



COMMITTEE: COMMUNITY ADVISORY COMMITTEE (CAC)

DATE OF MEETING: March 25, 2025

CALL TO ORDER: 11:05 AM by Rukiyah Polk - Chair

<b>Members Present:</b> Rukiyah Polk Lourdes Bucher Evelin Torres-Islas Tammy Torres Jasmine Ochoa Beatriz Basulto Michelle Bravo Jay Tamsi Jennifer Wood-Slayton	<b>Members Absent:</b> Rocio Castro Alyssa Olivera Mark McAlister Ashton Chase Jessika Lopez Nalasia Jewel	<b>Staff Present:</b> Anastasia Lester, Senior Health Equity Analyst Isabel Silva, Senior Director of Wellness & Prevention Vanessa Nevarez, Health Equity Coordinator Amy Sanders, Member Services Manager Lela Criswell, Member Engagement Manager Moises Manzo, Cultural & Linguistics Specialist Tiffany Chatman, Wellness & Prevention Manager Nate Scott, Senior Director of Member Services Cynthia Jimenez, Cultural & Linguistics Specialist Cynthia Cardona, Cultural & Linguistic Manager
--	--	--

Agenda Item	Discussion/Conclusion	Recommendations/Action	Date Resolved
Quorum	9 committee members present; Rocio Castro, Alyssa Olivera, Mark McAlister, Ashton Chase, Jessika Lopez, and Nalasia Jewel were absent.	Committee quorum requirements met.	N/A
Call to Order	Rukiyah Polk, Chair, called meeting to order at 11:05 am.	N/A	N/A
Public Presentation	There were no public presentations.	N/A	N/A



Agenda Item	Discussion/Conclusion	Recommendations/Action	Date Resolved
Committee Announcements	<p>Rukiyah gave the opportunity for member updates.</p> <ul style="list-style-type: none"> <li>Rukiyah P. provided key updates from the State Community Advisory Committee meeting that she attended as a Kern Family Health Care representative on February 19, 2025.</li> <li>The first update was the Governor's proposed 2025-26 budget which includes \$296.1 billion for human and health services, with \$193.4 billion allocated to DHCS. This funding supports ongoing efforts to transform Medi-Cal, expand behavioral health services, and improve access to care.</li> <li>The second update was that the Medi-Cal enrollment is projected to decline from 15 million to 14.5 million as redeterminations resume and pandemic flexibilities end. Additionally, potential changes in federal immigration policy may further impact enrollment.</li> <li>The third update is the huge shift in Enhanced Care Management (ECM) and Community Supports. These programs continue to expand, with ECM participation growing 53% year-over-year and 239,700 members benefiting from housing assistance, medically tailored meals, and recuperative care.</li> </ul>	<ul style="list-style-type: none"> <li>Informational only.</li> <li>Informational only.</li> <li>Informational only.</li> <li>Informational only.</li> </ul>	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>



	<ul style="list-style-type: none"> <li>• The fourth update are the significant investments in the behavioral health infrastructure, launching the Bond BHCIP Program with \$3.3 billion in funding for mental health facilities and services The rollout includes public listening sessions, phased policy guidance, and a full implementation deadline in July 2026.</li> <li>• The fifth update is the focus on maternal health equity. The Birthing Care Pathway Initiative aims to reduce maternal mortality and severe complications, particularly in Black, American Indian, and Pacific Islander mothers. Key concerns include limited access to midwives and doulas, inadequate postpartum mental health care, and difficulties navigating Medi-Cal benefits. DHCS is working on policy reforms and stronger care coordination to improve maternal health outcomes.</li> <li>• The sixth update is regarding the Children &amp; Youth Behavioral Health Initiative (CYBHI) expansion on school-based mental health services by providing funding for psychologists, social workers, and peer mentors. However, challenges remain in navigating HIPAA and FERPA compliance while ensuring youth receive accessible and culturally competent mental health care.</li> <li>• Lastly, the Long-Term Service &amp; Supports (LTSS) Dashboard is being enhanced to provide better data transparency on Medi-Cal</li> </ul>	<ul style="list-style-type: none"> <li>• Informational only.</li> <li>• Informational only.</li> <li>• Informational only.</li> <li>• Informational only.</li> </ul>	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>
--	--	--	---



	utilization, quality of care, and member demographics.		
Committee Minutes	<p><b><u>Approval of Minutes</u></b></p> <p>CA-3) The Committee's Chairperson, Rukiyah Polk, presented the CAC Minutes for approval.</p>	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>Tammy T. first, Jasmine O second. All aye's. Motion carried.</li> </ul>	3/25/25
Old Business	There was no old business to present.	N/A	N/A
New Business	<p><b><u>Consent Agenda Items</u></b></p> <p>CA-4) December 2024 Medi-Cal Membership Enrollment Report</p>	N/A	N/A
	<p>5) Grievance 4<sup>th</sup> Quarter 2024 Operation Board Update</p> <ul style="list-style-type: none"> <li>Amy S. presented the Q4 2024 Operational Board Report that covers grievance trends. She stated that Q4 is historically slow and therefore dropped by 10%.</li> </ul> <p>6) Grievance 4<sup>th</sup> Quarter 2024 Executive Summary Grievance</p> <ul style="list-style-type: none"> <li>Amy S. presented the Q4 2024 Grievance Summary Report that provides the types of grievances that are received.</li> </ul>	<ul style="list-style-type: none"> <li>Informational only.</li> <li>Informational only.</li> </ul>	<p>N/A</p> <p>N/A</p>

	<p>7) Member Services – Email Audit Summary Report &amp; Examples</p> <ul style="list-style-type: none"> <li>• Amy S. presented the Member Services Email Audit Summary Report which states that emails must achieve a monthly average score of 90% or higher and 100% of email must have a response within 1 business day; both conditions were met. Jennifer W. asked if there are other languages offered besides English and Amy S. responded that there are if they are requested.</li> <li>• Beatriz B. recommended that the KHS Member Services Department educate members more on where and how to view their benefits. Beatriz B. asked Amy S. if there is a “chat” option on the KHS website. Amy S. responded that may be available in the future. Amy S. added that there is an outreach team to help engage members if they need help. One way the outreach team assists is by contacting members if they are due for appointments. If members are signed up in the member portal, then they will receive health care reminders. Beatriz B. responded that members need help navigating the system and portal. She added that it is a fast-paced system so there continues to be less understanding and more education that needs to be provided. The system is intimidating. Lela C. asked Beatriz B. what the best way to educate</li> </ul>	<ul style="list-style-type: none"> <li>• Informational only.</li> <li>• Informational only.</li> </ul>	<p>N/A</p> <p>N/A</p>
--	---	--	-----------------------

	<p>members are based on her experience. Beatriz B. explained that she has the most success when she works with an individual or family one-on-one, in person, to show how to navigate the portal. Every family is different, with different needs, this method allows each family to really get to know all the benefits and keep their benefits private as opposed to using a discussion group method. Lela C. responded that KHS should expand their in-person presentations and that members can start to request one-on-one presentations if needed. Amy S. added that KHS has walk-in rooms specifically for one-on-one face time. Amy S. also added that when KHS does welcome calls to members, they are walked through the process of navigating the portal. Beatriz B. responded that the problem with walk-in rooms is the hours that they are available are not the hours the members are available. KHS should be available to members after hours as well.</p> <p>8) CHIP/CHA</p> <ul style="list-style-type: none"> <li>Jasmine O. presented an overview and breakdown of the Community Health Improvement Plan (CHIP) and the Community Health Assessment (CHA) 3-year plan. The presentation included the community</li> </ul>		
	<ul style="list-style-type: none"> <li>Jasmine O. presented an overview and breakdown of the Community Health Improvement Plan (CHIP) and the Community Health Assessment (CHA) 3-year plan. The presentation included the community</li> </ul>	<ul style="list-style-type: none"> <li>Informational only.</li> </ul>	N/A

	<p>roadmap, community meetings held, and community surveys that have been conducted.</p> <ul style="list-style-type: none"> <li>• Tammy T. asked Jasmine O. when and how training is conducted. Jasmine O. responded that Kern County Public Health (KCPH) hosts symposiums as well as provides education through provider portals that have presentations and trainings for viewing. She added that the goal is to engage more frequently with symposiums and physically network with the community.</li> <li>• Rukiyah P. asked Jasmine O. how the current CHIP ensures that feedback from home-schooled families, non-English speakers, and rural communities are being incorporated effectively into the plan. Jasmine O. responded that the committee goes door to door to speak to communities. They also partner with others in the community to provide additional services and make resources publicly available. Partnerships allow them to reach communities they never have before.</li> <li>• Rukiyah P. asked Jasmine O. to share how the community's direct quotes and narratives from the CHA were used to shape the five priority areas and what specific metrics are being used to measure progress in the "Equitable Access to Services and Resources" priority area. Jasmine O. replied that survey responses received highlight the following issues: how to access care, materials not being in their</li> </ul>	<ul style="list-style-type: none"> <li>• Informational only.</li> <li>• Informational only.</li> <li>• Informational only.</li> </ul>	<p>N/A</p> <p>N/A</p> <p>N/A</p>
--	--	---	----------------------------------

	<p>language, and feeling unseen. Jasmine O. added that all reports and data are visible online and that she will filter the data and share at the next CAC meeting. Jennifer W. added that she struggles with getting folks that don't have kids at Lamont Elementary to get the medical services they need.</p> <ul style="list-style-type: none"> <li>• Rukiyah P. asked Jasmine O. if there has been collaboration with community organizations like NAMI or ShePower to deliver targeted solutions for basic needs, behavioral health, and access issues. Jasmine O. responded that she has taken a personal approach to asking others if they need help and what others would like to see happen in their communities. She has sent personal emails to organizations such as NAMI and ShePower and asked if they can provide focus groups.</li> <li>• Rukiyah P. asked Jamine O. what structures are in place to regularly check in with the community during the 3-year CHIP timeline to adjust based on evolving needs, if there are any plans to expand the monthly education for providers to include lived-in experience panels or peer-led discussions, and what progress has been made toward expanding mobile clinics and supporting maternal care/doula access, as identified by the CHIP. Jasmine O. responded that each committee has sub committees that cover different areas and that they have prioritized training. She added that the</li> </ul>	<ul style="list-style-type: none"> <li>• Informational only.</li> <li>• Informational only.</li> </ul>	<p>N/A</p> <p>N/A</p>
--	--	--	-----------------------



	<p>Maternal Care Committee has fully launched, and that she wrote a grant for doula healthcare providers for \$30k.</p> <p>9) Cultural &amp; Linguistic Activities Overview</p> <ul style="list-style-type: none"> <li>• Cynthia C. presented the Cultural &amp; Linguistics department's services and activities which included satisfaction surveys and training resources.</li> <li>• Jennifer W. shared that she was speaking to a child at Lamont Elementary and the child mentioned having to interpret for his mom at the doctor. Jennifer W. asked Cynthia C. if KHS can improve the process so that children are no longer required to interpret this type of information. Cynthia C. responded that members preferred language is documented when their medical appointments are made.</li> <li>• Beatriz B. thanked KHS for doing a great job in hiring bilingual staff. She doesn't have to request a Spanish speaking employee because she already knows they will be bilingual. Beatriz B. added that when providers call to cancel an appointment with a patient, they are not offered language assistance. In the last month, she has received two last minute cancellations and has not been offered assistance. Cancellations are difficult for members because they take off work to attend which can affect the household. Amy S. replied</li> </ul>	<ul style="list-style-type: none"> <li>• Informational only.</li> <li>• Informational only.</li> <li>• Informational only.</li> </ul>	<p>N/A</p> <p>N/A</p> <p>N/A</p>
--	--	---	----------------------------------



	by saying those are the grievances Member Services wants to see to track and trend provider education. Corrective action is taken if continued. Amy S. added that she will get the provider information from Beatriz B. to internally come up with a plan to correct them.		
Next Meeting	The next meeting will be held Tuesday, June 24, 2025, at 11:00am.	N/A	N/A
Adjournment	<p>The Committee adjourned at 12:09pm.</p> <p><b><i>Respectfully submitted:</i></b>  <b><i>Vanessa Nevarez, Health Equity Project Coordinator</i></b></p>	Tamme T. first, Lourdes B. second. All aye's. Motion carried.	N/A



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

FECHA DE LA JUNTA: 25 de marzo de 2025

LLAMADA AL ORDEN: 11:05 a. m. por Rukiyah Polk - presidenta

<b>Miembros presentes:</b> <i>Rukiyah Polk</i> <i>Lourdes Bucher</i> <i>Evelin Torres-Islas</i> <i>Tammy Torres</i> <i>Jasmine Ochoa</i> <i>Beatriz Basulto</i> <i>Michelle Bravo</i> <i>Jay Tamsi</i> <i>Jennifer Wood-Slayton</i>	<b>Miembros ausentes:</b> <i>Rocio Castro</i> <i>Alyssa Olivera</i> <i>Mark McAlister</i> <i>Ashton Chase</i> <i>Jessika Lopez</i> <i>Nalasia Jewel</i>	<b>Personal presente:</b> <i>Anastasia Lester, analista principal de Equidad de la Salud</i> <i>Isabel Silva, directora ejecutiva del Bienestar y la Prevención</i> <i>Vanessa Nevárez, coordinadora de Equidad de la Salud</i> <i>Amy Sanders, gerente de Servicios para Miembros</i> <i>Lela Criswell, gerente de Participación para Miembros</i> <i>Moises Manzo, especialista en Cultura y Lingüística</i> <i>Tiffany Chatman, gerente de Bienestar y Prevención</i> <i>Nate Scott, director ejecutivo de Servicios para Miembros</i> <i>Cynthia Jimenez, especialista en Cultura y Lingüística</i> <i>Cynthia Cardona, gerente de Cultura y Lingüística</i>
--	---	--

Punto en la agenda	Debate/Conclusión	Recomendaciones/Acción	Fecha Resuelto
Quórum	9 miembros del comité presentes; Rocio Castro, Alyssa Olivera, Mark McAlister, Ashton Chase, Jessika López y Nalasia Jewel estuvieron ausentes.	Los requisitos de quórum del comité se cumplieron.	No se aplica
Llamada al orden	Rukiyah Polk, presidenta, llamó al orden la junta a las 11:05 a. m.	No se aplica	No se aplica
Presentación pública	No hubo presentaciones públicas.	No se aplica	No se aplica

Punto en la agenda	Debate/Conclusión	Recomendaciones/Acción	Fecha Resuelto
Anuncios del comité	<p>Rukiyah dio la oportunidad para que los miembros dieran sus actualizaciones.</p> <ul style="list-style-type: none"> <li>Rukiyah P. proporcionó actualizaciones clave de la reunión del Comité Asesor Comunitario Estatal a la que asistió como representante de Kern Family Health Care el 19 de febrero de 2025.</li> <li>La primera actualización fue el presupuesto propuesto para 2025-26 por el gobernador, que incluye \$296.1 mil millones para servicios humanos y de salud, con \$193.4 mil millones asignados al DHCS. Esta financiación apoya los esfuerzos en curso para transformar Medi-Cal, ampliar los servicios de salud conductual y mejorar el acceso a la atención.</li> <li>La segunda actualización fue que se proyecta que la inscripción a Medi-Cal disminuya de 15 millones a 14.5 millones a medida que se reanuden las redeterminaciones y finalicen las flexibilidades pandémicas. Además, los posibles cambios en la política federal de</li> </ul>	<ul style="list-style-type: none"> <li>Solo informativo.</li> <li>Solo informativo.</li> <li>Solo informativo.</li> <li>Solo informativo.</li> </ul>	<p>No se aplica</p> <p>No se aplica</p> <p>No se aplica</p> <p>No se aplica</p>

	<p>inmigración podrían afectar aún más la inscripción.</p> <ul style="list-style-type: none"> <li>• La tercera actualización es el gran cambio en la Administración de la Atención Mejorada (Enhanced Care Management, ECM) y los Apoyos Comunitarios. Estos programas continúan expandiéndose, con una participación en ECM que crece un 53% año tras año y 239,700 miembros que se benefician de asistencia de vivienda, comidas médicamente personalizadas y atención recuperativa.</li> <li>• La cuarta actualización son las importantes inversiones en la infraestructura de salud conductual, el lanzamiento del Programa de Bonos BHCIP con \$3.3 mil millones en fondos para centros y servicios de salud mental. El lanzamiento incluye sesiones de escucha pública, orientación política por fases y una fecha límite de implementación completa en julio de 2026.</li> <li>• La quinta actualización se centra en la equidad en la salud materna. La vía iniciativa de atención del parto tiene como objetivo reducir la mortalidad materna y las complicaciones graves, en particular en madres negras, indígenas americanas e isleñas del Pacífico. Las principales preocupaciones incluyen el acceso limitado a parteras y doulas, atención de salud mental posparto inadecuada y dificultades</li> </ul>	<ul style="list-style-type: none"> <li>• Solo informativo.</li> <li>• Solo informativo.</li> <li>• Solo informativo.</li> </ul>	<p>No se aplica</p> <p>No se aplica</p> <p>No se aplica</p>
--	--	---	---

	<p>para acceder a los beneficios de Medi-Cal. El DHCS está trabajando en reformas de políticas y una mayor coordinación de la atención para mejorar los resultados de la salud materna.</p> <ul style="list-style-type: none"> <li>• La sexta actualización se refiere a la expansión de la Iniciativa de Salud Conductual para Niños y Jóvenes (Children &amp; Youth Behavioral Health Initiative, CYBHI) en los servicios de salud mental en las escuelas mediante la provisión de fondos para psicólogos, trabajadores sociales y mentores pares. Sin embargo, aún hay desafíos para cumplir con las leyes HIPAA y FERPA y al mismo tiempo garantizar que los jóvenes reciban atención de salud mental accesible y culturalmente competente.</li> <li>• Por último, se está mejorando el Panel de Servicios y Apoyos a Largo Plazo (Long-Term Service &amp; Supports, LTSS) para brindar una mayor transparencia de los datos sobre la utilización de Medi-Cal, la calidad de la atención y la demografía de los miembros.</li> </ul>	<ul style="list-style-type: none"> <li>• Solo informativo.</li> </ul>	No se aplica
Resumen del comité	<p><b><u>Aprobación del resumen</u></b></p> <p>CA-3) La presidenta del comité, Rukiyah Polk, presentó el resumen del CAC para su aprobación.</p>	<p><b>Acción:</b></p> <ul style="list-style-type: none"> <li>• Tammy T. primero, Jasmine O. segunda. Todos síes. Moción aprobada.</li> </ul>	03/25/2025
Asuntos anteriores	No hubo asuntos anteriores que presentar.	No aplicable	No se aplica

Asuntos nuevos	<b><u>Aprobación de los puntos en la agenda</u></b>		
	CA-4) Informe sobre la inscripción de membresía de Medi-Cal de diciembre 2024	No se aplica	No se aplica
	<p>5) Actualización de quejas formales de la Junta Operativa del T4 de 2024</p> <ul style="list-style-type: none"> <li>Amy S. presentó el informe de la Junta Operativa del cuarto trimestre de 2024 que cubre las tendencias de quejas formales. Explicó que el cuarto trimestre es históricamente lento y por ello cayó un 10%.</li> </ul> <p>6) Resumen de quejas formales - T4 de 2024</p> <ul style="list-style-type: none"> <li>Amy S. presentó el informe de resumen de quejas formales del cuarto trimestre de 2024 que proporciona los tipos de quejas formales que se reciben.</li> </ul> <p>7) Servicios para Miembros: Informe resumido de auditoría de correo electrónico y ejemplos</p> <ul style="list-style-type: none"> <li>Amy S. presentó el informe resumido de auditoría de correo electrónico de Servicios para Miembros, que establece que los correos electrónicos deben alcanzar una puntuación promedio mensual del 90 % o más y el 100 % de los correos electrónicos deben tener una</li> </ul>	<ul style="list-style-type: none"> <li>Solo informativo.</li> <li>Solo informativo.</li> <li>Solo informativo.</li> </ul>	<p>No se aplica</p> <p>No se aplica</p> <p>No se aplica</p>

	<p>respuesta dentro de 1 día hábil; se cumplieron ambas condiciones. Jennifer W. preguntó si se ofrecen otros idiomas además del inglés y Amy S. respondió que sí, si se solicitan.</p> <ul style="list-style-type: none"> <li>• Beatriz B. recomendó que el Departamento de Servicios para Miembros de KHS eduque más a los miembros sobre dónde y cómo ver sus beneficios. Beatriz B. le preguntó a Amy S. si hay una opción de “chat” en el sitio web de KHS. Amy S. respondió que podría estar disponible en el futuro. Amy S. agregó que hay un equipo de apoyo para ayudar a los miembros si necesitan ayuda. Una forma en la que el equipo de apoyo ayuda es contactando a los miembros si les toca programar una cita. Si los miembros están registrados en el portal de miembros, recibirán recordatorios de atención médica. Beatriz B. respondió que los miembros necesitan ayuda para navegar por el sistema y el portal. Agregó que es un sistema de ritmo rápido, por lo que continúa habiendo menos comprensión y más educación que brindar. El sistema es intimidante. Lela C. le preguntó a Beatriz B. cuál es la mejor manera de educar a los miembros según su experiencia. Beatriz B. explicó que tiene más éxito cuando trabaja con una persona o familia en encuentros personales, en persona, para mostrarle cómo navegar por el portal. Cada familia es diferente, con diferentes necesidades; este método permite que cada</li> </ul>	<ul style="list-style-type: none"> <li>• Solo informativo.</li> </ul>	No se aplica
--	--	---	--------------



	<p>familia conozca realmente todos los beneficios y mantenga sus beneficios privados en lugar de utilizar un método de grupo de discusión. Lela C. respondió que KHS debería ampliar sus presentaciones en persona y que los miembros pueden comenzar a solicitar presentaciones individuales si es necesario. Amy S. agregó que KHS tiene cuartos disponibles sin cita previa específicamente para encuentros personales. Amy S. también agregó que cuando KHS realiza llamadas de bienvenida a los miembros, se les guía a través del proceso de navegación por el portal. Beatriz B. respondió que el problema con los cuartos sin cita previa es que los horarios en que están disponibles no son los horarios en que están disponibles los miembros. KHS también debería estar disponible para los miembros fuera del horario laboral.</p> <p>8) CHIP/CHA</p> <ul style="list-style-type: none"> <li>Jasmine O. presentó una descripción general y un desglose del Plan de mejora de la salud comunitaria (Community Health Improvement Plan, CHIP) y el plan de tres años de la Evaluación de la salud comunitaria (Community Health Assessment, CHA). La presentación incluyó la hoja de ruta de la comunidad, las reuniones comunitarias</li> </ul>	<ul style="list-style-type: none"> <li>Solo informativo.</li> </ul>	No se aplica
	<ul style="list-style-type: none"> <li>Jasmine O. presentó una descripción general y un desglose del Plan de mejora de la salud comunitaria (Community Health Improvement Plan, CHIP) y el plan de tres años de la Evaluación de la salud comunitaria (Community Health Assessment, CHA). La presentación incluyó la hoja de ruta de la comunidad, las reuniones comunitarias</li> </ul>	<ul style="list-style-type: none"> <li>Solo informativo.</li> </ul>	No se aplica

	<p>celebradas y las encuestas comunitarias que se han realizado.</p> <ul style="list-style-type: none"> <li>• Tammy T. le preguntó a Jasmine O. cuándo y cómo se lleva a cabo la capacitación. Jasmine O. respondió que el Departamento de Salud Pública del Condado de Kern (KCPH) organiza simposios y también brinda educación a través de portales de proveedores que tienen presentaciones y capacitaciones para ver. Agregó que el objetivo es participar más frecuentemente en simposios y establecer contactos físicos con la comunidad.</li> <li>• Rukiyah P. le preguntó a Jasmine O. cómo el CHIP actual garantiza que las opiniones de las familias educadas en casa, de los que no hablan inglés y de las comunidades rurales se incorporen de manera efectiva al plan. Jasmine O. respondió que el comité va puerta a puerta para hablar con las comunidades. También se asocian con otros en la comunidad para brindar servicios adicionales y hacer que los recursos estén disponibles públicamente. Las asociaciones les permiten llegar a comunidades a las que nunca habían llegado.</li> <li>• Rukiyah P. le pidió a Jasmine O. que compartiera cómo se utilizaron las citas directas y las narrativas de la comunidad de la CHA para dar forma a las cinco (5) áreas prioritarias y qué métricas específicas se están utilizando para medir el progreso en el área prioritaria de "Acceso equitativo a los servicios</li> </ul>	<ul style="list-style-type: none"> <li>• Solo informativo.</li> <li>• Solo informativo.</li> <li>• Solo informativo.</li> </ul>	<p>No se aplica</p> <p>No se aplica</p> <p>No se aplica</p>
--	--	---	---

	<p>y recursos”. Jasmine O. respondió que las respuestas de la encuesta recibidas resaltan los siguientes problemas: cómo acceder a la atención, materiales que no están en su idioma y sentirse invisible. Jasmine O. agregó que todos los informes y datos son visibles en línea y que filtrará los datos y los compartirá en la próxima reunión del CAC. Jennifer W. agregó que tiene dificultades para lograr que las personas que no tienen niños en la Escuela Primaria Lamont obtengan los servicios médicos que necesitan.</p> <ul style="list-style-type: none"> <li>• Rukiyah P. le preguntó a Jasmine O. si ha habido colaboración con organizaciones comunitarias como NAMI o ShePower para brindar soluciones específicas para necesidades básicas, salud conductual y problemas de acceso. Jasmine O. respondió que ha adoptado un enfoque personal para preguntar a los demás si necesitan ayuda y qué les gustaría que sucediera en sus comunidades. Ha enviado correos electrónicos personales a organizaciones como NAMI y ShePower y les ha preguntado si pueden ofrecer grupos focales.</li> <li>• Rukiyah P. le preguntó a Jasmine O. qué estructuras están establecidas para comunicarse regularmente con la comunidad durante el plazo de 3 años del CHIP para realizar ajustes en función de las necesidades cambiantes, si hay planes para expandir la</li> </ul>	<ul style="list-style-type: none"> <li>• Solo informativo.</li> </ul>	No se aplica
		<ul style="list-style-type: none"> <li>• Solo informativo.</li> </ul>	No se aplica

	<p>educación mensual para proveedores para incluir paneles de experiencia vivida o debates dirigidos por pares, y qué progreso se ha logrado para expandir las clínicas móviles y apoyar el acceso a la atención materna/doula, según lo identificado por CHIP. Jasmine O. respondió que cada comité tiene subcomités que cubren diferentes áreas y que han priorizado la capacitación. Agregó que el Comité de Atención Materna ya está en pleno funcionamiento y que escribió un subsidio para proveedores de atención médica de doulas por \$30,000.</p>	<ul style="list-style-type: none"> <li>• Solo informativo.</li> </ul>	No se aplica
	<p>9) Resumen de las actividades culturales &amp; lingüísticas</p> <ul style="list-style-type: none"> <li>• Cynthia C. presentó los servicios y actividades del Departamento de Cultura y Lingüística que incluyen encuestas de satisfacción y recursos de capacitación.</li> <li>• Jennifer W. compartió que estaba hablando con un niño en la Escuela Primaria Lamont y el niño mencionó que tuvo que interpretar para su madre en la cita médica. Jennifer W. le preguntó a Cynthia C. si KHS puede mejorar el proceso para que los niños ya no tengan que interpretar este tipo de información. Cynthia C. respondió que el idioma preferido de los miembros queda documentado cuando se programan sus citas médicas.</li> </ul>	<ul style="list-style-type: none"> <li>• Solo informativo.</li> </ul>	No se aplica

	<ul style="list-style-type: none"> <li>Beatriz B. agradeció a KHS por hacer un gran trabajo al contratar personal bilingüe. Ella no tiene que solicitar un empleado que hable español porque ya sabe que será bilingüe. Beatriz B. agregó que cuando los proveedores llaman para cancelar una cita con un paciente, no se les ofrece asistencia de idiomas. En el último mes, ha recibido dos (2) cancelaciones de última hora y no le han ofrecido ayuda. Las cancelaciones son difíciles para los miembros porque deben faltar al trabajo para asistir, lo que puede afectar al hogar. Amy S. respondió diciendo que esas son las quejas que Servicios para Miembros quiere ver para hacer un seguimiento y marcar tendencia en la educación de los proveedores. Si continúa, se tomarán medidas correctivas. Amy S. agregó que obtendrá la información del proveedor de Beatriz B. para elaborar internamente un plan para corregirlos.</li> </ul>		
Próxima junta	La próxima junta se llevará a cabo el martes, 24 de junio de 2025, a las 11:00 a. m.	No se aplica	No se aplica
Aplazamiento	<p>El comité levanta la sesión a las 12:09 p. m.</p> <p><b><i>Respetuosamente presentado:</i></b>  <b><i>Vanessa Nevárez, coordinadora de proyectos de Equidad de la Salud</i></b></p>	Tamme T. moción, Evelin T. apoya la moción. Todos síes. Moción aprobada.	No se aplica



## KFHC JUNE 2025 ENROLLMENT:

### Member Demographics

Member Age		Ethnicity		Language	
0-5	12%	Hispanic	64%	English	66%
6-18	30%	Caucasian	15%	Spanish	33%
19-44	35%	Unknown	12%	Other	1%
45-64	17%	African American	5%		
65+	6%	Asian Indian	2%		
		Filipino	1%		
		Other	1%		

	Enrollment Type						
	FAMILY-ADULT	FAMILY-CHILD	FAMILY-OTHERS <sup>+</sup>	Seniors & Persons with Disabilities (SPDs)	Adult Expansion	Long Term Care	Total KFHC Medi-Cal Managed Care Enrollment
2025-05	74,830	167,898	25,618	20,487	116,400	506	405,739
2025-06	74,575	167,401	25,580	20,378	116,863	500	405,297
% Change June vs. May	-0.3%	-0.3%	-0.1%	-0.5%	0.4%	-1.2%	-0.1%

\*Family-Others = Duals and BCCTP

**Enrollment Update:** The “automated discontinuance process” for Medi-Cal Redeterminations continues when beneficiaries do not complete the Annual Eligibility Redetermination process.



**To: KHS CAC Meeting**

**From: Nate Scott**

**Date: June 24, 2025**

**Re: Executive Summary for 1st Quarter 2025 Operation Board Update - Grievance Report**

---

### **Background**

When compared to the previous four quarters, the following grievance trends were identified.

- There was an increase in the Plan's grievance volume in the 1st quarter, 2025, compared to the previous four quarters. Historically, this has been a recurring pattern in the 1<sup>st</sup> quarter of each year. The overall volume of Grievances and Appeals increased 9% from the 4<sup>th</sup> quarter. Access to Care, Quality of Care, and Quality of Service grievances remained the three largest grievance categories. The volume of Exempt grievances increased as well, up 5.7% from the previous quarter. No other significant trends were identified.

KHS Grievance and Appeals per 1,000 members = 2.46 per month.

### **Requested Action**

Receive and Approve



# 1<sup>st</sup> Quarter 2025 Operational Report

Alan Avery  
Chief Operating Officer



# 1<sup>st</sup> Quarter 2025 Member Service Indicators

Activity	Goal	1 <sup>st</sup> Quarter 2025	Status	4 <sup>th</sup> Quarter 2024	3 <sup>rd</sup> Quarter 2024	2 <sup>nd</sup> Quarter 2024	1 <sup>st</sup> Quarter 2024
Incoming Calls		<b>77449</b>		68844	74,004	72,308	84,175
Abandonment Rate	<5%	<b>1%</b>		2%	1%	1%	10%
Avg. Answer Speed	<2:00	<b>11</b>		18	:13	:15	2:22
Average Talk Time	<9:00	<b>7:57</b>		8:02	8:20	9:10	10:20
Top Reasons for Member Calls	Trend	<b>1. New Member</b> <b>2. Demographic Changes</b> <b>3. PCP Change</b> <b>4. ID Card</b> <b>5. Referrals</b>		1. New Member 2. Demographic Changes 3. PCP Change 4. ID Card 5. Referrals	1. New Member 2. PCP Change 3. Demographic Changes 4. ID Card 5. Referrals	1. New Member 2. PCP Change 3. Demographic Changes 4. ID Card 5. Referrals	1. New Member 2. PCP Change 3. Demographic Changes 4. ID Card 5. Referrals
Outbound Calls	Trend	<b>69,357</b>		61,622	67,046	68,943	71,842
# of Walk Ins	Trend	<b>1542</b>		1343	1305	1228	1510
Member Portal Accounts-Q/Total	4%	<b>4277</b> <b>94,074</b> <b>(23.25%)</b>		3677 89,798 (22.24%)	4217 85,968 (21.44%)	4466 81,752 (20.36%)	6825* 78,462 (19.14%)

# 1<sup>st</sup> Quarter 2025 Grievance Report

Category2	Q1 2025	Status	Issue	Q4 2024	Q3 2024	Q2 2024	Q1 2024
Access to Care	713		Appointment Availability	603	601	541	384
Coverage Dispute	0		Authorizations and Pharmacy	0	0	0	0
Medical Necessity	192		Questioning denial of service	241	290	357	385
Other Issues	141		Miscellaneous	134	106	118	64
Potential Inappropriate Care	535		Questioning services provided. All PIC identified cases forwarded to Quality Dept.	476	532	538	572
Quality of Service	654		Questioning the professionalism, courtesy and attitude of the office staff. All cases forwarded to PR Department	509	525	417	338
Discrimination (New Category)	81		Alleging discrimination based on the protected characteristics	71	62	81	60
Total Formal Grievances	2316			2034	2116	2052	1803
Exempt	683		Exempt Grievances-	644	858	1177	1881
Total Grievances (Formal & Exempt)	2999			2678	2974	3229	3684

**KHS Grievances per 1,000 members – 2.47**  
**LHPC Average 1.0 – 3.99/month**

# Additional Insights-Formal Grievance Detail

Issue	Q1 2025 Grievances	Upheld Plan Decision	Further Review by Quality	Overtured Ruled for Member	Still Under Review
Access to Care	317	198	0	116	3
Coverage Dispute	0	0	0	0	0
Specialist Access	396	226	0	165	5
Medical Necessity	192	126	0	66	0
Other Issues	141	119	0	22	0
Potential Inappropriate Care	535	450	0	76	9
Quality of Service	654	510	0	137	7
Discrimination	81	79	0	2	0
<b>Total</b>	<b>2316</b>	<b>1708</b>	<b>0</b>	<b>584</b>	<b>24</b>

# Questions

For additional information, please contact:

Alan Avery  
Chief Operating Officer  
(661) 664-5005





**To: KHS CAC Meeting**

**From: Nate Scott**

**Date: June 24, 2025**

**Re: Executive Summary for 1st Quarter 2025 Grievance Summary Report**

---

### **Background**

The Grievance Summary Report supports the high-level information provided on the Operation Board Report and provides more detail as to the type of grievances KHS receives on behalf of our members.

For the 1st quarter, 2025, we had two thousand, nine hundred, ninety-nine (2,999) Grievances and Appeals (G&A) received. Here are the top three grievance categories:

- Access to Care/Difficulty Accessing Specialists at 33.1% of grievances received.
- Quality of Service at 33.24% of grievances received.
- Quality of Care at 17.83% of grievances received.

Of the 2,999 G&A received:

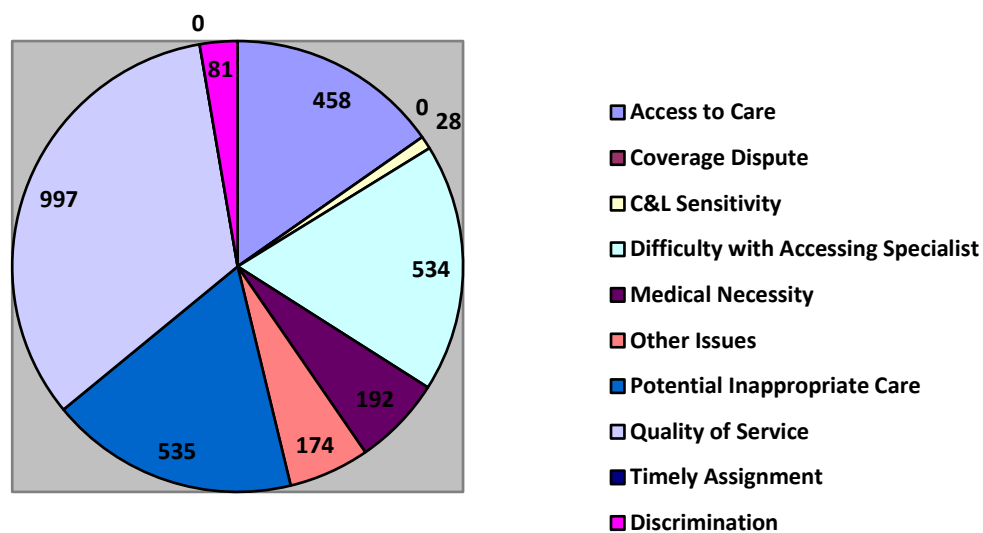
- 2,316 (77.2%) G&A were Standard Grievances and took up to 30 days to investigate and resolve.
- 683 (22.8%) G&A were Exempt Grievances and were resolved within one business day.
- 1,267 (42.2%) closed in Favor of the Enrollee
- 1,708 (57%) closed in Favor of the Plan/Provider
- 24 (.8%) are still open for review.

### **Requested Action**

Receive and Approve

## 1st Quarter 2025 Grievance Summary

Issue	Number	In Favor of Health Plan	In favor of Enrollee	Still under review
Access to care	458	179	278	1
Coverage dispute	0	0	0	0
Cultural and Linguistic Sensitivity	28	13	14	1
Difficulty with accessing specialists	534	232	296	6
Medical necessity	192	126	66	0
Other issues	174	119	55	0
Potential Inappropriate care	535	450	76	9
Quality of service	997	510	480	7
Timely assignment to provider	0	0	0	0
Discrimination	81	79	2	0



### KHS Grievances and Appeals per 1,000 members = 2.47/month

During the 1st quarter of 2025, there were two thousand nine hundred and ninety-nine grievances and appeals received. Two thousand three hundred and sixteen cases were standard, and six hundred eighty-three cases were exempt and closed within one business day. One thousand seven hundred and eight cases were closed in favor of the Plan. One thousand two hundred and sixty-seven cases were closed in favor of the Enrollee. There are twenty-four cases still under review. Of the two thousand nine hundred and ninety-nine, two thousand eight hundred and twenty-nine cases closed within thirty days; one hundred and seventy cases were pended and closed after thirty days.

# **1st Quarter 2025 Grievance Summary**

## **Access to Care**

There were four hundred and fifty-eight grievances pertaining to access to care. Two hundred and ninety cases were standard, and one hundred and sixty-eight were exempt cases that closed within one business day. One hundred and seventy-nine cases closed in favor of the Plan. Two hundred and seventy-eight cases closed in favor of the Enrollee. There is one case pending review. The following is a summary of these issues:

One hundred and ninety-six members complained about the lack of available appointments with their Primary Care Provider (PCP). Fifty-one cases closed in favor of the Plan after the responses indicated the offices provided the appropriate access to care based on the Access to Care standards. One hundred and forty-five cases closed in favor of the Enrollee after the responses indicated the offices may not have provided appropriate access to care based on the Access to Care standards. There are no cases pending review.

Thirty-eight members complained about the wait time to be seen by a Primary Care Provider (PCP) appointment. Seventeen 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. Twenty-one cases closed in favor of the Enrollee after the response indicated the member was not seen within the appropriate wait time for a scheduled appointment. There are no cases pending review.

One hundred and eleven members complained about the telephone access availability with their Primary Care Provider (PCP). Forty-three cases closed in favor of the Plan after the responses indicated the members were provided with the appropriate telephone access availability. Sixty-seven 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 is one case pending review.

One-hundred and twelve members complained about a provider not submitting a referral authorization request in a timely manner. Sixty-seven cases closed in favor of the Plan after it was determined the referral authorization request had been submitted in a timely manner. Forty-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 pending review.

One member complained about physical access to a provider. One case closed in favor of the Plan after it was determined the physical access provided was appropriate.

## **Coverage Dispute**

There were no grievances pertaining to a Coverage Dispute issue.

## **Cultural and Linguistic Sensitivity**



## 1st Quarter 2025 Grievance Summary

There were twenty-eight members that complained about the lack of available interpreting services to assist during their appointments. Eighteen were standard cases and ten were exempt cases that closed within one business day. Thirteen 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. Fourteen cases closed in favor of the Enrollee after the responses from the providers indicated the members may not have been provided with the appropriate access to interpreting services. There is one case still under review.

### **Difficulty with Accessing a Specialist**

There were five hundred and thirty-four grievances pertaining to Difficulty Accessing a Specialist. Four hundred and five were standard cases and one hundred and twenty-nine were exempt cases that closed within one business day. Two hundred and thirty-two cases closed in favor of the Plan. Two hundred and ninety-six cases closed in favor of the Enrollee. There are six cases still under review. The following is a summary of these issues:

Ninety members complained about a provider not submitting a referral authorization request in a timely manner. Thirty-six cases closed in favor of the Plan after it was determined the referral authorization request had been submitted in a timely manner. Fifty-two 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 two cases under review.

One hundred and nine members complained about experiencing difficulties in arranging, scheduling, or accessing transportation services. Forty-eight cases closed in favor of the Plan after the responses indicated the members were provided the appropriate services. Sixty-one cases closed in favor of the Enrollee after the responses indicated the members may not have been provided with the appropriate services. There are no cases under review.

Fifty-two members complained about the driver showing up outside of the scheduled pick-up time to transport the member to their 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. Twenty-eight 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. There are no cases under review.

One hundred and thirty-four members complained about the lack of available appointments with a specialist. Fifty-eight cases closed in favor of the Plan after the responses indicated the members were provided with the appropriate access to specialty care based on the Access to Care Standards. Seventy-four cases closed in favor of the Enrollee after the responses indicated the offices may not have provided the appropriate access to care based on the Access to Care standards. There are two cases under review.

One hundred and twelve members complained about the telephone access availability with a specialist office. Forty-six cases closed in favor of the Plan after the response indicated the member was provided with the appropriate telephone access availability. Sixty-four 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 two cases under review.

## **1st Quarter 2025 Grievance Summary**

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

Five members complained about geographic access to a specialist provider. Three cases closed in favor of the Plan after it was determined the geographic access provided was appropriate. Two cases closed in favor of the Enrollee after it was determined the geographic access provided may not have been appropriate. There are no cases under review.

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

### **Medical Necessity**

There were one hundred and ninety-two appeals pertaining to Medical Necessity. One hundred and twenty-six cases were closed in favor of the Plan as it was determined that there was no supporting documentation submitted with the referral authorization requests to support the criteria for medical necessity for the requested specialist or DME item; therefore, the denials were upheld. Of the cases that were closed in favor of the Plan, two were partially overturned. Sixty-six were closed in favor of the Enrollee. There are no cases under review.

### **Other Issues**

There were one hundred and seventy-four grievances pertaining to Other Issues that are not otherwise classified in the other categories. One hundred and forty-one were standard cases and thirty-three were exempt cases that closed within one business day. One hundred and nineteen cases closed in favor of the Plan after the responses indicated the appropriate service was provided. Fifty-five cases closed in favor of the Enrollee after the responses indicated the appropriate service may not have been provided. There are no cases under review.

### **Potential Inappropriate Care**

There were five hundred and thirty-five standard 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 fifty cases were closed in favor of the Plan, as it was determined a quality-of-care issue could not be identified. Seventy-six 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 nine cases still pending further review with QI.

### **Quality of Service**

## **1st Quarter 2025 Grievance Summary**

There were nine hundred and ninety-seven grievances involving Quality of Service issues. Six hundred and fifty-four were standard cases and three hundred and forty-three were exempt cases that closed within one business day. Five hundred and ten cases closed in favor of the Plan after the responses determined the members received the appropriate service from their providers. Four hundred and eighty cases closed in favor of the Enrollee after the responses determined the members may not have received the appropriate services. There are seven cases still under review.

### **Timely Assignment to Provider**

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

### **Discrimination**

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



**To: KHS CAC Meeting**

**From: Nate Scott**

**Date: June 24, 2025**

**Re: Executive Summary 2024 Grievance Analysis**

---

## **Background**

### **Executive Summary 2024 Grievance Analysis:**

This report was created as part of the Plan's NCQA Accreditation. NCQA holds health plans, like KHS, to higher standards to make sure quality health care is available to all members. NCQA has specific criteria for grievance reporting that KHS must follow. This is to identify deficiencies and improve overall care and services provided to our members.

NCQA requires KHS to set goals regarding grievances received by plan members. Our goals are as follows:

- No more than ten (10) grievances per one thousand (1,000) members, per year.
- No more than two (2) grievances per grievance category, per one thousand (1,000) members, per year.

NCQA has five (5) grievance categories:

- Access
- Attitude and Service
- Billing and Financial Issues
- Quality of Care
- Quality of Practitioner Office Site.

The Department of Health Care (DHCS) has more than forty (40) grievance categories that KHS must report on. To ensure compliance with requirements from both regulators, KHS mapped all the DHCS grievance categories to the five NCQA categories.

NCQA also requires KHS to perform Qualitative and Quantitative analysis of plan grievances. This is to provide statistical data and trend characteristics of our member grievances. In addition of the Plan review of individual member grievances, KHS used feedback from our members

received through our Regional Advisory Committee (RAC) meetings and our Member Satisfaction Survey to help with our analysis. We found that while we were meeting our goals listed above, there is room for improvement in certain areas of access and care provided to our members.

**Conclusion:** While the Plan met the goals of fewer than ten (10) grievances per one thousand (1,000) members per year and fewer than two (2) grievances per grievance category per one thousand (1,000) members per year, the Plan will focus on continued improvement in the areas of Quality of Care, Access to Care and Quality of Service.

**Action:** Receive and Approve

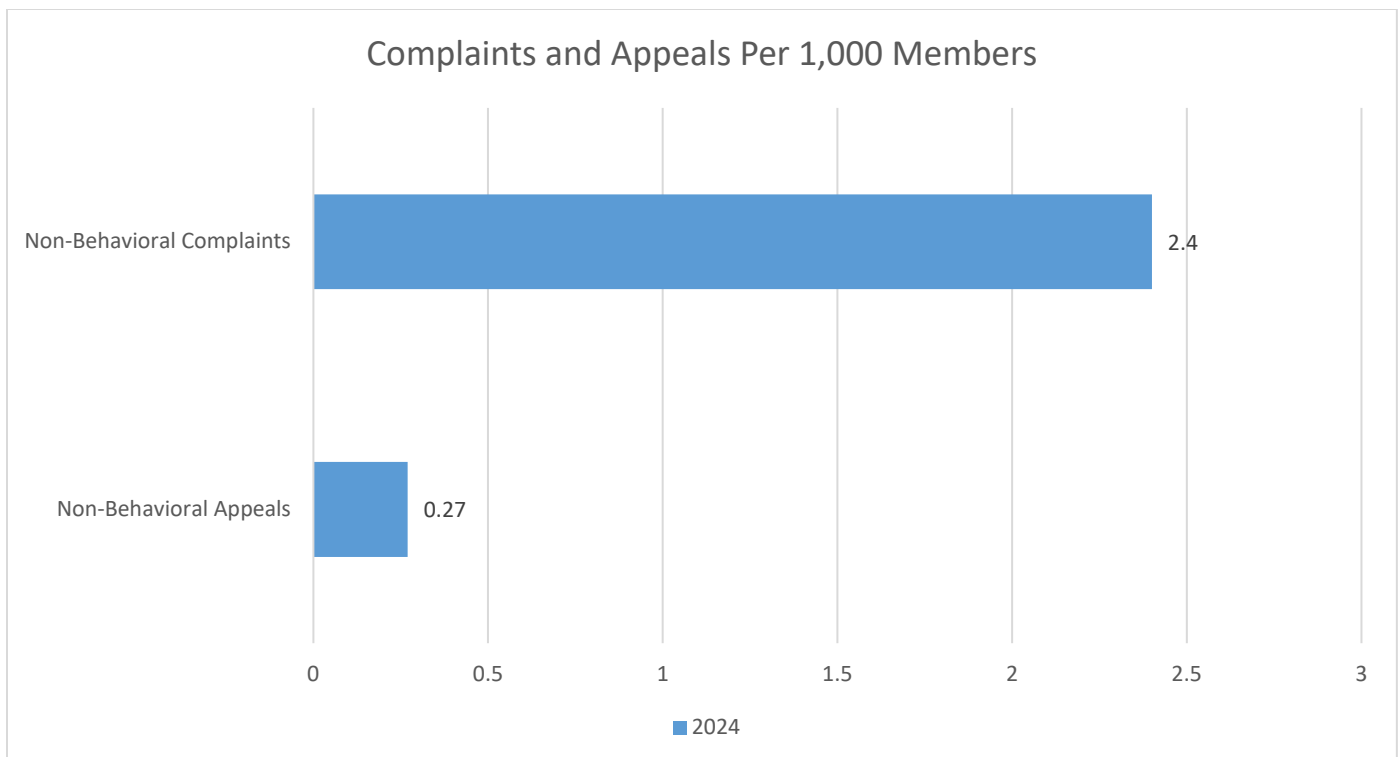
## Non-Behavioral Health Complaints and Appeals Report

Date Written: May 9, 2025

**Methodology:** All complaints are processed by a Grievance Coordinator and assigned a specific grievance classification. Grievances are discussed during a weekly Grievance Workgroup meeting to ensure there is a clear and concise resolution to each member's grievance. Grievance information is then presented quarterly to the Plan's Board of Directors, Community Advisory Committee (CAC) and Executive Quality Improvement Health Equity Committee (EQIHEC) meetings. All reports are prepared by pulling data from logs, the Plan's core information systems, and reviewing individual case files as necessary. Grievance reporting is prepared and/or reviewed by Member Services Management to ensure accurate information is presented.

Report prepared and reviewed by  
Gilma Arias, Member Services Supervisor  
Danesha Makes, Member Services Supervisor  
Marleny Martinez, Member Services Supervisor  
Amy Sanders, Member Services Manager

Timeframe for report: January 1, 2024 - December 31, 2024



### **Non-Behavioral Healthcare Complaints**

The following tables provides data on non-behavioral healthcare complaints filed in 2024. Kern Health Systems (KHS) has an overall non-behavioral health grievance goal of 10 per 1000 members per year and 2 grievances per grievance category per 1000 members per year.

**Table 1: Complaint Volume Report – Non-Behavioral Health**

Category	2024			
	Complaints Total	Complaints Per 1,000 Members Per Year	Performance Goals	Performance Goals Met?
Access	3807	0.78	<2	Yes
Attitude and Service	4646	0.96	<2	Yes
Billing and Financial Issues	96	0.02	<2	Yes
Quality of Care	3107	0.64	<2	Yes
Quality of Practitioner Office Site	5	<.01	<2	Yes
<b>Total</b>	<b>11661</b>	<b>2.40</b>	<b>&lt;10</b>	<b>Yes</b>

**Quantitative Analysis:** In 2024, a total of 11,661 non-behavioral healthcare complaints were filed, totaling 2.40 complaints per 1000 members per year. KHS met our goals of <10 grievances per 1000 members per year and <2 grievances per grievance category per 1000 members for the year.

In 2024, the top three categories for grievances were Access, Attitude and Service and Quality of Care.

### **Non-Behavioral Healthcare Appeals**

The following tables provides data on non-behavioral healthcare appeals filed in 2024. Kern Health Systems has overall category goal of 10 per 1000 members per year and 2 appeals per grievance category per 1000 members per year.

**Table 1: Appeal Volume Report – Non-Behavioral Healthcare**

Category	2024			
	Complaints Total	Complaints Per 1,000 Members Per Year	Performance Goals	Performance Goals Met?
Access	0	0	<2	Yes
Attitude and Service	0	0	<2	Yes
Billing and Financial Issues	0	0	<2	Yes
Quality of Care	1292	0.27	<2	Yes
Quality of Practitioner Office Site	0	0	<2	Yes
<b>Total</b>	<b>1292</b>	<b>0.27</b>	<b>&lt;10</b>	<b>Yes</b>

**Quantitative Analysis:** In 2024, a total of 1,292 non-behavioral healthcare appeals were filed, totaling 0.27 complaints per 1000 members per year, with <1 grievance per grievance category per 1000 members per year. Overall, Kern Health Systems maintained the overall grievance and per category performance goal.

In 2024, the top category for appeals was Quality of Care. This was due to the fact that UM appeals are categorized as Quality of Care. However, most of these appeals are not true quality of care issues as the UM department follows medical necessity criteria when making prior authorization and appeals decisions, and the overturn rate for appeals for cases with no new information is minimal. Most overturned cases are a result of the new information provided to make the appropriate decision.

### **Combined Qualitative Analysis for Complaints and Appeals:**

**Qualitative Analysis:** The top three categories for grievances and appeals were Access, Attitude and Service and Quality of Care. When reviewed against the 2024 CAHPS Member Satisfaction Survey (which would be for measurement year 2023), we found common areas for improving quality even though the goals were met. Since the goals were met for these categories, a detailed barrier analysis was not needed. The Plan has been taking a number of actions to ensure that quality is maintained, and this is one of the reasons that the complaints for measurement year 2024 are low.

The actions described below are some of the reasons the goals were met, including actions taken to implement a culture of continuous quality improvement:

- For Access, the number of complaints decreased by 10.32%. KHS has continued to incorporate street medicine and telehealth throughout 2024 to alleviate access to care challenges.
- For Attitude and Service, the number of complaints decreased by 8.29%. KHS implemented the following improvement strategies based on the CAHP Member Satisfaction Survey results:
  - Regional Advisory Committees (RAC) meetings throughout Kern County effective April 2024. Engaging a gathering of members and community residents who share their personal experiences with health care in their region.
  - Learn ways to expand member engagement activities to assist members with coordination of care.
  - Discover opportunities for ways to improve member and provider communication through technology using multiple modalities.
- For Quality of Care, the number of complaints decreased by 4.9%. As a result of the CAHPS Member Satisfaction Survey, Quality of Care is being addressed by educating and engaging providers to encourage improvement for how well doctors communicate with members.

KHS will implement the following improvement strategies in 2025 based on the 2024 CAHPS Member Satisfaction Survey responses:

- Evaluate current member and provider education pertaining to coordination of care to improve collaborative health practices between provider disciplines and member understanding of the needed inter-provider communication relationship.
- Create educational content on social media, website, and member portals to support members' confidence in asking needed questions and understanding their health status.
- Analyze grievances and call tracking to identify key causes of the low scores for Rating of Specialist and strategize ways to improve member satisfaction.

**Conclusion:** While the Plan met the goals of fewer than ten (10) grievances per one thousand (1,000) members per year and fewer than two (2) grievances per classification per one thousand (1,000) members per year, the Plan will focus on continued improvement in the areas of Quality of Care, Access to Care and Quality of Service.



# Community Advisory Committee ( Comité Asesor Comunitario

Presented by the Health Equity Office  
Presentado por la oficina de  
Equidad para la Salud

# Agenda



Welcome/ ¡Bienvenidos!



Actions of the Selection Committee/  
Cambios en el CAC 2027-2028



Nomination Slot Review/  
Selección del comité CAC



Nominate People/Organizational  
Representation/ Nominaciones



Next Steps/ Votaciones



# CAC Changes 2026-27

## Cambios en el CAC 2026-27

- 2-hour meetings/ reuniones de 2 horas
- 4 meetings per year/ 4 reuniones al año
- \$150 per meeting/ \$150 por reunión
- \$200 per meeting for Chair/Co-Chair/

\$200 por reunión para el(la) presidente(a) y vicepresidente(a)



# CAC Selection Committee

## Selección del comité CAC

- Actively participate in 2 meetings/Participar activamente en 2 reuniones
- Provide nominations for the 15 slots for the Community Advisory Committee beginning in 2027/ Proporcionar nominaciones para las 15 vacantes del Comité Asesor Comunitario a partir de 2027
- Ballots will be created by Kern Family Health Care staff and brought for voting at the December Community Advisory Committee meeting/ Las boletas serán creadas por el personal de Kern Family Health Care y traídas para la votación en la reunión del Comité Asesor Comunitario de diciembre.



# Nomination Slots

## Nominaciones para las vacantes

- 1 Indian Health Care Provider (IHCP) representative/  
1 representante de un proveedor de atención médica indígena (IHCP)
- 1 Department of Public Health representative/ 1 Representante del Departamento de Salud Pública
- 1 Local Education Agency (LEA) representative/ 1 Representante de una agencia local de educación
- 1 Kern Health Systems' Board of Directors representative/  
1 Representante de la Junta Directiva de Kern Health Systems
- 1 Provider representative/ 1 Representante de los proveedores
- 2 Community representatives/ 2 Representantes comunitarios
- 8 Kern Family Health Care members/ 8 miembros de Kern Family Health Care







# Non-Members

## Representantes que no son miembros

- 1 Indian Health Care Provider (IHCP) representative/  
1 representante de un proveedor de atención médica indígena
  - Assigned to the KHFC Liaison/ Asignado al enlace de KHFC
- 1 Department of Public Health representative/  
1 Representante del Departamento de Salud Pública
  - Selected from KCPHD internally/ Seleccionado internamente por el KCPHD

# Non-Members

## Representantes que no son miembros

- 1 Kern Health Systems' Board of Directors representative/  
1 Representante de la Junta Directiva de Kern Health Systems
- Selected by a combination of KFHC BOD and CEO/  
Seleccionado en conjunto por la Junta Directiva y la directora de operaciones



# Non-Members

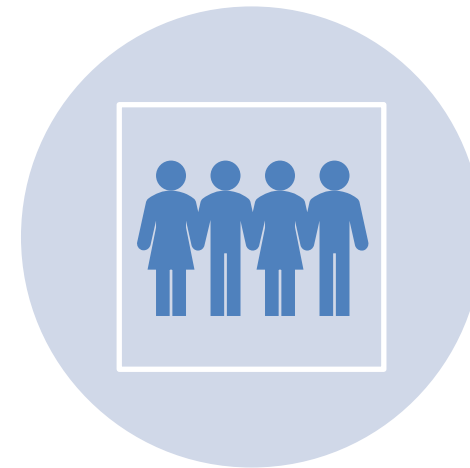
## Representantes que no son miembros



1 LOCAL  
EDUCATION  
AGENCY (LEA)  
REPRESENTATIVE/  
1 REPRESENTANTE  
DE UNA AGENCIA  
LOCAL DE  
EDUCACIÓN (LEA)



1 PROVIDER  
REPRESENTATIVE/  
1 REPRESENTANTE  
DE LOS  
PROVEEDORES



2 COMMUNITY  
REPRESENTATIVES/  
2 REPRESENTANTES  
COMUNITARIOS





# Member Demographics

## Datos demográficos de los miembros

Age Group/Grupo de edad	Membership Total/ Total de miembros	% of Total Membership/ % total de miembros
12-20 Yrs/ de 12 a 20 años	80,919	20%
21-64 Yrs/ de 21 a 64 años	195,985	48%

Language/ Idioma	Membership Total/ Total de miembros	% of Total Membership/ % total de miembros
English/ Inglés	266,807	65.88%
Punjabi/ Punjabi	1,092	0.27%
Spanish/ Español	133,616	32.99%
**ASL/ Idioma de señas americano	-----	-----



# Member Demographics

## Datos demográficos de los miembros

Sex/ Sexo	Membership Total/ Total de miembros	% of Total Membership/ % total de miembros
Female/ Mujeres	216,613	53%
Male/ Hombres	188,369	47%

Race-Ethnicity/ Raza-Etnicidad	Membership Total/ Total de miembros	% of Total Membership/ % total de miembros
African American/Afroamericano	22,511	5.56%
Alaskan/American Indian/ Indio americano o nativo de Alaska	831	0.21%
Asian Indian/ Indios Asiáticos	6,085	1.50%
Asian/Pacific/ Asiático o de Pacífico	2,426	0.60%
Caucasian/ Blanco	62,678	15.48%
Filipino/ Filipino	3,952	0.98%
Hispanic/ Hispano	257,751	63.65%



# Member Chronic Conditions

## Condiciones crónicas de los miembros

Hypertension/ Diabetes - Hipertensión/Diabetes	13%
Lipid Metabolism Disorder – Trastorno de metabolismo lipídico	9%
Persistent Asthma - Asma persistente	7%
Low Back Pain - Dolor en la parte baja de la espalda	5%
Depression - Depresión	5%
Other categories (16) - Otras categorías (16)	< 2%



# Members - Miembros



## Chronic Conditions - Condiciones crónicas

- Diabetes/Hypertension - Hipertensión/Diabetes
- Lipid Metabolism Disorder - Trastorno de metabolismo lipídico  
(blood pressure/cholesterol) (presión sanguínea/colesterol)
- Asthma - Asma
- Low Back Pain - Dolor en la parte baja de la espalda
- Depression - Depresión





# Members - Miembros



## Age Representation - Rango de edad

- Young Adult (18-25) - Adultos jóvenes (18-25 años)
- Foster Youth - Jóvenes de crianza temporal
- Parent with school-aged children - Padres con niños en edad escolar



# Members with Special Populations

## Miembros de poblaciones especiales

**\*\*Medicare 2026**

Category of Aid - Categoría de ayuda	
Expansion - Expansión	29%
Family - Familia	60%
Seniors and Persons with Disabilities (SPD) - Adultos mayores o personas con discapacidades	5%
Other Categories (5) - Otras categorías (5)	6%



# Members with Special Populations

## Miembros de poblaciones especiales

Bakersfield	262,609
Delano	24,949
Arvin	15,170
Wasco	13,032
Shafter	11,633
Lamont	10,948
Taft	10,618
Mc Farland	8,821
Ridgecrest	7,734



# Members - Miembros

- Special Population – Equity Representation –  
Población especial – representación equitativa
- Long Terms Support Services (LTSS) –  
Servicios de apoyo a largo plazo (SALP)
- Regional (North – Delano)/South – Arvin/Lamont) –  
Regional (Norte – Delano)/Sur – Arvin/Lamont)
- Seniors - Adultos mayores





# Members - Miembros

- 2SLGBTQIA+ - 2SLGBTQIA+
- Special Needs (ASL/Person with Disability) –  
Necesidades especiales (ASL/personas con discapacidades)
- Enhanced Care Management or Community Support Services –  
Adminstracion de la Atencion Mejorada o Servicios de Apoyos  
Comunitarios



# Time to Vote

## Es hora de votar

- The vote will be to have the names and a representative from each organization listed (if located) to be placed on the ballot for December.
- El voto será para tener los nombres y un representante de cada organización de la lista (si se encuentra) para ser colocados en la boleta para el mes de diciembre.



# Next Steps - Pasos a seguir

- Complete CAC 2026-27 Survey/

Complete el cuestionario CAC 2026-27

- CAC Selection Committee Meetings Scheduled/

Complete el cuestionario CAC 2027-2028

- CAC Committee Outreach to Potential New Members/

Difusión de los nuevos miembros potenciales del comité CAC

- New CAC Member Rank List Vote – December 2025/ Votación por

mayoría de los nuevos miembros del CAC de la lista – diciembre de 2025



THANK YOU!

¡Gracias!

Questions?

¿Alguna pregunta?



KERN HEALTH  
SYSTEMS



**You + Us = A Better Day**

**U s t e d + N o s o t r o s = U n d í a m e j o r**





**To: Community Advisory Committee**

**From: Lela Criswell, Member Engagement Manager**

**Date: June 24, 2025**

**Re: 2024 Member Satisfaction Survey Presentation**

---

### **Background**

Kern Family Health Care (KFHC) along with our provider network, is committed to meeting the needs of our members. Every year, KFHC conducts a Member Satisfaction Survey to measure and review how well we are doing to meet members' needs.

For the past eight years, KFHC has engaged SPH Analytics, now known as Press Ganey, to conduct our Member Satisfaction Survey. Press Ganey is a National Committee for Quality Assurance (NCQA) certified HEDIS® Survey Vendor. HEDIS® is the Healthcare Effectiveness and Data Information Set, which are used to assess health care quality.

2024 was the fifth year Press Ganey to help us to survey our members with a standard survey. There are forty (40) survey questions, and the same survey is used by many other health plans in California. The survey, also called a survey tool, is the same as the tool that is required by NCQA. KFHC is in the process of being NCQA certified.

Press Ganey uses the scores from two main benchmarks to compare and trend survey results: (1) National NCQA Accredited Adult Medicaid Health Plans and (2) Regional Health and Human Services Region 9 health care plans. Region 9 includes California, Hawaii, Arizona, and Nevada.

The 2024 Member Satisfaction Survey results show that KFHC has a 71.6% overall satisfaction rate which is higher than the 60.4% Region 9 benchmark. We use the results of the Member Satisfaction Survey to improve our member engagement efforts.

### **Requested Action**

Receive and File.





**Para: Comité de Asesor Comunitario**

**De parte de: Lela Criswell,**  
**Gerente de Participación para Miembros**

**Fecha: martes, 24 de junio de 2025**

**Asunto: Encuesta de satisfacción de miembros de 2024**

---

### **Antecedentes**

Kern Family Health Care (KFHC), junto con nuestra red de proveedores, se compromete a satisfacer las necesidades de nuestros miembros. Cada año, KFHC lleva a cabo una encuesta de satisfacción de miembros para medir y revisar qué tan bien estamos haciendo para satisfacer las necesidades de los miembros.

Durante los últimos ocho años, KFHC ha contratado a SPH Analytics, ahora conocida como Press Ganey, para llevar a cabo nuestra encuesta de satisfacción de los miembros. Prensa Ganey es un proveedor de encuestas HEDIS® certificado por el Comité Nacional para el Aseguramiento de la Calidad (National Committee for Quality Assurance, NCQA). HEDIS® es el Conjunto de Información de Datos y Efectividad de Salud (Healthcare Effectiveness and Data Information Set), que se utiliza para evaluar la calidad de la atención médica.

2024 fue el quinto año en que Press Ganey nos ayudó a encuestar a nuestros miembros con una encuesta estándar. Hay cuarenta (40) preguntas en la encuesta, y la misma encuesta es utilizada por muchos otros planes médicos en California. La encuesta, también llamada una herramienta de encuesta, es la misma herramienta requerida por NCQA. KFHC está en proceso de obtener la certificación de la NCQA.

Press Ganey utiliza puntajes de dos puntos de referencia principales para comparar y revisar tendencias de los resultados de la encuesta: (1) Planes médicos nacionales para adultos acreditados por NCQA y (2) Planes médicos de la región 9 de Salud y Servicios Humanos. Región 9 incluye California, Hawái, Arizona y Nevada.

Los resultados de la encuesta de satisfacción de miembros de 2024 muestran que KFHC tiene una tasa de satisfacción general del 71.6%, que es superior al índice de referencia de la región 9 del 60.4%. Utilizamos los resultados de la encuesta de satisfacción de miembros para mejorar nuestros esfuerzos de participación para los miembros.

### **Acción solicitada**

Recibir y archivar

# 2024 Member Satisfaction Survey

## Encuesta de satisfacción de los miembros 2024





# Agenda

- Introduction
- Goals
- How it's done
- Results
- Region 9
- What we learned
- What we are doing

- Introduucción
- Objetivos
- Cómo se hace
- Resultados
- Región 9
- Lo que aprendimos
- Lo que estamos haciendo

# Introduction/Introducción

- Members are surveyed every year
  - Survey vendor - Press Ganey
  - About the survey
  - Results tell us how members rate us and their doctors
    - As a health plan
    - Provider network
    - Getting care quickly
    - Their doctor's care
- Se encuesta a los miembros cada año
  - El proveedor de las encuestas – Press Ganey
  - Sobre la encuesta
  - Los resultados nos dicen cómo los miembros nos califican y también a sus doctores
    - Como un plan médico
    - La red de proveedores
    - Al recibir atención rápidamente
    - La atención de su doctor

# Goals/Objetivos

01

Capture correct and complete information about how members feel about their health care.

02

Measure how well we are meeting what our members' expect from us.

03

Find out which areas of service satisfy our members.

04

Identify areas where we can improve; which can help us increase the quality of provided care.

01

Recoge información correcta y completa sobre cómo se sienten los miembros con respecto a su atención médica.

02

Mide qué tan bien estamos cumpliendo con lo que nuestros miembros esperan de nosotros.

03

Investiga qué áreas de servicio satisfacen a nuestros miembros

04

Identifica las áreas donde podemos mejorar, las que nos pueden ayudar a aumentar la calidad de la atención brindada.



# How it's done/Cómo se hace

- A sample of 5,000 KFHC active members
- 4997 qualified:
  - 18 years and older
  - Enrolled for at least five of the last six months
- 524 completed responses
  - 314 completed by mail
  - 210 completed on the internet
  - 10.5% response rate

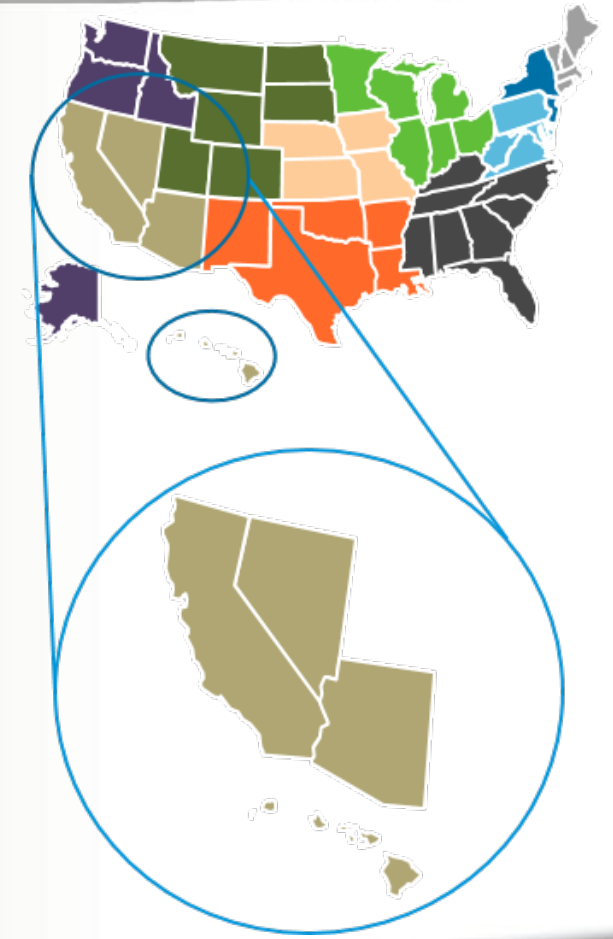
- Con una muestra de 5,000 miembros activos de KFHC
- 4997 calificaron:
  - De 18 años o más
  - Inscritos durante al menos cinco de los últimos seis meses
- 524 respuestas completadas
  - 314 completadas por correo
  - 210 completadas en internet
  - Índice de respuestas del 10.5 %

# Region 9/Región 9

- Results were compared with other plans' survey data for the Region
- Region 9: San Francisco includes American Samoa, California, Hawaii, Arizona, Guam, and Nevada
- Los resultados se compararon con los datos de las encuestas de otros planes de la región
- Región 9: San Francisco incluye a Samoa Americana, California, Hawaii, Arizona, Guam y Nevada

## Region 9: San Francisco

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



# Results/Resultados

KFHC scored higher than the Region 9 rates.

KFHC fue calificado por encima de los índices de la región 9 en.

Patient Experience	KHS Summary Rate (%)	2024 SPH BoB Region (%)	Performance Indicator
Rating of Health Plan	71.6	60.4	↑
Rating of Health Care	62.6	53.4	↑
Rating of Personal Doctor	74.0	66.8	↑
Getting Needed Care	84.3	77.1	↑
Getting Care Quickly	84.1	74.9	↑
Customer Service	93.8	88.4	↑
Coordination of Care	85.5	81.4	
How Well Doctors Communicate	92.6	91.9	

# What we learned/Lo que aprendimos

- Most members are happy with:
  - KFHC
  - Customer service
  - Their doctor and their health care
  - How quick they can get their care
- We need to improve in:
  - Coordinating members' care
  - How well Doctors' talk to members
- La mayoría de los miembros están satisfechos con:
  - KFHC
  - El servicio al cliente
  - Su doctor y su atención médica
  - Qué tan rápido pueden recibir su atención
- Necesitamos mejorar en:
  - La coordinación de la atención de los miembros
  - Qué tan bien los doctores hablan con los miembros



# What we are doing/Lo que estamos haciendo

We planned four key actions based on the survey results

1. Review and update member and provider education for coordination of care
2. Use social media and update the website and member portals to help members know how to ask needed questions about their health
3. Work with Provider Network Management, the department that maintains provider relations, to improve provider education on patient communication
4. Review grievances and call logs to find key reasons for members' complaints and work to improve member satisfaction.

Planeamos cuatro acciones clave de acuerdo con los resultados de la encuesta

1. Revisar y actualizar la educación de los miembros y proveedores sobre la coordinación de la atención
2. Usar las redes sociales y actualizar el sitio web y el portal del miembro para ayudar a que los miembros conozcan cómo hacer las preguntas necesarias sobre su salud
3. Trabajar con la Administración de la Red de Proveedores, el departamento que mantiene las relaciones con los proveedores, para mejorar la educación que ellos tienen sobre la comunicación con los pacientes
4. Revisar las Quejas Formales y registros de llamadas para encontrar los motivos clave de las quejas de los miembros y trabajar para mejorar su satisfacción







# Community Health Worker (CHW) Benefit

Kern Family Health Care – Wellness & Prevention Department



# I. What is the CHW Benefit?



As our Kern Health Systems (KHS) membership grows, we continue to hold a high value for customer service to Medi-Cal recipients. One of the ways we demonstrate care for our members, is through an annual KHS Population Needs Assessments (PNA). In the last assessment of Wellness & Prevention (W&P) programs and member needs, it identified “Members have varied preferences for how and where they receive health education services, necessitating a flexible approach.<sup>[1]</sup>”

**The CHW benefit can aid members in managing their chronic illnesses and exposure to community violence. They also include targeted services to address unmet social determinants of health (SDOH) needs that affect the diagnosis and treatment of a member’s medical problems.**



## II. Member Eligibility



Kern Family Health Care members can qualify for CHW services if they meet one or more of the following criteria:

- Chronic health (including behavioral health) diagnosis or conditions
- Rising risk of chronic disease (i.e. elevated blood pressure, elevated glucose levels, etc.)
- Positive Adverse Childhood Events (ACEs) screening
- Presence of tobacco use, excessive alcohol use, and/or drug misuse
- 2 or more missed medical appointments in last 6 months

.... many more criteria



# III. Covered Services



# Covered Services

The following services are covered under the CHW benefit:

## Health Education

Health education that helps promote the member's health or address barriers to physical and mental health care, which can include coaching and goal setting

## Health Navigation

Providing information, training, referrals, or support that assist members to engage in their own care or connect them with the community resources necessary to promote their health





# Covered Services

The following services are covered under the CHW benefit:

## **Screenings and Assessments**

Non-clinical screenings and assessments that assist a member to connect to appropriate services to improve their health

## **Individual Support and Advocacy**

Assisting a member in preventing injury, violence, or the onset/worsening of a health condition. This includes peer support as well if not duplicative of other covered benefits.



## IV. Non-Covered Services



# CHW Services Not Covered

- Clinical case management and other services that require a license
- Childcare
- Chore services (shopping, cooking meals, etc.)
- Transporting Members
- Employment services
- Delivery of medication, medical equipment, or medical supply
- Respite Care
- Personal Care services/homemaker services

...and more non-covered services



## V. Current KFHC CHW Providers



# CHW Providers

**Komoto Pharmacy (2 locations)**

**Modify Health**

**Kern Psychiatric Wellness Center**

**Adventist Health (3 locations)**

**Pear Suite**

**Bento, Hunger Not Impossible**

**Peaceful Passages Birthing Center**

**Bakersfield  
Delano  
Tehachapi**

**Telehealth Options**

**English  
Spanish**



## VI. CHW Resources and Referrals



# CHW Member Resources and Referrals

If interested in CHW services, contact Member Services at **1-(800)-391-2000**.

Additional CHW Resources for members can be found by consulting page 45 of the Kern Family Health Care (KFHC) member handbook: [\*\*2025 KFHC Member Handbook\*\*](#) or visiting our website:





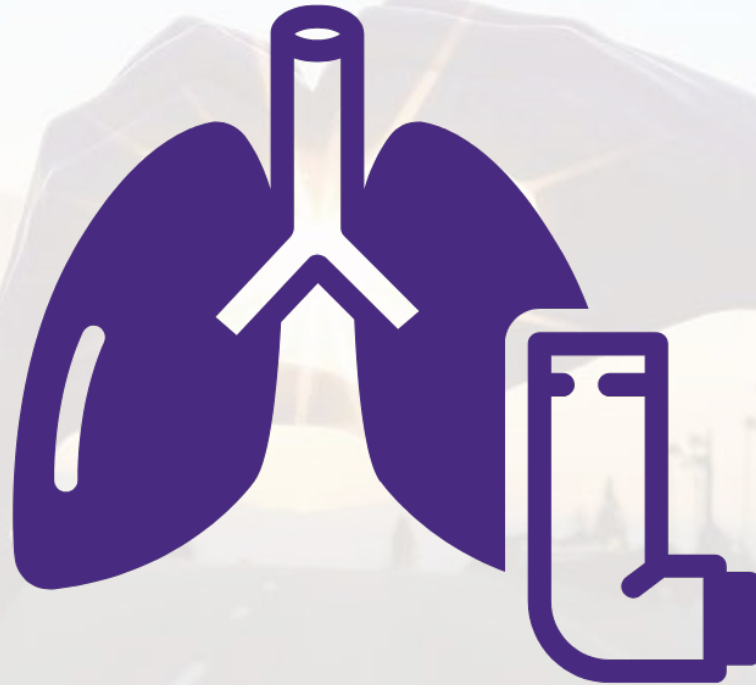


# Asthma Preventive Services (APS) Benefit

Kern Family Health Care – Wellness & Prevention Department



# I. What is the APS Benefit?



According to the 2024 Kern Health Care (KHS) Population Needs Assessment (PNA), persistent asthma continues to be among the top 5 chronic conditions among Kern County adults<sup>[2]</sup>. A few statistics to highlight are:

- 17.7% of the Kern County population been diagnosed with asthma <sup>[3]</sup>
- Asthma is common for Kern County adults over 18 years old at 10.2% <sup>[4]</sup>
- Ongoing asthma was the most common chronic condition among children and adolescents at 14.1% <sup>[5]</sup>

**APS provides members with health education materials and information to help them control their asthma. In home trigger assessments are covered under the benefit as well.**



## II. Covered Services



# Asthma Preventive Services (APS)

Asthma Preventive Services (APS) consist of:

- **Asthma Education (Clinic and home-based)**
  - Information about
    - The basic facts of asthma
    - Proper use of long-term controllers and quick relief medications
    - Evidence-based self-management tools/self-monitoring skills
    - Actions to lessen or control environmental exposures that worsen asthma symptoms
- **Home Environmental Trigger Assessments**
  - The identification of environmental asthma triggers commonly found in and around the home, including allergens and irritants



# III. Eligibility





# Eligibility Criteria for APS Services

1. A recommendation from a licensed health care provider is required to receive APS
2. The **asthma education** requires an asthma diagnosis
3. **In-home environmental trigger assessments** requires a diagnosis of “poorly controlled” asthma from a licensed physician, nurse practitioner or physician assistant.



## IV. Current APS Providers



# APS Providers

**Central California Asthma  
Collaborative (CCAC)**

**Dignity Health's Community  
Wellness Program (CWP)**

**SD Healthcare**

**3 APS Providers**

**Bakersfield  
& Surrounding Areas**

**Telehealth Options**

**English  
Spanish**



## V. APS Resources and Referrals



# APS Member Resources and Referrals

If you are interested in receiving APS services, please contact Member Services **(800)-391-2000**.

Additional APS Resources for members can be found visiting our website:



# KHS CHW and APS Team

## CHW Services

Tiffany Chatman, Wellness and Prevention Partnerships Manager

- Phone: 661-377-7915
- Email: [tiffany.chatman@khs-net.com](mailto:tiffany.chatman@khs-net.com)

## APS Services

Carlos Bello, Wellness and Prevention Program Manager

- Phone: 661-664-5079
- Email: [carlos.bello@khs-net.com](mailto:carlos.bello@khs-net.com)





**How can we share these  
benefits with the  
communities you live in?**

