



**KERN HEALTH  
SYSTEMS**

**PUBLIC POLICY/COMMUNITY  
ADVISORY COMMITTEE**

**Tuesday, December 12, 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  
1<sup>st</sup> Floor Board Room

Tuesday, December 12, 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, 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 September 26, 2023  
APPROVE
- CA-4) Report on December 2023 Medi-Cal Membership Enrollment  
RECEIVE AND FILE
- CA-5) Report on Health Education for Q3 2023 -  
RECEIVE AND FILE
- 6) Member Services - Grievance Operational Report and Grievance Summary for Q3 2023 -  
APPROVE  
  
Member & Provider Compliments  
Presentation

- 7) Health Equity - Community Advisory Committee 2024 Changes -  
HANDOUT  
APPROVE
  
- 8) Health Education - KFHC Summer 2024 Member Newsletter-  
RECEIVE AND FILE

ADJOURN MEETING TO TUESDAY, March 26, 2024 AT 11:00 A.M.

2024 Public Policy/Community Advisory Committee Meeting Schedule

Tuesday, June 25, 2024  
Tuesday, September 24, 2024  
Tuesday, December 10, 2024

(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  
1<sup>st</sup> Floor Board Room

Tuesday, September 26, 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: 10 Present; 3 Absent – Jasmine Ochoa, Michelle Bravo, Alex Garcia

**Meeting called to order by Louie Iturriria, Senior Director of Marketing and Member Engagement, at 11:03 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

- 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!  
**NO ONE HEARD.**

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]) **NO ONE HEARD.**
- CA-3) Minutes for Public Policy/Community Advisory Committee meeting on June 27, 2023 -  
APPROVED  
**McAlister-Wood: 10 Ayes; 3 Absent – Ochoa, Bravo, Garcia**
- CA-4) Report on September 2023 Medi-Cal Membership Enrollment - RECEIVED AND FILED  
**McAlister-Wood: 10 Ayes; 3 Absent – Ochoa, Bravo, Garcia**
- CA-5) Report on Health Education for Q2 2023 -  
RECEIVED AND FILED  
**McAlister-Wood: 10 Ayes; 3 Absent – Ochoa, Bravo, Garcia**
- CA-6) Report on Marketing Medi-Cal Redetermination -  
RECEIVED AND FILED  
**McAlister-Wood: 10 Ayes; 3 Absent – Ochoa, Bravo, Garcia**
- 7) Report on Member Services – Grievance Operational Report and Grievance Summary for Q2 2023 -  
APPROVED  
**Hefner-Hernandez Colin: 10 Ayes; 3 Absent – Ochoa, Bravo, Garcia**

MS. WOOD INQUIRED ABOUT PRESENTING MORE DATA IN THE FUTURE REGARDING PATIENT ACCESS GRIEVANCES, AS TO BETTER UNDERSTAND THE REASON FOR THE INCREASE.

IN RESPONSE TO THIS, AT THE NEXT MEETING, MS. CARRILLO WILL BE PROVIDING A BREAK DOWN OF OUR ACCESS GRIEVANCES FOR Q2 AND Q3 BY WALK-IN VISITS, VS. SCHEDULED APPOINTMENTS, AVAILABILITY ACCESS GRIEVANCES, AND SHE WILL ALSO INCLUDE TELEPHONE ACCESS GRIEVANCES.

MR. LOUEY INQUIRED ABOUT THE TRACKING OF POSITIVE COMMENTS FROM MEMBERS AND ALSO PROVIDERS. THIS WAS ALSO MENTIONED IN THE LAST MEETING FROM MR. LOUEY AND MR. SINGH-TYISKA.

IN RESPONSE TO THIS, MEMBER SERVICES WILL REPORT ON THE NUMBER OF COMPLIMENTS RECEIVED DURING THE 3<sup>RD</sup> QUARTER AT THE NEXT MEETING. WE ARE ABLE TO TRACK COMPLIMENTS THROUGH QNXT (OUR CORE INFORMATION SYSTEM). MR. SCOTT ALSO ADDED THAT WE WILL INCLUDE RESULTS FROM OUR QUESTIONNAIRE AFTER CAL SURVEYS.



- 8) Health Equity – Community Advisory Committee 2024 Changes -  
APPROVED

**Louey-Hernandez Colin: 10 Ayes; 3 Absent – Ochoa, Bravo, Garcia**

MS. SLAYTON-WOOD INQUIRED ABOUT THE RATIONALE FOR INCLUDING LEA'S AS PART OF THE NEW CAC RESTRUCTURE.

IN RESPONSE TO THIS, MS. SILVA SHARED THAT DHCS EXPECTS MCPS TO EXECUTE MOU'S WITH LEA'S IN 2025 AND WILL RELEASE A DRAFT TEMPLATE IN 2024. DHCS' INTENTION BEHIND THESE MOU'S IS TO SUPPORT LOCAL ENGAGEMENT AND CARE COORDINATION BETWEEN MCP'S AND LEA'S AS PART OF A WHOLE CHILD MODEL OF CARE SINCE LEA'S HAVE A CAPTIVE AUDIENCE OF STUDENTS AND FAMILIES. THE STUDENT BEHAVIORAL HEALTH INCENTIVE PROGRAM (SBHIP) EFFORTS THAT ARE CURRENTLY BEING IMPLEMENTED IS DHCS' ATTEMPT TO INITIATE LOCAL PARTNERSHIPS BETWEEN MCP'S AND LEA'S TO INCREASE STUDENT ACCESS TO BEHAVIORAL HEALTH SERVICES.

MEETING ADJOURNED BY LOUIE ITURRIRIA, SENIOR DIRECTOR OF  
MARKETING AND MEMBER ENGAGEMENT, AT 11:57 AM TO  
DECEMBER 12, 2023, AT 11:00 AM



**KHS December 2023 ENROLLMENT:**

**Medi-Cal Enrollment**

As of December 1, 2023, Medi-Cal enrollment is 233,851, which represents an increase of 0.6% from November enrollment.

**Seniors and Persons with Disabilities (SPDs)**

As of December 1, 2023, SPD enrollment is 18,438, which represents an increase of 1.95 from November enrollment.

**Expanded Eligible Enrollment**

As of December 1, 2023, Expansion enrollment is 95,877, which represents an increase of 0.4% from November enrollment.

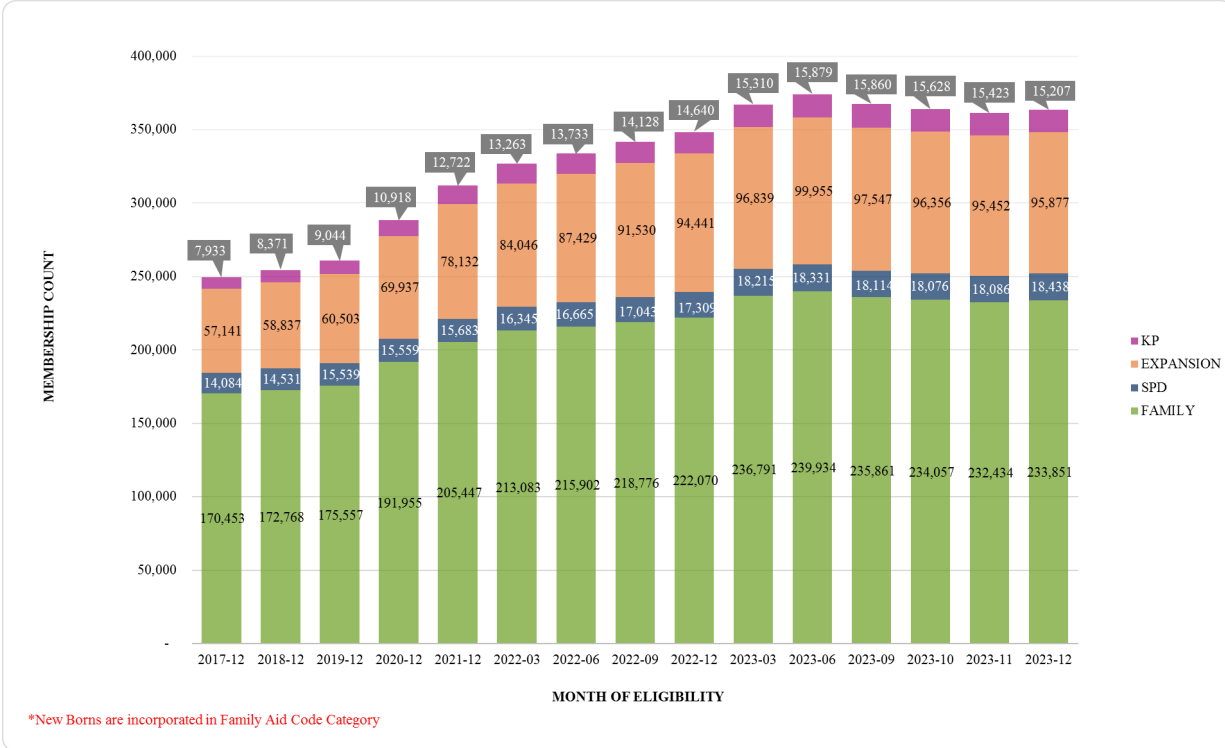
**Kaiser Permanente (KP)**

As of December 1, 2023, Kaiser enrollment is 15,207, which represents a decrease of 1.4% from November enrollment.

**Total KHS Medi-Cal Managed Care Enrollment**

As of December 1, 2023, total Medi-Cal enrollment is 363,373, which represents an increase of 0.5 % from November enrollment.

<b>Membership as of Month of Eligibility</b>	<b>FAMILY</b>	<b>SPD</b>	<b>EXPANSION</b>	<b>KP</b>	<b>BABIES</b>	<b>Member Total</b>
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	191,548	15,559	69,937	10,918	407	288,369
2021-12	204,998	15,683	78,132	12,722	449	311,984
2022-03	212,657	16,345	84,046	13,263	426	326,737
2022-06	215,436	16,665	87,429	13,733	466	333,729
2022-09	218,241	17,043	91,530	14,128	535	341,477
2022-12	221,565	17,309	94,441	14,640	505	348,460
2023-03	236,356	18,215	96,839	15,310	435	367,155
2023-06	239,470	18,331	99,955	15,879	464	374,099
2023-09	235,358	18,114	97,547	15,860	503	367,382
2023-10	233,547	18,076	96,356	15,628	510	364,117
2023-11	231,945	18,086	95,452	15,423	489	361,395
2023-12	233,369	18,438	95,877	15,207	482	363,373





**To: Public Policy/Community Advisory Committee**

**From: Flor L. Del Hoyo, MPH**

**Date: December 6, 2023**

**Re: 2023 3<sup>rd</sup> Quarter Health Education, Cultural & Linguistics Activities Report**

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**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 3<sup>rd</sup> quarter of 2023.

**Requested Action**

Receive and File.

Kern Health Systems  
Health Education, Cultural and Linguistic Activities Report  
3<sup>rd</sup> Quarter 2023

**Executive Summary**

**Report Date: November 1, 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 Q3 2023.

**Cultural and Linguistics Program**

- Linguistic Performance Findings
  - 97% members satisfaction with in-person interpreter
  - 99% member satisfaction with telephonic interpreter
  - 98% members satisfaction with bilingual KHS staff communications
  - 89% of KHS calls reviewed did not have difficulty communicating with members in a non-English language
- C&L In-services
  - 3<sup>rd</sup> Quarter: Behavioral Health, Utilization Management and Health Education
  - 4<sup>th</sup> Quarter: Pharmacy, Population Health Management, Member Services, Enhanced Care Management

**Health Education Program**

- New Programs:
  - KFHC Live Better Program now offered in Taft
  - Diabetes Education and Empowerment Program (DEEP) – scheduled to launch in Q1 2024
- Health Education Service Findings
  - 97% member satisfaction with classes
  - 5-percentage point increase in member knowledge
  - Diabetes Prevention Program: 7.7% average weight loss with English cohort and 2.6% average weight loss in current Spanish cohort.
  - Facilitator opportunities:
    - Enhanced participant engagement, assessment of participant recall and principles of effective communication and health literacy

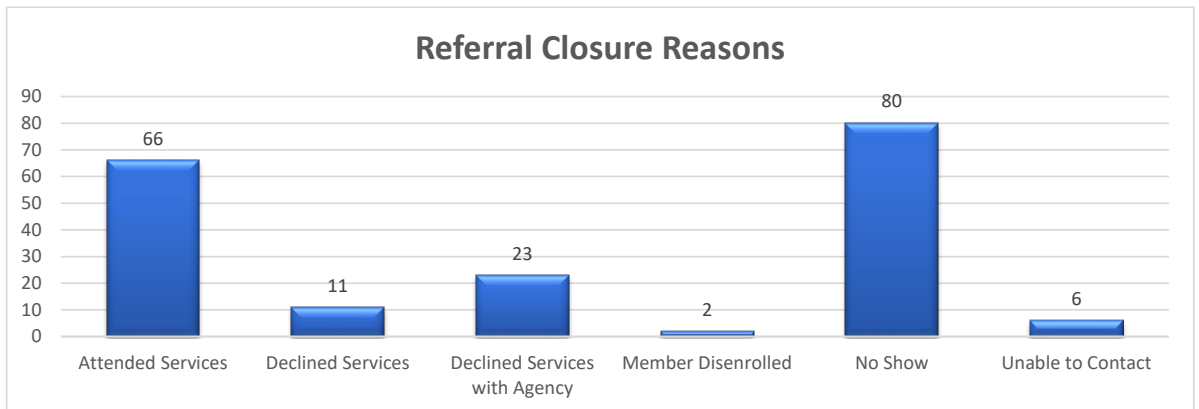
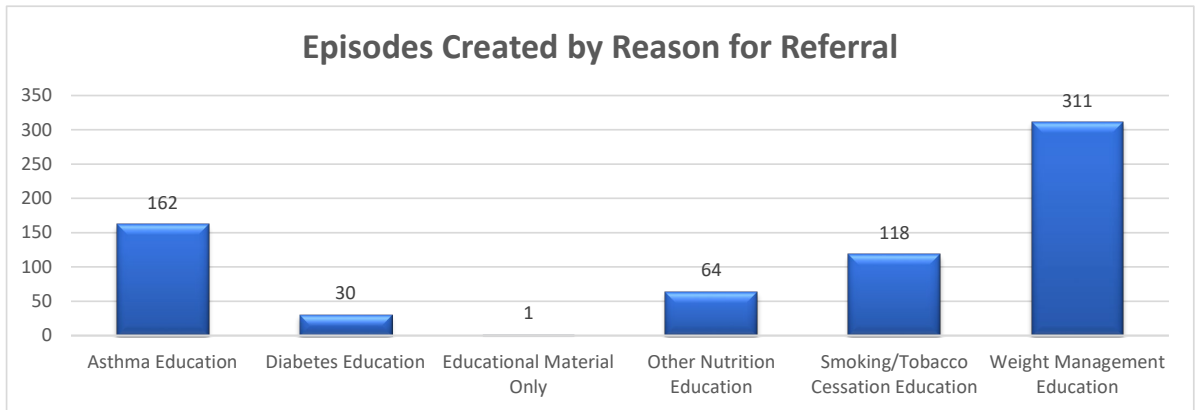
Respectfully submitted,

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

Kern Health Systems  
Health Education, Cultural and Linguistic Activities Report  
3<sup>rd</sup> Quarter 2023

**Referrals for Health Education Services**

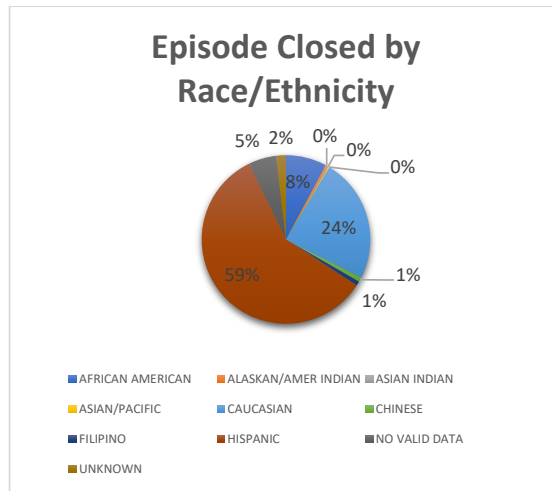
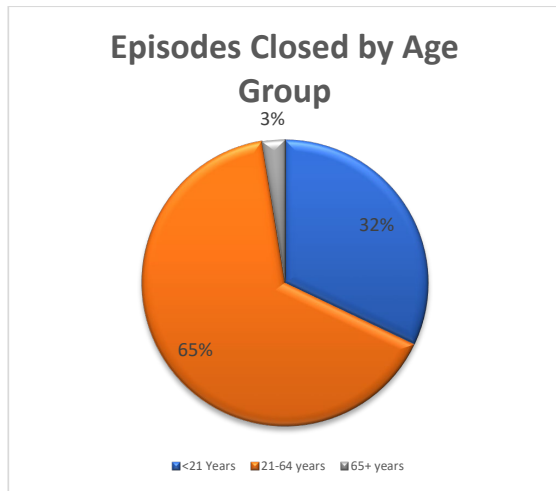
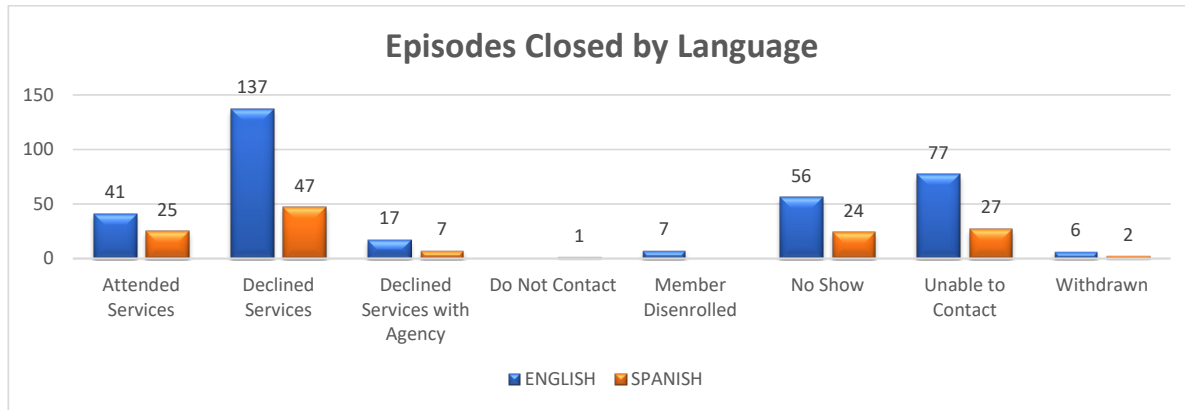
During Q3, there were 686 referrals for health education services which is a 5% decrease in comparison to the previous quarter. Requests for Weight Management continues to be the primary reason for health education services. Additionally, the health education service acceptance rate decreased by 10% between Q2 to Q3 whereas the received services rate decreased from 70% in Q2 to 54% in Q3.



Kern Health Systems  
 Health Education, Cultural and Linguistic Activities Report  
 3<sup>rd</sup> Quarter 2023

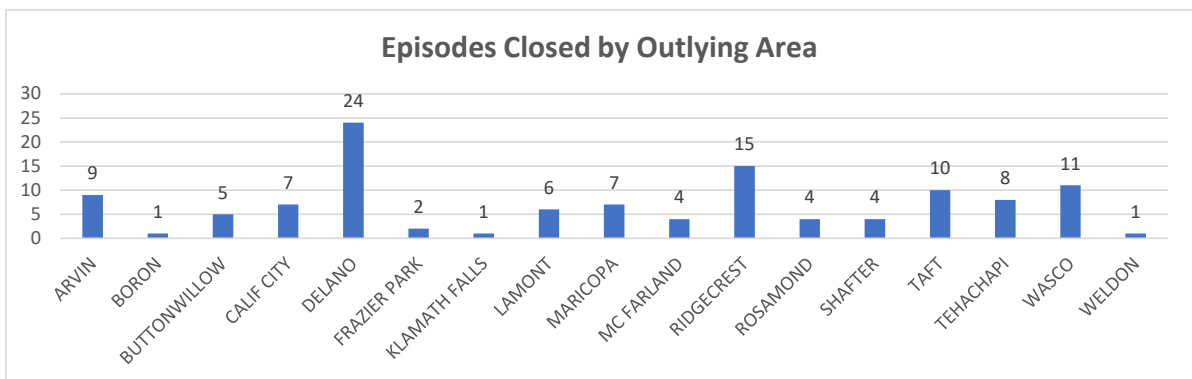
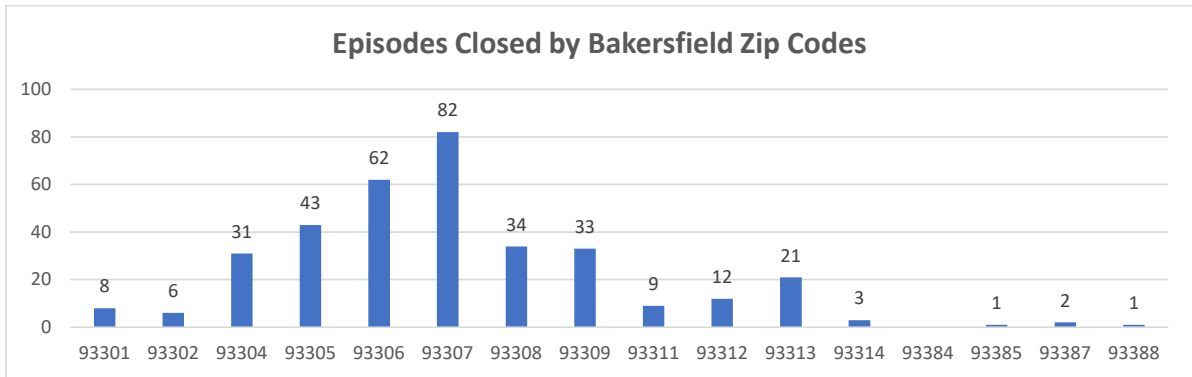
**Demographics of Members**

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  
 3<sup>rd</sup> Quarter 2023

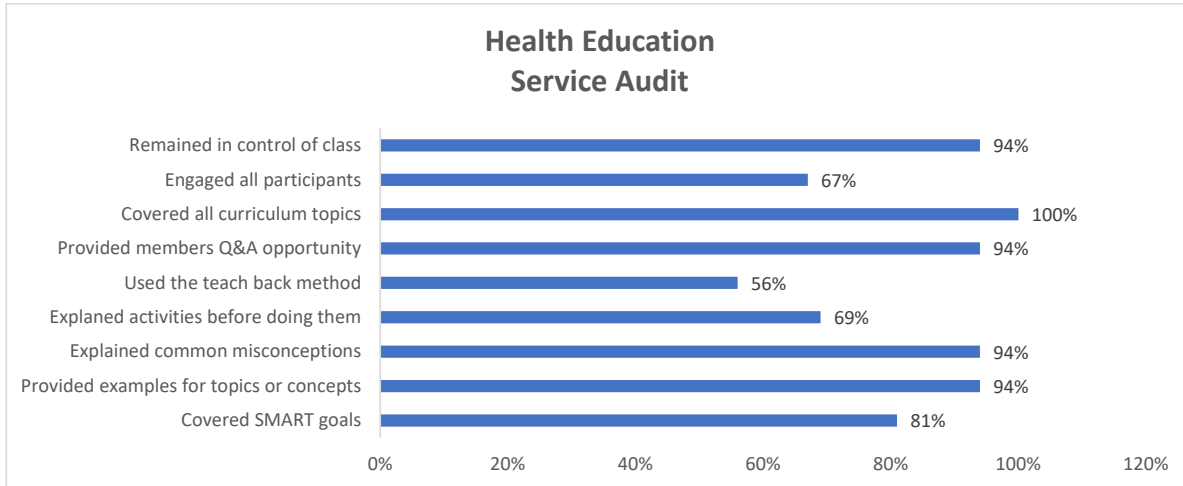


**Health Education Service Audit**

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 Q3, 15 classes and 6 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.

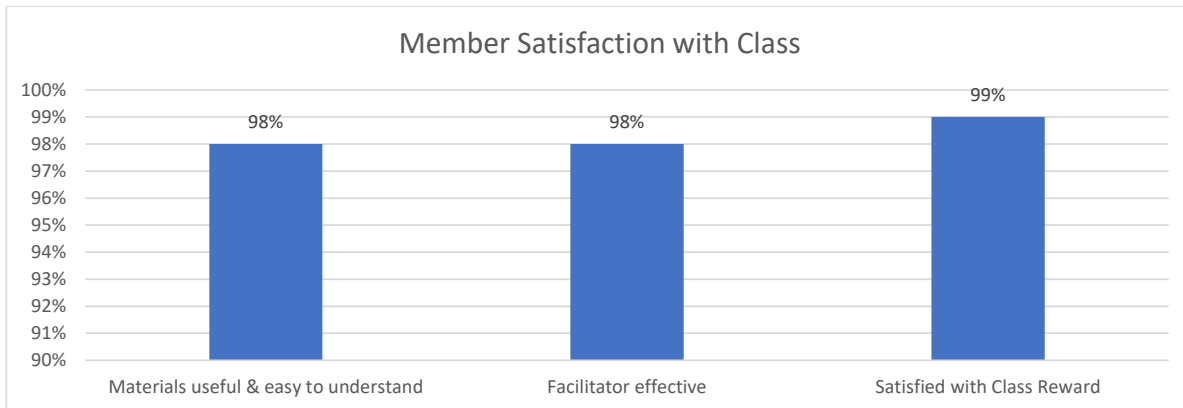
- Highlights from this period are the facilitators making the information easy for member to understand, scoring 94% on providing examples, discussing common misconceptions, providing members the opportunity to ask questions, and covering all material.
- During this audit period, opportunities were also identified in the planning of classes, focusing on roles and responsibilities and preparation of material in a timely manner. Among facilitators the average score was an 82% proficiency with a range from 65 to 94%.

Kern Health Systems  
Health Education, Cultural and Linguistic Activities Report  
3<sup>rd</sup> Quarter 2023



**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 98% of participants were satisfied with the services.



In addition, members referred to the Kick it California (KIC) Quitline were surveyed to gauge satisfaction with this service. Four participants answered when reached out, and only two had received services either by telephone or webchat. Both members found the counseling sessions interesting and easy to follow and that the counseling sessions were effective in helping the member quit or reduce tobacco use.

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Kern Health Systems  
Health Education, Cultural and Linguistic Activities Report  
3<sup>rd</sup> Quarter 2023

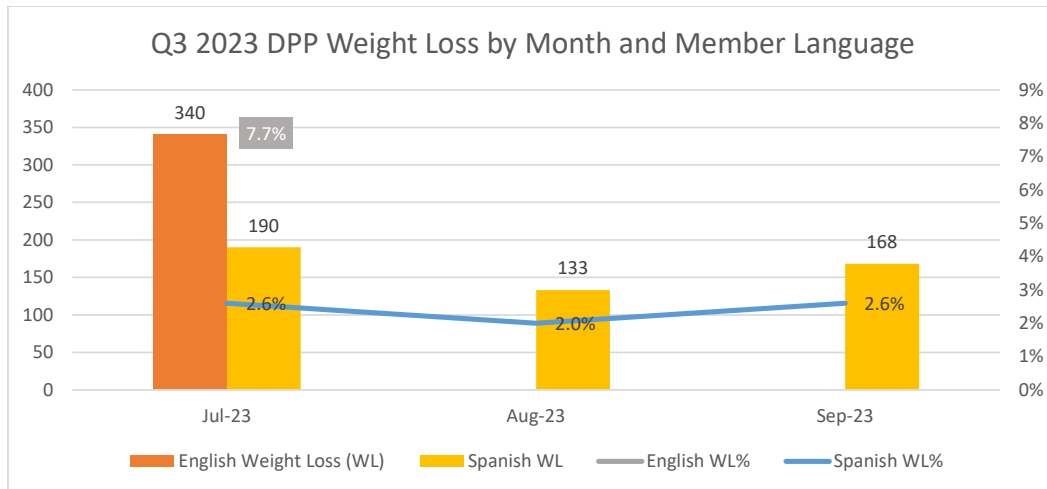
**Health Education Program Effectiveness**

The Eat Healthy, Be Active curriculum was launched in September 2023. This is a 6-class series, each class lasts about 90 minutes. A pre and posttest questionnaire is distributed per class. During Q3, findings revealed an average 5 percentage point increase in knowledge gained after completing the class series.

The Activity + Eating curriculum was launched in September 2023. This is a 1-time class that lasts about 90 minutes. The evidence shows that it can impact behavior around physical activity. A pre and posttest questionnaire is distributed at each class. During Q3, findings revealed a 5-percentage point increase in knowledge when comparing members who completed a pretest (average 70% correct answers) to members who completed a posttest (average 75% correct answers).

The Fresh Start classes have the goal of reducing harm from tobacco products. Post test questionnaires were implemented in Q3 to field test questions with a class held in English. During this series, members scored an average of 80%, answering an average of 4 of 5 questions correctly. This small cohort demonstrates members have gained knowledge on reducing urges to use tobacco, and the importance of committing to a quit date. Given field testing results, we will begin using these questions as part of the pretest to measure knowledge gain in Q4.

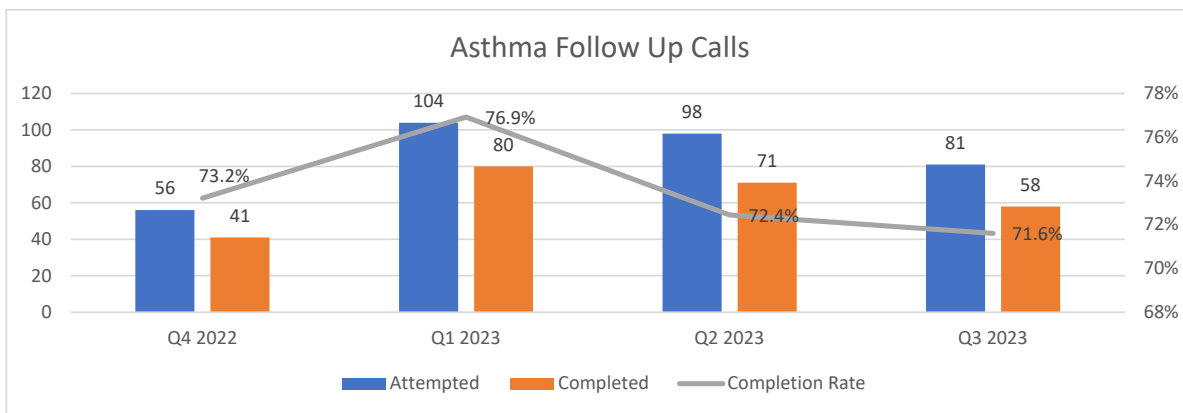
The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program designed to prevent or delay the onset of type 2 diabetes among at risk members. Weight loss totals and percentages that compare initial combined cohort weight with combined weight at the end of each month in Q3 2023 are shown in the chart below. By the end of Q3 2023, 19 members graduated the English cohort that began in August 2022. The English cohort ended with an average 7.7% weight loss. By the end of September 2023, 36 members were enrolled in the Spanish DPP cohort with an average weight loss of 2.6%.



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3<sup>rd</sup> Quarter 2023

**Asthma Education Effectiveness**

Members who have attended the KFHC Breathe Better 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 Q3 2023, 71.6% of members completed an asthma follow up call. The average ACT score did not improve for members under 12 years old. But it improved slightly for members 12 years and older.



Q3 2023 Average ACT Scores		
Asthma Follow Up Calls		
Call Month	<12 years of age	12+ years of age
Initial	20.6	14.3
1	19.8	17.3
3	20.3	16.7
6	24*	No data

\*Small amount of data.

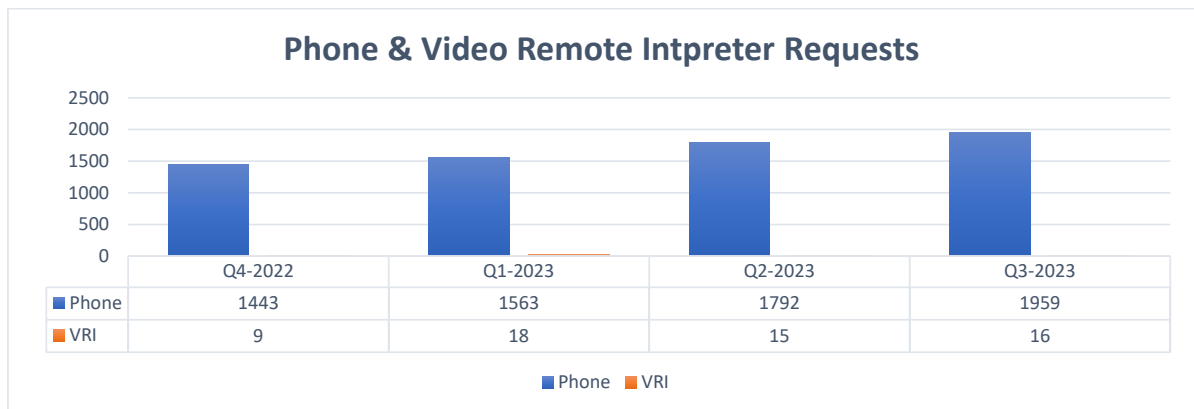
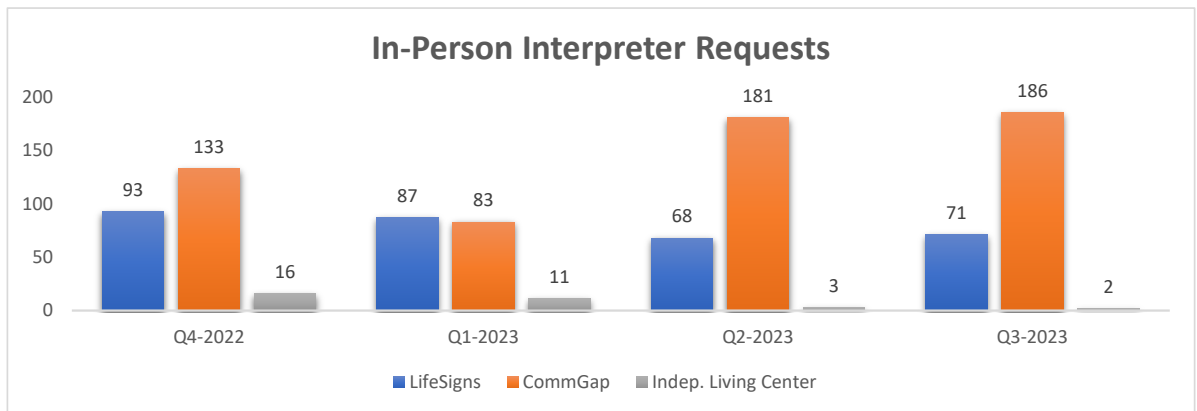
**Interpreter Requests**

During this quarter, there were 186 requests for Face-to-Face Interpreting, 1,959 requests for Telephonic Interpreting, 16 for Video Remote Interpreting (VRI) and 72 requests for an American Sign Language (ASL) interpreter.

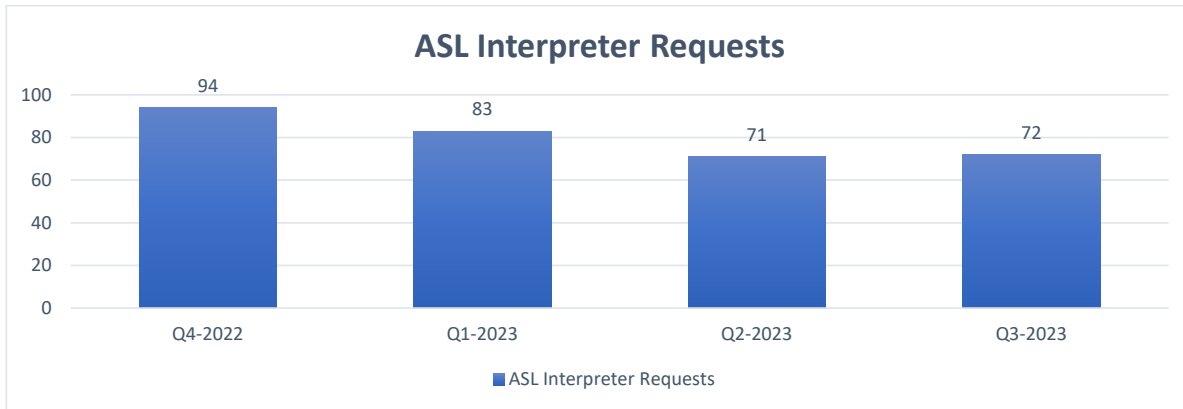
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Top Face-to-Face Interpreting Languages Requested Phone and Video Remote
Spanish
Punjabi
Arabic

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

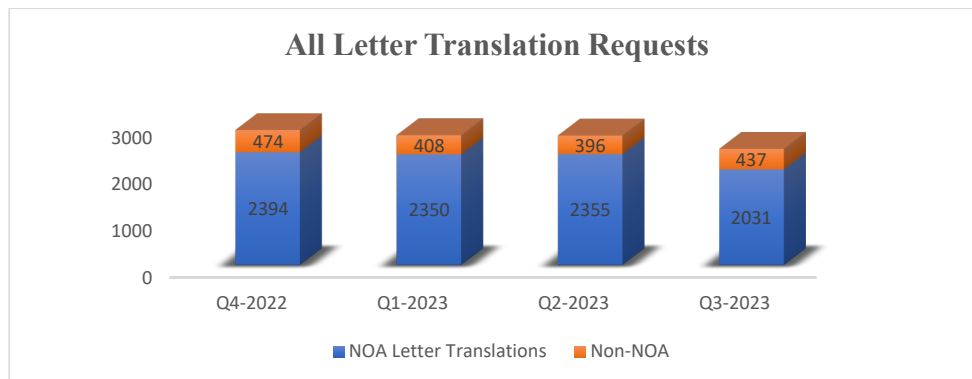


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**Written Translations**

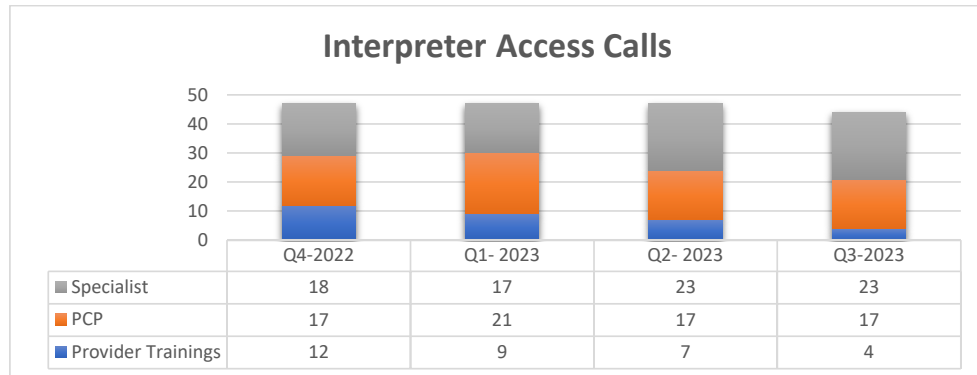
The HE department coordinates the translation of written documents for members. Translations are performed in-house by qualified translators or outsourced through a contracted translation vendor. During this quarter, 2,468 requests for written translations were received.



**Interpreter Access Survey Calls**

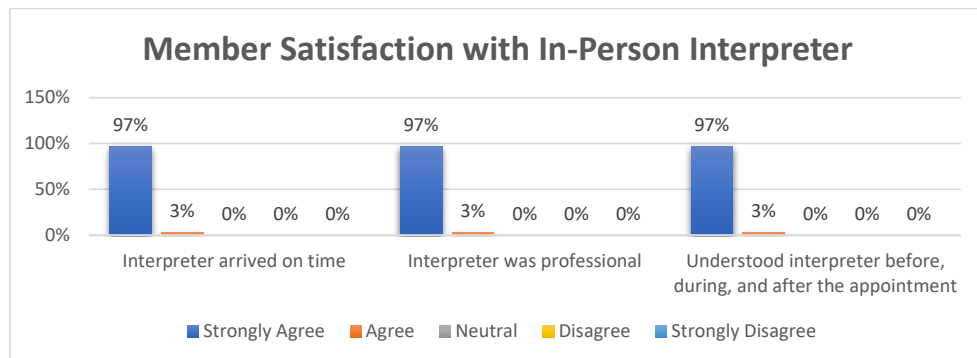
Each quarter, the Provider Network Management department conducts an interpreter access survey among KHS providers. During Q3, 19 PCPs and 22 Specialists participated in this survey. Of these providers, 4 received a refresher training on KHS' C&L services.

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Health Education, Cultural and Linguistic Activities Report  
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**Member Satisfaction Surveys**

During this quarter, a total of 39 satisfaction surveys were collected from members who received in-person interpreting services and more than 97% of members reported they “Strongly Agreed” or “Agreed” being satisfied with their interpreter.



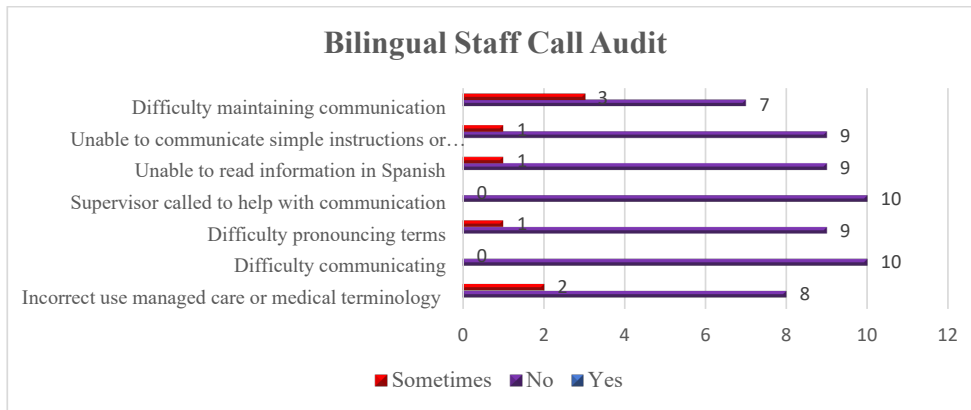
**Over-the-Phone (OPI) Interpreter Call Monitoring**

During this quarter, an audit was performed on 30 random OPI interpreter services calls. Calls audited were in Arabic, Ilocano, Mandarin, Punjabi, Spanish, Tagalog, Ukrainian, 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 99% of calls Met Expectations.

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Health Education, Cultural and Linguistic Activities Report  
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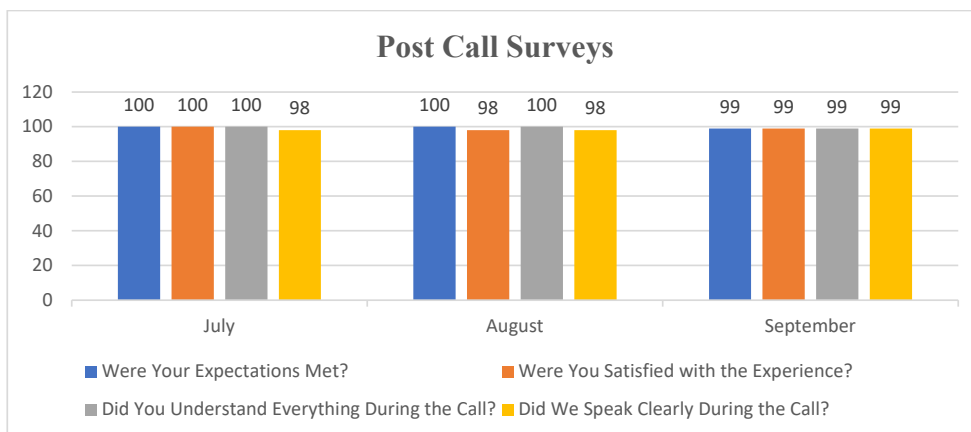
**Bilingual Staff Call Audit**

During this quarter, a total of 30 Spanish audio calls from KHS member facing departments were reviewed to assess the linguistic performance of the Bilingual Staff. Findings revealed that 89% of Bilingual staff did not have difficulty communicating with members in a non-English language.



**Post Call Surveys**

During this quarter, a total of 4,247 Spanish Post Call Surveys were collected from members for all KHS member facing departments to assess the linguistic performance of the Bilingual Staff. KHS’ post call survey evaluates member’s call experience by language. Findings revealed that 98% of members are satisfied with the linguistic performance of bilingual staff.







**To: KHS Public Policy Committee**

**From: Nate Scott**

**Date: December 12, 2023**

**Re: Executive Summary for 3rd Quarter 2023 Operational Board Update - Grievance Report**

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**Background**

**Executive Summary for 3rd 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 3rd Quarter, 2023.

- There was a slight increase in Grievances and Appeals in Quarter 3, 2023 when compared to Quarter 2, 2023. We can attribute the rise in grievance and appeals to the more than 11% increase in calls received to the Call Center in the 3<sup>rd</sup> quarter of 2023.
- Of the 1,861 Standard Grievance and Appeal cases, 1,170 were closed in favor of the Plan and 683 cases closed in favor of the Enrollee. At the time of reporting, 8 cases were delayed pending a response and/or medical records from providers.

KHS Standard Grievance and Appeals per 10,000 members = 17.62 per month.

**Requested Action**

Receive and File

## 3<sup>rd</sup> Quarter 2023 Grievance Report

Category	3rd Quarter 2023	Status	Issue	Q2 2023	Q1 2023	Q4 2022	Q3 2022
Access to Care	303		Appointment Availability	233	123	108	132
Coverage Dispute	0		Authorizations and Pharmacy	0	0	0	0
Medical Necessity	478		Questioning denial of service	420	363	335	346
Other Issues	65		Miscellaneous	55	53	38	30
Potential Inappropriate Care	644		Questioning services provided. All cases forwarded to Quality Dept.	703	758	670	514
Quality of Service	326		Questioning the professionalism, courtesy and attitude of the office staff. All cases forwarded to PR Department	282	216	156	86
Discrimination (New Category)	45		Alleging discrimination based on the protected characteristics	64	62	46	73
<b>Total Formal Grievances</b>	<b>1861</b>			1757	1575	1353	1181
Exempt	2026		Exempt Grievances-	1873	1606	1816	2328
<b>Total Grievances (Formal &amp; Exempt)</b>	<b>3887</b>			3630	3181	3169	3509

## Additional Insights-Formal Grievance Detail

Issue	2023 3rd Quarter Grievances	Upheld Plan Decision	Further Review by Quality	Overturned Ruled for Member	Still Under Review
Access to Care	202	140	0	62	0
Coverage Dispute	0	0	0	0	0
Specialist Access	101	61	0	39	1
Medical Necessity	478	180	0	298	0
Other Issues	65	48	0	17	0
Potential Inappropriate Care	644	438	0	202	4
Quality of Service	326	259	0	64	3
Discrimination	45	44	0	1	0
<b>Total</b>	<b>1861</b>	<b>1170</b>	<b>0</b>	<b>683</b>	<b>8</b>



**To: KHS Public Policy Committee**

**From: Nate Scott**

**Date: December 12, 2023**

**Re: Executive Summary for 3rd Quarter 2023 Grievance Summary Report**

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**Background**

**Executive Summary for the 3rd 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 third quarter of 2023, there were one hundred and ninety-six grievances and appeals received by KFHC members assigned to Kaiser Permanente. Of the one hundred and ninety-six standard grievances and appeals received, one hundred ninety-five cases closed within thirty days; one case was pended and closed after thirty days.

KHS Standard Grievance and Appeal cases per 10,000 members = 17.62 per month.

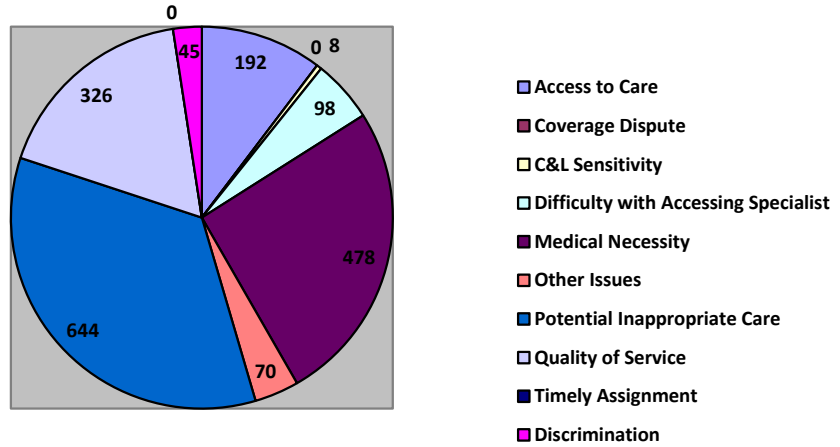
For KHS members assigned to Kaiser Grievances and Appeals per 10,000 = 32.11 per month.

**Requested Action**

Receive and File

**3<sup>rd</sup> 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	192	135	0	57	0
Coverage dispute	0	0	0	0	0
Cultural and Linguistic Sensitivity	8	6	0	2	0
Difficulty with accessing specialists	98	58	0	39	1
Medical necessity	478	180	0	298	0
Other issues	70	50	0	20	0
Potential Inappropriate care	644	438	0	202	4
Quality of service	326	259	0	64	3
Timely assignment to provider	0	0	0	0	0
Discrimination	45	44	0	1	0



**Type of Grievances**

**KHS Grievances per 10,000 members = 16.86/month**

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

### **3<sup>rd</sup> Quarter 2023 Grievance Summary**

#### **Access to Care**

There were one-hundred ninety-two grievances pertaining to access to care. One-hundred thirty-five closed in favor of the Plan. Fifty-seven cases closed in favor of the Enrollee. There are no cases still pending review. The following is a summary of these issues:

Ninety-four members complained about the lack of available appointments with their Primary Care Provider (PCP). Sixty-eight 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. Twenty-six 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. There are no cases still pending review.

Eighteen members complained about the wait time to be seen for a Primary Care Provider (PCP) appointment. Fourteen 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. Four 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.

Forty-two 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. Thirteen 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.

Thirty-six members complained about a provider not submitting a referral authorization request in a timely manner. Twenty-four cases closed in favor of the Plan after it was determined the referral authorization request had been submitted in a timely manner. Twelve 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.

One member complained about physical access to provider. One case closed in favor of the Enrollee after it was determined the physical access may not have been appropriate. There are no cases still pending review.

One member complained about geographic access to provider. The case closed in favor of the Enrollee after it was determined the geographic access may not have been appropriate. There are no cases still pending review.

#### **Coverage Dispute**

There were no grievances pertaining to a Coverage Dispute issue.

#### **Cultural and Linguistic Sensitivity**

### **3<sup>rd</sup> Quarter 2023 Grievance Summary**

Eight 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. Six 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.

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

There were ninety-eight grievances pertaining to Difficulty Accessing a Specialist. Fifty-eight cases closed in favor of the Plan. Thirty-nine cases closed in favor of the Enrollee. There is one case still under review. The following is a summary of these issues:

Fifty-four members complained about the lack of available appointments with a specialist. Thirty-four 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. Nineteen 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. There is one case still under review.

Six members complained about the wait time to be seen for a specialist appointment. Three cases closed in favor of the Plan after the response indicated the member was provided with the appropriate wait time for a scheduled appointment based on the Access to Care Standards. Three 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.

Nineteen members complained about the telephone access availability with a specialist office. Ten cases closed in favor of the Plan after the response indicated the member was provided with the appropriate telephone access availability. Nine cases closed in favor of the Enrollee after the response indicated the member may have not been provided with the appropriate telephone access availability. There are no cases under review.

Nineteen members complained about a provider not submitting a referral authorization request in a timely manner. Eleven cases closed in favor of the Plan after it was determined the referral authorization request had been submitted in a timely manner. Eight 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 under review.

#### **Medical Necessity**

There were four hundred and seventy-eight appeals pertaining to Medical Necessity. One hundred and eighty cases were closed in favor of the Plan. Two hundred and ninety-eight cases were closed in favor of the Enrollee. There are no cases under review. The following is a summary of these issues:

One hundred and eighty of the cases 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;

### **3<sup>rd</sup> Quarter 2023 Grievance Summary**

therefore, the denials were upheld. Of the cases that were closed in favor of the Plan, two were partially overturned. Two hundred and ninety-eight 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 under review.

#### **Other Issues**

There were seventy grievances pertaining to Other Issues that are not otherwise classified in the other categories. Fifty cases were closed in favor of the Plan after the responses indicated the appropriate service were provided. Twenty 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 six hundred and forty-four 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 thirty-eight cases were closed in favor of the Plan, as it was determined a quality-of-care issue could not be identified. Two hundred and 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 four cases still pending further review with QI.

#### **Quality of Service**

There were three hundred and twenty-six grievances involving Quality of Service issues. Two hundred and fifty-nine cases closed in favor of the Plan after the responses determined the members received the appropriate service from their providers. Sixty-four cases closed in favor of the Enrollee after the responses determined the members may not have received the appropriate services. There are three cases still under review.

#### **Timely Assignment to Provider**

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

#### **Discrimination**

There were forty-five grievances pertaining to Discrimination. Forty-four cases closed in favor of the Plan as there was no discrimination found. One case 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 = 41.25/month**

During the third quarter of 2023, there were one hundred and ninety-six grievances and appeals received by KFHC members assigned to Kaiser Permanente. Of the one hundred and ninety-six standard grievances and appeals received, one hundred ninety-five cases closed within thirty days; one case was pended and closed after thirty days.



### **3<sup>rd</sup> Quarter 2023 Grievance Summary**

#### **Access to Care**

There were twenty-six grievances pertaining to Access to Care.

#### **Coverage Disputes**

There were twenty-one appeals pertaining to Coverage Disputes.

#### **Medical Necessity**

There were nineteen appeals pertaining to Medical Necessity.

#### **Quality of Care**

There were seven grievances pertaining to Quality of Care.

#### **Quality of Service**

There were one hundred and twenty-three grievances pertaining to a Quality of Service.

# Member & Provider Compliments

Nate Scott

Senior Director of Member Services

December 12, 2023



## How Are Compliments Received?

- Phone
  - Kern Family Health Care member facing departments
  - Post call survey
- Email
- Portals
  - Member
  - Provider
- In person
- Social media



## Member Testimonials

- “Thank you!” From the member to the Health Education team that facilitate the weekly onsite nutrition classes.
- “Very happy with Kern Family Health Care and about 98% of the time it’s always a good experience.”
- “Kudos to (MSR). Customer service was excellent. She knows her job and was very calm and supportive.”
- “...been a bit of a basket case because of an upcoming heart procedure. (MSR) went above and beyond, was compassionate and hopes she makes it to Supervisor some day.”
- “Very happy with Kern Family Health Care.”
- “(MSR) was very courteous, professional and has a kind heart. Kern Family Health Care overall is doing a great job!”
- Member called back to “apologize” for being “rude and disrespectful.” Member stated, “Thank you, because I could tell (MSR) genuinely wanted to help, and I did not give him the chance.”
- “(MSR) was very professional, helpful, kind and is good at what she does.”
- “110% satisfied with Kern Family and with all my doctors too. Don’t know how the customer service can get any better.”
- “When I lived in LA the health plan never helped me the way Kern Family has. Kern Family Health Care is a blessing.”



## Member Testimonials

- Wife of member stated, “(MSR) saved my husband’s life by getting him scheduled with an Ophthalmologist. (MSR) was very nice and patient.”
- Email from Member....
  - “I just wanted to let you know that my family and I are now members of Kern Health Systems and that that can be attributed to the wonderful person that you are and the excellent services that your team provides. I wanted to give praise to MSR from Member Services for the recent encounter I just had with her. She is very professional and informative. I will always keep your organization in mind. Thank you and your team for always providing the best encounters.”



## Provider Testimonials

- “Employee was great! She is an asset to Kern Family Health Care.”
- “Employee was super patient, kind and understanding. Very rewarding when you get someone in customer service who isn’t angry.”
- “Employees (Claims and MS) are great asset to the company and super knowledgeable and always go above and beyond.”



## Post Call Satisfaction Survey

- Members and Providers are offered the two-question post call survey
  - Question 1: Were your expectations met?
  - Question 2: Were you satisfied with the experience?



## Post Call Satisfaction Survey Results

Question 1: Were Your Expectations Met?

• September 2023

Total Responses (English)	% Yes	Total Responses (Spanish)	%Yes
8,639 / 22,000	99	1506	99

• August 2023

Total Responses (English)	% Yes	Total Responses (Spanish)	%Yes
10,612 / 27,000	97	2007	100

• July 2023

Total Responses (English)	% Yes	Total Responses (Spanish)	%Yes
3,566 / 22,000	99	737	100





## Post Call Satisfaction Survey Results (cont'd)

Question 2: Were You Satisfied With The Experience?

- September 2023

Total Responses (English)	% Yes	Total Responses (Spanish)	%Yes
3614 / 22000	99	1481	99

- August 2023

Total Responses (English)	% Yes	Total Responses (Spanish)	%Yes
10398 / 27000	98	1963	98

- July 2023

Total Responses (English)	% Yes	Total Responses (Spanish)	%Yes
1508 / 22000	97	725	100



## Why Compliments Matter?

- Recognizing and celebrating outstanding service
  - Kern bucks
  - Email from Chief Operations Officer Alan Avery
- Fosters positive experiences
  - Members
  - Providers
  - Community partners
  - Employees
  - Work environment
- Increases
  - Employee moral
  - Employee productivity
  - Job satisfaction
  - Member satisfaction
  - Provider satisfaction



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

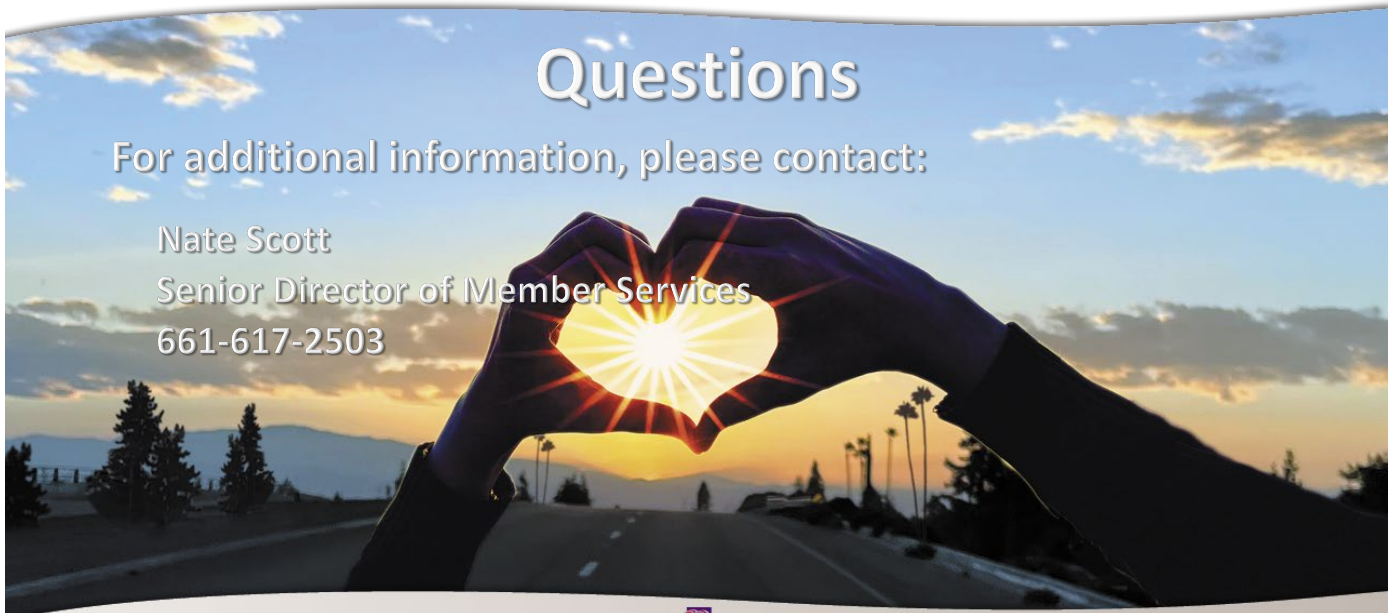
## Questions

For additional information, please contact:

Nate Scott

Senior Director of Member Services

661-617-2503







**To: KHS Public Policy/Community Advisory Committee**

**From: Anastasia Lester**

**Date: December 12, 2023**

**Re: Community Advisory Committee 2024 Voting**

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**Background**

The 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 Community Advisory Committee will be asked to vote on the state required composition to create the 2024-2026 Community Advisory Committee.

**Requested Action**

Approve





**To: Public Policy/Community Advisory Committee**

**From: Flor L. Del Hoyo, MPH**

**Date: December 6, 2023**

**Re: Member Newsletter**

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**Background**

KHS' contract with DHCS requires that it implements and maintains a health education system that includes programs, services, functions, and resources necessary to provide health education, health promotion and patient education for all members. To help meet this requirement, KHS sends out a newsletter to all member households twice a year as a strategy to providing health education and member benefits information.

**Discussion**

Enclosed is a presentation on the member newsletter articles selected for the Winter 2023 issue and the proposed topics for the Summer 2024 issue.

**Fiscal Impact**

None

**Requested Action**

Receive and file

# Health Education Department

Member Newsletter

Winter 2023 and Summer 2024





# Winter 2023 Newsletter

- In homes December 2023
- Topics covered
  1. Non-pharmacological pain management
  2. Medi-Cal renewal
  3. KFHC overview
  4. Health education classes
  5. Urinary tract infection
  6. Advice nurse line
  7. Timely access to care
  8. Pap and HPV tests
  9. Breast cancer screenings
  10. Maternal mental health
  11. Domestic abuse
  12. Member language services
  13. Dyadic care services
  14. Nicotine withdrawals and cessation



## Non-pharmacological pain management

### Manage your pain without medicine

Long-term pain is also called chronic pain. There are ways to manage chronic pain without taking medication. This is called non-pharmacological pain management treatment. Treatment options include:

- Acupuncture
- Behavioral therapy
- Chiropractic care
- Exercise
- Physical therapy

These may not be the only options for you. Knowing your options can help you make the right choice to manage your pain. Talk to your doctor about what may be best for you.



**TO LEARN MORE** about options to manage pain without medication, visit the Kern Family Health Care Health Library at [kernfamilyhealthcare.com](http://kernfamilyhealthcare.com) and search "How to manage chronic pain."

Lela Criswell, Member Engagement Manager

#### In this issue

- Page 2 Don't lose your Medi-Cal
- Page 6 Having a baby? We're here for you
- Page 7 Know the signs of domestic abuse



It's that time of the year again to get this year's new flu shot. We love to know you are protected with the flu shot. Call us today if you need help getting the flu shot: **800-391-2000** (TTY: 711).

## Summer 2024 Newsletter

- In homes June 2024
- Topics covered
  1. Hydration
  2. Cultural and linguistics services
  3. Transportation Q&A
  4. Fraud, Waste, and Abuse
  5. Member rights
  6. Dental care
  7. Member rewards
  8. Immunizations
  9. Exercise in the summer
  10. California Childrens Services
  11. Kern Regional Center
  12. Medi-Cal expansion
  13. **Ideas?**



