirmed an overall increase of approximately 3,000 referral requests from the first to the second quarter, which would explain the increase in the number of appeals received. Of the 420 appeals received, 161 were upheld and closed in favor of the Plan and 259 were overturned and approved, closing in favor of the enrollee.
- Of the 1,757 Standard Grievance and Appeal cases, 1,148 were closed in favor of the Plan and 609 closed in favor of the Enrollee.

KHS Standard Grievance and Appeals per 10,000 members = 16.40 per month.

Requested Action

Receive and File

2nd Quarter 2023 Grievance Report

Category	2nd Quarter 2023	Status	Issue	Q1 2023	Q4 2022	Q3 2022	Q2 2022
Access to Care	233		Appointment Availability	123	108	132	117
Coverage Dispute	0		Authorizations and Pharmacy	0	0	0	0
Medical Necessity	420		Questioning denial of service	363	335	346	259
Other Issues	55		Miscellaneous	53	38	30	20
Potential Inappropriate Care	703		Questioning services provided. All cases forwarded to Quality Dept.	758	670	514	415
Quality of Service	282		Questioning the professionalism, courtesy and attitude of the office staff. All cases forwarded to PR Department	216	156	86	120
Discrimination (New Category)	64		Alleging discrimination based on the protected characteristics	62	46	73	34
Total Formal Grievances	1757			1575	1353	1181	965
Exempt	1873		Exempt Grievances-	1606	1816	2328	2087
Total Grievances (Formal & Exempt)	3630			3181	3169	3509	3052

Additional Insights-Formal Grievance Detail

Issue	2023 2nd Quarter Grievances	Upheld Plan Decision	Further Review by Quality	Overturned Ruled for Member	Still Under Review
Access to Care	138	121	0	17	0
Coverage Dispute	0	0	0	0	0
Specialist Access	95	59	0	36	0
Medical Necessity	420	161	0	259	0
Other Issues	55	44	0	11	0
Potential Inappropriate Care	703	471	0	232	0
Quality of Service	282	233	0	49	0
Discrimination	64	59	0	5	0
Total	1757	1148	0	609	0



To: KHS QI-UM Committee

From: Nate Scott

Date: September 21, 2023

Re: Executive Summary for 2nd Quarter 2023 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 2023, there were one hundred and fifty-three grievances and appeals received by KFHC members assigned to Kaiser Permanente. One hundred and forty-eight cases closed within thirty days of receipt while five cases were delayed closing after thirty days.

KHS Standard Grievance and Appeal cases per 10,000 members = 16.40 per month.

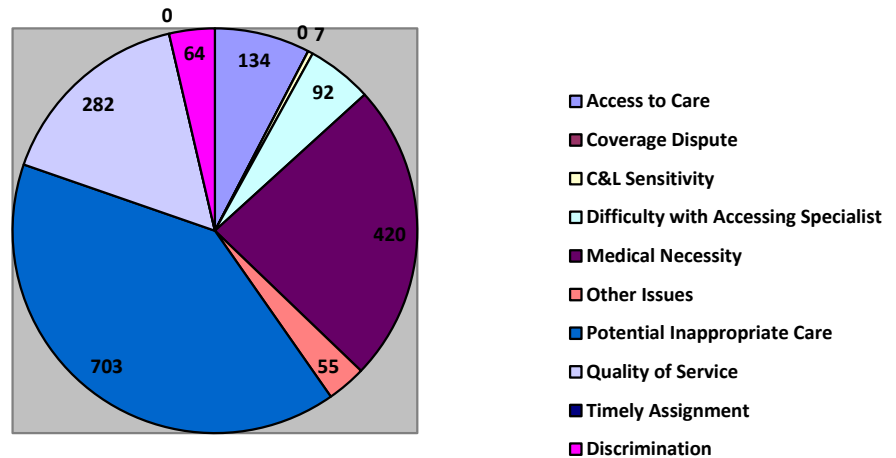
For KHS members assigned to Kaiser Grievances and Appeals per 10,000 = 32.11 per month.

Requested Action

Receive and File

2nd Quarter 2023 Grievance Summary

Issue	Number	In Favor of Health Plan	Under Review by Q.I	In favor of Enrollee	Still under review
Access to care	134	117	0	17	0
Coverage dispute	0	0	0	0	0
Cultural and Linguistic Sensitivity	7	5	0	2	0
Difficulty with accessing specialists	92	58	0	34	0
Medical necessity	420	161	0	259	0
Other issues	55	44	0	11	0
Potential Inappropriate care	703	471	0	232	0
Quality of service	282	233	0	49	0
Timely assignment to provider	0	0	0	5	0
Discrimination	64	59	0	5	0



Type of Grievances

KHS Grievances per 10,000 members = 16.40/month

During the second quarter of 2023, there were one thousand, seven hundred and seventy-seven standard grievances and appeals received. Six hundred and nine cases were closed in favor of the Enrollee. One thousand one hundred and forty-eight cases were closed in favor of the Plan. There were no grievances under review by the KHS Quality Improvement Department. There are no grievances that are still under review. Of the one thousand, seven hundred and seventy-seven standard grievances and appeals received, one thousand two hundred and seventy-eight cases closed within thirty days; sixty cases were pending and closed after thirty days.

2nd Quarter 2023 Grievance Summary

Access to Care

There were one-hundred thirty-four grievances pertaining to access to care. One-hundred seventeen closed in favor of the Plan. Seventeen cases closed in favor of the Enrollee. There are no cases still under review. The following is a summary of these issues:

Nineteen members complained about the lack of available appointments with their Primary Care Provider (PCP). Seventeen cases closed in favor of the Plan after the responses indicated the offices provided the appropriate access to care based on the Access to Care standards. 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.

Fifty-eight members complained about the wait time to be seen for a Primary Care Provider (PCP) appointment. Fifty-one cases closed in favor of the Plan after the responses indicated the members were seen within the appropriate wait time for a scheduled appointment or the members were at the offices to be seen as a walk-in, which are not held to the Access to Care standards. Seven 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. There are no cases still pending review.

Thirty-one members complained about the telephone access availability with their Primary Care Provider (PCP). Twenty-nine cases closed in favor of the Plan after the responses indicated the members were provided with the appropriate telephone access availability. Two cases closed in favor of the Enrollee after the responses indicated the members may not have been provided with the appropriate telephone access availability. There are no cases still pending review.

Twenty-six members complained about a provider not submitting a referral authorization request in a timely manner. Twenty cases closed in favor of the Plan after it was determined the referral authorization request had been submitted in a timely manner. Six cases closed in favor of the Enrollee after it was determined the referral authorization request may not have been submitted in a timely manner. There are no cases still pending review.

Coverage Dispute

There were no grievances pertaining to a Coverage Dispute issue.

Cultural and Linguistic Sensitivity

Seven members complained about the lack of available interpreting services to assist during their appointments. Two cases closed in favor of the Enrollee after the response from the provider indicated the member may not have been provided with the appropriate access to interpreting services. Five cases closed in favor of the Plan after the responses from the providers indicated the members were provided with the appropriate access to interpreting services. There are no cases still pending review.

2nd Quarter 2023 Grievance Summary

Difficulty with Accessing a Specialist

There were ninety-two grievances pertaining to Difficulty Accessing a Specialist. Fifty-eight cases closed in favor of the Plan. Thirty-four cases closed in favor of the Enrollee. There are no cases still under review. The following is a summary of these issues:

Two 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 the Access to Care Standards. There are no cases still under review.

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

Twenty-six members complained about the telephone access availability with a specialist office. Eighteen cases closed in favor of the Plan after the response indicated the member was provided with the appropriate telephone access availability. Eight cases closed in favor of the Enrollee after the response indicated the member may not have been provided with the appropriate telephone access availability. There are no cases still under review.

Seventeen 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. Five cases closed in favor of the Enrollee after it was determined the referral authorization request may not have been submitted in a timely manner. There are no cases still under review.

Six members complained about Scheduling with a specialist. Four cases closed in favor of the Plan after it was determined the member may have been provided with the appropriate service. Two cases closed in favor of the Enrollee after it was determined the member may not have been provided with the appropriate service. There are no cases still under review.

Medical Necessity

There were four hundred and twenty appeals pertaining to Medical Necessity. One hundred and sixty cases were closed in favor of the Plan. Two hundred and fifty-nine cases were closed in favor of the Enrollee. There are no cases still under review. One member complained about Rural Member Denied Out of Network Request. One case closed in favor of the Plan after it was determined the member may have been provided with the appropriate service. There are no cases still under review. The following is a summary of these issues:

Four hundred and twenty members complained about the denial or modification of a referral authorization request. One hundred and sixty of the cases closed in favor of the

2nd Quarter 2023 Grievance Summary

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. Four of the cases were closed in favor of the Plan and were partially overturned. Two hundred and fifty-nine cases were closed in favor of the Enrollee as it was determined medical necessity was met and the denials were overturned and approved. There are no cases still under review.

Other Issues

There were fifty-five grievances pertaining to Other Issues that are not otherwise classified in the other categories. Forty-four cases were closed in favor of the Plan after the responses indicated the appropriate service were provided. Eleven cases closed in favor of the Enrollee after the responses indicated the appropriate service may not have been provided. There are no cases still under review.

Potential Inappropriate Care

There were seven hundred and three grievances involving Potential Inappropriate Care issues. These cases were forwarded to the Quality Improvement (QI) Department for their due process. Upon review, four hundred and seventy-one cases were closed in favor of the Plan, as it was determined a quality-of-care issue could not be identified. Two hundred and thirty-two cases were closed in favor of the Enrollee as a potential quality of care issue was identified and appropriate tracking or action was initiated by the QI team. There are no cases still pending further review with QI.

Quality of Service

There were two hundred and eighty-two grievances involving Quality of Service issues. Two hundred and thirty-three cases closed in favor of the Plan after the responses determined the members received the appropriate service from their providers. Forty-nine cases closed in favor of the Enrollee after the responses determined the members may not have received the appropriate services. There are no cases still under review.

Timely Assignment to Provider

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

Discrimination

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

Kaiser Permanente Grievances and Appeals

Kaiser Grievances per 10,000 members = 32.11/month

2nd Quarter 2023 Grievance Summary

During the second quarter of 2023, there were one hundred and fifty-three grievances and appeals received by KFHC members assigned to Kaiser Permanente. Of the one hundred and fifty-three standard grievances and appeals received, one hundred forty-eight cases closed within thirty days; five cases were pended and closed after thirty days.

Access to Care

There were eighteen grievances pertaining to Access to Care.

Coverage Disputes

There were eleven appeals pertaining to Coverage Disputes.

Medical Necessity

There were sixteen appeals pertaining to Medical Necessity.

Quality of Care

There were four grievances pertaining to Quality of Care.

Quality of Service

There were one hundred and four grievances pertaining to a Quality of Service.



To: KHS Public Policy/Community Advisory Committee

From: Anastasia Lester

Date: September 26, 2023

Re: Community Advisory Committee 2024 Changes

Background

The enclosed PowerPoint presentation covers the new protocol required by the Department of Health Care Services 2024 Contract for our Community Advisory Committee.

The contract states that the Community Advisory Committee is to be comprised of members representing not only the demographic composition of the membership, but those representing specialty populations outlined in the contract.

The five-person selection committee will be tasked to identifying persons or locations to complete the fifteen slots available for the Community Advisory Committee. They will have two meetings to discuss possible representation on the committee and create a ballot for the current Community Advisory Committee to vote on.

Requested Action

Approve

Community Advisory Committee 2024 Changes



New Year– New Process

- Department of Health Care Services (DHCS)
- 2 –year term begins in 2024
- Chair and Co-chair will come from Community Advisory Committee
 - Kern Health Systems staff support
- Chair or Co-chair must be a Kern Family Health Care member (or both)



Selection Committee Process Dates

Committee Creation

September 26th

- 5 people
 - 3 members
 - 2 open

Committee Meetings

Participate in 2 meetings

(lunch will be provided)

- October 24th @ 11am-12:30pm
- November 11th @ 11am – 12:30pm



Selection Committee Actions

- Actively participate in 2 meetings
- Provide nominations for the 15 slots for the Community Advisory Committee beginning in 2024
- Ballots will be created by Kern Health Systems staff and brought for voting at the December Community Advisory Committee meeting



Nomination Slots

- 8 Kern Family Health Care members
(representing specific populations)
- 1 Provider representative
- 2 Community representatives
- 1 Department of Human Services representative
- 1 Department of Public Health representative
- 1 Local Education Agency (LEA) representative
- 1 Kern Health Systems' Board of Directors representative



Thank you!

Questions?



