QUALITY IMPROVEMENT-UTILIZATION MANAGEMENT (QI-UM) COMMITTEE MEETING

Thursday, March 16, 2023
at
7:00 a.m.

2900 Buck Owens Blvd.
Bakersfield, CA 93308
1st Floor Board Room

For more information, call (661) 664-5000

AGENDA

Quality Improvement (QI) / Utilization Management (UM) Committee Meeting

Kern Health Systems
2900 Buck Owens Boulevard
Bakersfield, California 93308
1ST Floor Board Room

Thursday, March 16, 2023

7:00 A.M.

All agenda item supporting documentation is available for public review at Kern Health Systems in the Administration Department, 2900 Buck Owens Blvd, Bakersfield, CA 93308 during regular business hours, 8:00 a.m.–5:00 p.m., Monday through Friday, following the posting of the agenda. Any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available for review at the same location.

COMMITTEE MEMBERS: Jennifer Ansolabehere, PHN; Satya Arya, MD; Debra Cox; Danielle C Colayco, PharmD; Todd Jeffries; Allen Kennedy; Michael Komin, MD; Philipp Melendez, MD; Chan Park, MD; Martha Tasinga, MD, CMO

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 COMMITTEE MEMBER 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 MEMBERS 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 Members on any matter not on this agenda but under the jurisdiction of the Committee Members. 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 Members at a later meeting. Also, the Committee Members 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])

3) Announcements

4) CMO Report

CA-5) QI-UM Committee held in Q4 Summary of Proceedings– APPROVE

CA-6) Physician Advisory Committee (PAC) held in Q4 Summary of Proceedings – APPROVE

CA-7) Public Policy – Community Advisory Committee (PP-CAC) held in Q4 Summary of Proceedings – APPROVE

CA-8) Drug Utilization Review (DUR) Committee held in Q4 Summary of Proceedings - APPROVE

Pharmacy Reports
CA-9) Pharmacy TAR Log Statistics for Q4 2022 – RECEIVE AND FILE

Quality Improvement Reports
10) Quality Improvement Program Report for Q4 2022 – APPROVE
- QI Reporting for Q4
- Initial Health Assessment Bi-Annual Audit Summary
- Potential Quality Issues Audit Summary
- Policy 2.71-P Facility Site Review and Medical Records Review

Utilization Management Reports
11) Utilization Management Program Reporting for Q4 2022 – APPROVE

Kaiser Organization Summary Reports
CA-12) Kaiser Reports **(PROPRIETARY AND CONFIDENTIAL)**

- KFHC APL Grievance Report for Q4 2022 – RECEIVE AND FILE
- KFHC Volumes Report for Q4 2022 – RECEIVE AND FILE
- Kaiser Reports will be available upon Request

Population Health Management Reports
13) Population Health Management (PHM) Reporting for Q4 2022 – APPROVE

Member Services Reports
14) Grievance Operational Board Update for Q4 2022 – APPROVE
15) Grievance Summary Reports for Q4 2022 – APPROVE

Provider Network Management Reports
16) Credentialing Statistics for Q4 2022 – APPROVE

CA-17) Board Approved New & Existing Contracts Report – RECEIVE AND FILE
CA-18) Credentialing & Recredentialing Summary Report – RECEIVE AND FILE
CA-19) Network Review for Q4 2022 – RECEIVE AND FILE

Health Education Reports
20) Health Education Activity Report for Q4 2022 - APPROVE

ADJOURN MEETING TO THURSDAY, JUNE 22, 2023 @ 7:00 A.M.

AMERICANS WITH DISABILITIES ACT
(Government Code Section 54953.2)

The meeting facilities at Kern Health Systems are accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the Board of Directors may request assistance at the Kern Health Systems office, 9700 Stockdale Highway, Bakersfield, California or by calling (661) 664-5000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting material available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.

SUMMARY OF PROCEEDINGS

Quality Improvement (QI) / Utilization Management (UM) Committee
(VIRTUAL) MEETING

Kern Health Systems
2900 Buck Owens Boulevard
Bakersfield, California 93308

Virtual Meeting
Thursday, November 10, 2022
7:00 A.M.

All agenda item supporting documentation is available for public review at Kern Health Systems in the Administration Department, 2900 Buck Owens Blvd, Bakersfield, CA 93308 during regular business hours, 8:00 a.m.–5:00 p.m., Monday through Friday, following the posting of the agenda. Any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available for review at the same location.

Members Present: Satya Arya, MD; Allen Kennedy; Danielle C Colayco, PharmD; Philipp Melendez, MD; Chan Park, MD; Martha Tasinga, MD, CMO

Members Absent: Yanis Almanza; Jennifer Ansolabehere, PHN; Debra Cox; Michael Komin, MD

Meeting was called to order at 7:05 A.M. by Deborah Murr, MHA, BS-HCM, RN, Chief Health Services Officer

1) Quality Improvement – Utilization Management Committee Resolution to Allow Virtual Committee Meeting Participation Pursuant to Government Code Section 54953 (Fiscal Impact: None) – APPROVED
Arya-Melendez: All Ayes

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 COMMITTEE MEMBER 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 MEMBERS CONCERNING THE ITEM BEFORE ACTION IS TAKEN.

STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

2) This portion of the meeting is reserved for persons to address the Committee Members on any matter not on this agenda but under the jurisdiction of the Committee Members. 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 Members at a later meeting. Also, the Committee Members may take action to direct the staff to place a matter of business on a future agenda.
SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!

COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

3) On their own initiative, Committee Members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a])

4) Announcements – **Deborah Murr introduced 3 new KHS employees: Michelle Curioso, our new Director of Population Health Management; Misty Dominguez, our new Director of Utilization Management; and Timeshia Mackey, our new Supervisor of Quality Improvement-MCAS.**

5) CMO Report - **Dr. Martha Tasinga shared the following with the committee:**

- **As of Jan 1, 2023, Long Term Care is now a covered benefit for Managed Care members. Historically when a member qualified for LTC, they were switched back to straight Medi-Cal and were no longer our member. LTC is now housed in PHM and monitored and tracked. There is an entirely new process for managing these members to remain in compliance with the State's mandate.**

CA-6) QI-UM Committee held in Q3 Summary of Proceedings– APPROVED
Melendez-Colayco: All Ayes

CA-7) Physician Advisory Committee (PAC) held in Q3 Summary of Proceedings – APPROVED
Melendez-Colayco: All Ayes

CA-8) Public Policy – Community Advisory Committee (PP-CAC) held in Q3 Summary of Proceedings – APPROVED
Melendez-Colayco: All Ayes

CA-9) Drug Utilization Review (DUR) Committee held in Q3 Summary of Proceedings – APPROVED
Melendez-Colayco: All Ayes

Pharmacy Reports
CA-10) Pharmacy TAR Log Statistics for Q3 2022 – RECEIVED AND FILED
Melendez-Colayco: All Ayes

Quality Improvement Reports – Melendez-Kennedy: All Ayes

11) Quality Improvement Program Report for Q3 2022 – APPROVED
- QI Reporting for Q3
- Initial Health Assessment (IHA) Bi-Annual Audit Summary
- Potential Quality Issues (PQI) Audit Summary
- Policy 2.70-I Potential Quality of Care Issues (PQI)
- Policy 2.71-P Facility Site Review and Medical Records Review

Ms. Jane Daughenbaugh, Director of Quality Improvement, reviewed with the committee the executive summary for the 3rd Quarter of 2022 QI Department reports. Some key points discussed were:

1. **COVID-19 Updates**
   - **During the pandemic, site reviews were conducted virtually. Effective July 1st of this year, our Certified Site Review (CSR) nurses switched back to conducting the reviews on site and are restarting interim reviews. DHCS provided approval for Managed Care Plans (MCPs) to continue completing medical record reviews virtually on an ongoing basis.**

2. **Potential Quality of Care (PQI) Notifications**
   - **There was a notable increase in Level 1 and 2 PQI's compared to Q1 and Q2. We have begun conducting analysis of PQIs by provider for inpatient and outpatient PQIs. The report in the full Q3 report shows the table of results with provider names de-identified.**

3. **Facility Site Reviews (FSR) and Medical Record Review (MRR)**
   - **A new All Plan Letter (APL) is being finalized by DHCS for Site and Medical Record Reviews and is anticipated to be in effect this Fall.**

4. **Quality Improvement Projects**
   - **Health Care Disparity in WCV (Well Care Visits ages 3-21)**
   - **Child/Adolescent Health Asthma Medication Ratio (AMR)**

5. **MCAS Updates**
    - **As of September 2022, 6 out of 15 measures showed improvement compared to this month last year.**

Utilization Management Reports – Melendez-Park: All Ayes

12) Utilization Management Program Reporting for Q3 2022 – APPROVED
    - UM Program Overview
    - Delegated UM Functions

Misty Dominugez, Director of Utilization Managment, reviewed with the committee the UM Department reports. Some key points discussed were:

In Q3, membership has remained stable with approximately 340,000 enrolled lives resulting in the processing of 65,871 authorization requests. The increased volume of membership and subsequent referrals has impacted turnaround times. As such, in Q3 the Utilization Management Department has implemented initiatives focused on ensuring compliance.

Q3 Initiatives:

- **Enhancements to the medical management platform used to process authorizations.**
- **Increased access for providers to evidenced based criteria used to process authorization requests.**
- **Consistent review and revision of the Prior Authorization list based on utilization data trends.**

Kaiser Organization Summary Reports

CA-13) Kaiser Reports **(PROPRIETARY AND CONFIDENTIAL)**
    - KFHC APL Grievance Report for Q3 2022 – RECEIVED AND FILED
    - KFHC Volumes Report for Q3 2022 – RECEIVED AND FILED
    - Kaiser Reports will be available upon Request

Population Health Management Reports – Melendez-Park: All Ayes

14) Population Health Management (PHM) Reporting for Q3 2022 – APPROVED

Member Services Reports – Melendez-Kennedy: All Ayes

15) Grievance Operational Board Update for Q3 2022 – APPROVED
16) Grievance Summary Reports for Q3 2022 – APPROVED

Provider Network Management Reports – Melendez-Park: All Ayes

17) Credentialing Statistics for Q3 2022 – APPROVED
CA-18) Board Approved New & Existing Contracts Report – RECEIVED AND FILED
CA-19) Credentialing & Recredentialing Summary Report – RECEIVED AND FILED
CA-20) Network Review for Q3 2022 – RECEIVED AND FILED

Melissa McGuire, Deputy Director of Provider Network, went over the following points with the committee:

- **KHS conducts a survey to assess compliance with after-hours urgent and emergent guidance for members. During Q3, KHS conducted 139 calls resulting in compliance rates as follows: Emergent: 95%, Urgent: 92%. Any providers found to be non-compliant will receive a letter advising of standards.**
- **KHS randomly sampled 15 PCP, 15 Specialists, 5 Mental Health, 5 Ancillary, and 5 OB/GYN providers to ensure compliance with phone answering timeliness and appointment availability. All provider types surveyed were compliant with both components surveyed.**
- **The Plan identified two terminations – hematology and neurology in Q3 2022 and updated AAS were submitted.**

Health Education Reports – Melendez-Park: All Ayes
CA-21) Health Education Activity Report for Q3 2022 - APPROVED

Meeting adjourned by Deborah Murr, MHA, BS-HCM, RN, Chief Health Services Officer @ 8:23 A.M. to Thursday, March 16, 2023 at 7:00 A.M.

AMERICANS WITH DISABILITIES ACT
(Government Code Section 54953.2)

The meeting facilities at Kern Health Systems are accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the Board of Directors may request assistance at the Kern Health Systems office, 9700 Stockdale Highway, Bakersfield, California or by calling (661) 664-5000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting material available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.

SUMMARY OF PROCEEDINGS

PHYSICIAN ADVISORY COMMITTEE (VIRTUAL) MEETING

KERN HEALTH SYSTEMS
2900 Buck Owens Blvd.
Bakersfield, California 93308

Wednesday, October 5, 2022
7:00 A.M.

All agenda item supporting documentation is available for public review at Kern Health Systems in the Administration Department, 2900 Buck Owens Blvd., Bakersfield, 93308 during regular business hours, 8:00 a.m. – 5:00 p.m., Monday through Friday, following the posting of the agenda. Any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available for review at the same location.

PLEASE REMEMBER TO TURN OFF ALL CELL PHONES, PAGERS OR ELECTRONIC DEVICES DURING MEETINGS.

COMMITTEE RECONVENED

Members Present: Atul Aggarwal, M.D., Hasmukh Amin, M.D., Gohar Gevorgyan, M.D., David Hair, M.D., Miguel Lascano, M.D., Ashok Parmar, M.D., Raju Patel, M.D., Martha Tasinga, M.D., C.M.O.

Members Absent: None

Meeting called to order at 7:05 A.M. by Dr. Martha Tasinga, M.D., C.M.O.

1) Physician Advisory Committee (PAC) Resolution to Allow Virtual Committee Meeting Participation Pursuant to Government Code Section 54953 (Fiscal Impact: None) - APPROVE

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

STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

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

COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

3) On their own initiative, Committee members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a])

- **Dr. Martha Tasinga introduced 3 new KHS staff members to the PAC Committee.**
  Michelle Curioso, Director of Population Health Management
  Misty Dominguez, Director of Utilization Management
  Timeshia Mackey, Quality Improvement MCAS Supervisor

- **Deborah Murr, Chief Health Services Officer announced the upcoming DHCS audit will begin in November 2022.**

ADJOURNED TO CLOSED SESSION @ 7:21 A.M.

CLOSED SESSION

4) Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) – **BY A VOTE OF 8-0, THE COMMITTEE APPROVED PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING AND RECREDENTIALING.**

CREDENTIALING REPORT
Initials:

- **There were no comprehensive reviews for October Initial Files.**
- **B.S. New Vendor - Refer to Peer Review Minutes due to confidentiality and protection under Business and Professions Code 1157.**

Recredentialing:

Comprehensive reviews were conducted for recredentialing applications listed below for review of additional adverse information and/or information

related to malpractice case(s) that resulted in settlement or judgment made on behalf of the practitioner within the previous three years.

- **Member Grievances: All Providers with significant Member & Quality Grievances for each provider was again emphasized by Dr. Tasinga that a new reporting process per member ratio will be implemented to show true depiction of the data. There were no quality of service or care issues reported as a result of these grievances.**

- **PRV006871– Reviewed information regarding BRN Public Reproval from 2021 for provider's failure to obtain patient records from previous hospitalization. Letter of Public Reproval was issued with required course work which provider submitted evidence of completion. Provider explanation received and reviewed with no further incidents of this nature.**

- **PRV006117– Reviewed statement from Compliance performance indicator report indicating an ongoing open case is in process. Compliance recommended the following: While no FWA has been substantiated at this time, proceed with recredentialing and Compliance will present further findings upon case closure if necessary.**

- **PRV001174- Reviewed statement from Compliance performance indicator report, indicating 2 ongoing open cases are in process. Compliance recommended the following: While no FWA has been substantiated at this time, proceed with recredentialing and Compliance will present further findings upon case closure if necessary.**

- **PRV001087 – Reviewed information regarding NPDB Settlement including physician explanation which was accepted. No further actions or incidents regarding this provider have been received.**

- **PRV007038 - Self-Reported: 2019 voluntary surrender of license for another location that was closed to the public since 2016. Pharmacy Board has granted other licenses with no further action or conditions. No further actions or incidents regarding this provider have been received.**

COMMITTEE RECONVENED TO OPEN SESSION @ 7:44 A.M.

CA-5) Minutes for KHS Physician Advisory Committee meeting on September 13, 2022 – APPROVED
Patel-Amin: All Ayes

MEETING ADJOURNED BY DR. MARTHA TASINGA, M.D., C.M.O. @ 7:51 A.M. TO WEDNESDAY, NOVEMBER 2, 2022 @ 7:00 A.M

AMERICANS WITH DISABILITIES ACT
(Government Code Section 54953.2)

The meeting facilities at Kern Health Systems are accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the KHS Finance Committee may request assistance at the Kern Health Systems office, 9700 Stockdale Highway, Bakersfield, California or by calling (661) 664-5000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting material available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.

SUMMARY OF PROCEEDINGS

PHYSICIAN ADVISORY COMMITTEE (VIRTUAL) MEETING

KERN HEALTH SYSTEMS
2900 Buck Owens Blvd.
Bakersfield, California 93308

Wednesday, November 2, 2022
7:00 A.M.

All agenda item supporting documentation is available for public review at Kern Health Systems in the Administration Department, 2900 Buck Owens Blvd., Bakersfield, 93308 during regular business hours, 8:00 a.m. – 5:00 p.m., Monday through Friday, following the posting of the agenda. Any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available for review at the same location.

PLEASE REMEMBER TO TURN OFF ALL CELL PHONES, PAGERS OR ELECTRONIC DEVICES DURING MEETINGS.

COMMITTEE RECONVENED

Members Present: Hasmukh Amin, M.D., Gohar Gevorgyan, M.D., David Hair, M.D., Miguel Lascano, M.D., John P. Miller, M.D.; Ashok Parmar, M.D., Raju Patel, M.D.

Members Absent: Atul Aggarwal, M.D., Martha Tasinga, M.D., C.M.O.

Meeting called to order at 7:03 A.M. by Dr. John P. Miller, M.D., KHS Medical Director

1) Physician Advisory Committee (PAC) Resolution to Allow Virtual Committee Meeting Participation Pursuant to Government Code Section 54953 (Fiscal Impact: None) – APPROVED - **Lascano-Hair: All Ayes**

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

STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

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

COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

3) On their own initiative, Committee members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a])

ADJOURNED TO CLOSED SESSION @ 7:08 A.M.

CLOSED SESSION

4) Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) – **BY A VOTE OF 7-0, THE COMMITTEE APPROVED PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING AND RECREDENTIALING.**

CREDENTIALING REPORT
Initials:
There were no comprehensive reviews for October Initial Files.

RECREDENTIALING:
Comprehensive reviews were conducted for recredentialing applications listed below for review of additional adverse information and/or information related to malpractice case(s) that resulted in settlement or judgment made on behalf of the practitioner within the previous three years.

- **Recredentialing #1-14 with Grievances: Reviewed Member & Quality Grievances for each provider; however, as previously reported by Dr. Tasinga QI continues to work on implementing grievances per member ratio to show true depiction of the data. There were no issues reported as a result of these grievances.**

- **PRV057103 – Reviewed information regarding NPDB Query related to previously reviewed clinical privilege restriction at Mercy Hospital specific to**

advanced urologic robotic procedures and does not extend to urologic cases. Provider's explanation, case settlement information was reviewed and accepted. No further actions or incidents regarding this provider have been received. Provider added to monthly monitoring report.

COMMITTEE RECONVENED TO OPEN SESSION @ 7:40 A.M.

CA-5) Minutes for KHS Physician Advisory Committee meeting on October 5, 2022 – APPROVED
Amin-Patel: All Ayes

6) Review Policy 2.71-P Facility Site Review and Medical Record Review – APPROVED
Patel-Hair: All Ayes

MEETING ADJOURNED BY DR. JOHN P. MILLER, M.D., KHS MEDICAL DIRECTOR @ 8:01 A.M. TO WEDNESDAY, DECEMBER 7, 2022 @ 7:00 A.M

AMERICANS WITH DISABILITIES ACT
(Government Code Section 54953.2)
The meeting facilities at Kern Health Systems are accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the KHS Finance Committee may request assistance at the Kern Health Systems office, 9700 Stockdale Highway, Bakersfield, California or by calling (661) 664-5000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting material available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.

SUMMARY OF PROCEEDINGS

PHYSICIAN ADVISORY COMMITTEE (VIRTUAL) MEETING

KERN HEALTH SYSTEMS
2900 Buck Owens Blvd.
Bakersfield, California 93308

Wednesday, December 7, 2022
7:00 A.M.

All agenda item supporting documentation is available for public review at Kern Health Systems in the Administration Department, 2900 Buck Owens Blvd., Bakersfield, 93308 during regular business hours, 8:00 a.m. – 5:00 p.m., Monday through Friday, following the posting of the agenda. Any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available for review at the same location.

PLEASE REMEMBER TO TURN OFF ALL CELL PHONES, PAGERS, OR ELECTRONIC DEVICES DURING MEETINGS.

COMMITTEE RECONVENED

Members Present: Atul Aggarwal, M.D., Hasmukh Amin, M.D., Gohar Gevorgyan, M.D., David Hair, M.D., Ashok Parmar, M.D., Raju Patel, M.D.; Martha Tasinga, M.D., C.M.O.

Members Absent: Miguel Lascano, M.D.

Meeting called to order at 7:03 A.M. by Dr. Martha Tasinga, M.D., C.M.O.

1) Physician Advisory Committee (PAC) Resolution to Allow Virtual Committee Meeting Participation Pursuant to Government Code Section 54953 (Fiscal Impact: None) – APPROVED – **Aggarwal-Parmar: All Ayes**

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

STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

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

COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

3) On their own initiative, Committee members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a])

Committee Comments: Committee member Dr. Atul Aggarwal expressed concern regarding denials for follow-up visits to the specialist that are being referred back to their PCPs for continued care. The PCPs are then referring to the specialist for refills on medications that are unknown to the PCP. There needs to be some level of control and responsibility for the specialist to continue monitoring and managing patients with multiple and complex medical issues. Dr. Tasinga informed the members that KHS has changed their policy to allow for specialist consultation with 2-additional follow-up appointments to allow specialist to perform any necessary testing. PCPs are then expected to manage the patient with a care plan from the specialist. Dr. Tasinga further noted that most PCPs are used to the specialist taking over the management of these complex patients; however, with Population Health Management (PHM) PCPs will be responsible for the patients care regimen which will be a major shift to move these members into PHM Program. If PCP is unable to manage, or if patient is not responding to regimen, PCP can refer member back to the specialist. Additional concerns were raised from the PCP perspective regarding receipt of medical records and/or care plans from the specialist, they do not always occur nor do the members know what testing was performed.

ADJOURNED TO CLOSED SESSION @ 7:26 A.M.

CLOSED SESSION

4) Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) – **BY A VOTE OF 7-0, THE COMMITTEE APPROVED PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING AND RECREDENTIALING.**

CREDENTIALING REPORT
Initials:

Comprehensive reviews were conducted for initial applications listed below with review of additional adverse information and/or information related to malpractice case(s) that resulted in settlement or judgment made on behalf of the practitioner:

- **PRV059576 - Reviewed information regarding Physician Assistant Board regarding 2016 Probation and misdemeanor charges. Explanation received & reviewed indicating all charges were dismissed including payment of all fines, fees, restitutions and classes/courses assigned such as anger management, community service & 52-week counseling course completed with no further incidents reported. Recommend approval of network participation.**
- **PRV030103 - Reviewed information regarding voluntary reporting of DUI misdemeanor to MBC with no citation or probation indicated. Community service, fines & restitutions paid with no further incidence. Recommend approval of network participation.**

Recredentialing:

Comprehensive reviews were conducted for recredentialing applications listed below for review of additional adverse information and/or information related to malpractice case(s) that resulted in settlement or judgment made on behalf of the practitioner within the previous three years:

- **Member Grievances: All Providers with significant Member & Quality Grievances for each provider was again emphasized by Dr. Tasinga that a new reporting process per member ratio will be implemented to show true depiction of the data. There were no quality of service or care issues reported as a result of these grievances.**
- **PRV000536 – Reviewed information regarding MBC Accusations filed in 2020 and 2nd Accusation filed in 2022; no hearing or decision by the MBC has been made. Explanation from provider have been received and reviewed. Compliance reported open case which is under ongoing investigation. Recommend continued recredentialing and MBC Decision will be reviewed and considered when issued.**

COMMITTEE RECONVENED TO OPEN SESSION @ 7:42 A.M.

CA-5) Minutes for KHS Physician Advisory Committee meeting on November 2, 2022 – APPROVED
Amin-Parmar: All Ayes

Open Session Discussion Notes:

PCP Changes: Dr. Patel requested information regarding members not knowing who their assigned PCP is and recommended adding this information to the back of the

members insurance card. Jake informed the group that practice was removed as it is not cost effective since the members can change PCPs at any time. Members are sent letters once they change PCPs to confirm their selection and is also available on-line under the KHS Member Portal.

Mid-Levels: Yolanda Herrera and Jake Hall requested Committee guidance on the mid-level requirement of 6-month formal training or 1-year experience in assigned specialty. Several providers are requesting waiver of this requirement due to access needs specifically in Allergy & Immunology. Dr. Tasinga requested an email outlining their request be sent.

Hospital Privileges: Jake requested opportunity to revise P&P 4.01 Credentialing requirement for hospital privileges at a participating hospital. Not all PCPs have hospital privileges and instead, utilize hospitalist groups for their assigned member's admissions/care. There is an increasing need to explore outlining areas for PCP services in Antelope Valley and Palmdale areas as these hospitals traditionally are not contracted due to low volume of KHS members; however, KHS does have members in these areas and the policy limits expansion of PCP providers. Dr. Tasinga requested an email outlining their request be sent.

MEETING ADJOURNED BY DR. MARTHA TASINGA, M.D., C.M.O. @ 7:54 A.M.
TO WEDNESDAY, DECEMBER 7, 2022 @ 7:00 A.M

AMERICANS WITH DISABILITIES ACT
(Government Code Section 54953.2)

The meeting facilities at Kern Health Systems are accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the KHS Finance Committee may request assistance at the Kern Health Systems office, 9700 Stockdale Highway, Bakersfield, California or by calling (661) 664-5000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting material available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.

SUMMARY

PUBLIC POLICY/COMMUNITY ADVISORY COMMITTEE

KERN HEALTH SYSTEMS
2900 Buck Owens Boulevard
Bakersfield, California 93308

Regular Meeting
Tuesday, December 13, 2022
11:00 A.M.

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, Yadira Ramirez, Kaelsun Singh Tyiska

Meeting called to order by Louie Iturriria, Director of Marketing and Public Relations, at 11:20 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

1) Public Policy/Community Advisory Committee Resolution to Allow Virtual Committee Meeting Participation Pursuant to Government Code Section 54953 (Fiscal Impact: None) - APPROVED
Hefner-Basulto: All Ayes

PUBLIC PRESENTATIONS

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

COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

3) On their own initiative, Committee members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a])

Nancy from Community Health Initiative asked Alan Avery, Chief Operating Officer at KHS, about how they should respond to a KHS member if they have Medicare insurance in addition to their Medi-Cal insurance. Alan stated that KHS encourages members to enroll in all benefits available to them, including one of the Managed Medicare Plans available in Kern County. Once they enroll in the Medicare plan they selected, they will also retain KHS as their Medi-Cal Plan. They will have double coverage and KHS will coordinate with their Medicare plan. Coming in January 2026, KHS will have a Medicare plan, making it possible for KHS members to have one combined Medicare/Medicaid plan. However, until that date, KHS members will need to select one of the Medicare plans offered in Kern County.

CA-4) Minutes for Public Policy/Community Advisory Committee meeting on September 27, 2022
APPROVED
Hefner-Louey: 10 Ayes; 3 Absent – Ochoa, Ramirez, Singh-Tyiska

CA-5) Report on third quarter 2022 Medi-Cal Membership Enrollment RECEIVED AND FILED
Hefner-Louey: 10 Ayes; 3 Absent – Ochoa, Ramirez, Singh-Tyiska

CA-6) Report on Population Health Management for third quarter ending September 30, 2022
RECEIVED AND FILED
Hefner-Louey: 10 Ayes; 3 Absent – Ochoa, Ramirez, Singh-Tyiska

CA-7) Report on Health Education for third quarter ending September 30, 2022
RECEIVED AND FILED
Hefner-Louey: 10 Ayes; 3 Absent – Ochoa, Ramirez, Singh-Tyiska

8) Report on Member Services Grievance Operational Report and Grievance Summary for third quarter ending September 30, 2022
APPROVED – **Torres-Hernandez Colin: All Ayes**

9) Marketing Department Report
PRESENTATION

Louie Iturriria, Director of Marketing and Public Relations presented the Marketing Reports to the committee and went over these highlights:

- **Community Support Services**
- **Member Portal**
- **Transportation Benefits**
- **Member Rewards Program**

10) Health Education KFHC Winter 2022 and Spring 2023 Member Newsletter PRESENTATION

- **Betty Basulto, KHS Member, suggested an article on Alzheimer's disease in a future newsletter. She stated the relatives or caregivers of the Alzheimer's patient need to be aware of any help and/or services available for them and their loved one.**

Meeting adjourned by Louie Iturriria, Director of Marketing and Public Relations, at 11:54 AM to March 28, 2023 at 11:00 AM.

SUMMARY OF PROCEEDINGS

DRUG UTILIZATION REVIEW (DUR) COMMITTEE (VIRTUAL MEETING)

KERN HEALTH SYSTEMS
2900 Buck Owens Blvd.
Bakersfield, California 93308

Monday, November 21, 2022
6:30 P.M.

All agenda item supporting documentation is available for public review at Kern Health Systems in the Administration Department, 2900 Buck Owens Blvd., Bakersfield, 93308 during regular business hours, 8:00 a.m. – 5:00 p.m., Monday through Friday, following the posting of the agenda. Any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available for review at the same location.

COMMITTEE MEMBERS PRESENT: Dilbaugh Gehlawat, M.D.; Kimberly Hoffmann, Pharm. D; James Patrick (Pat) Person, R.Ph.; Vasanthi Srinivas, M.D.; Martha Tasinga, M.D., C.M.O.; Bruce Wearda, R.Ph., Director of Pharmacy

COMMITTEE MEMBERS ABSENT: Alison Bell, Pharm. D; Sam Ratnayake, M.D.; Sarabjeet Singh, M.D.; Joseph Tran, Pharm. D

Meeting called to order at 6:33 P.M. by Dr. Martha Tasinga, M.D.

1) Drug Utilization Review Committee Resolution to Allow Virtual Committee Meeting Participation Pursuant to Government Code Section 54953 (Fiscal Impact: None) – APPROVED
Srinivas-Hoffmann: All Ayes

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 COMMITTEE MEMBER 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 MEMBERS CONCERNING THE ITEM BEFORE ACTION IS TAKEN.
STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

2) This portion of the meeting is reserved for persons to address the Committee Members on any matter not on this agenda but under the jurisdiction of the Committee Members. 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 Members at a later meeting. Also, the Committee Members may take action to direct the staff to place a matter of business on a future agenda.
SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!

COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

3) On their own initiative, Committee Members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a])

- **Bruce Wearda introduced Pharmacy Intern Dillpinder Buttar to the Committee.**

CA-4) Minutes for KHS Drug Utilization Review Committee meeting on September 28, 2022 – APPROVED
Srinivas-Hoffmann: All Ayes on Consent Agenda items CA-4 through CA-7

CA-5) Report of Plan Utilization Metrics – RECEIVED AND FILED

CA-6) Report of Plan MTM Metrics – RECEIVED AND FILED

CA-7) Managed Care Pharmacy Vocabulary – RECEIVED AND FILED

8) New CDC Pain Guidelines – DISCUSSION

Kim Hoffmann asked if the 2022 guidelines will replace the previous CDC guidelines. Bruce confirmed that they will.
Dr. Tasinga said that we can send these changes out to the providers. The committee agreed.
Kim also inquired about the information in Box 4, Number 5 if it applies to Health Plans and our Providers.
Dr. Tasinga confirmed that this does apply to all Health Plans because everything going forward is through the lens of Health Equity.

Dr. Tasinga also confirmed that future programs and projects will have a strong focus on Equity.

9) Executive Order N-01-19: Medi-Cal Rx Update - DISCUSSION

Bruce shared with the Committee topics discussed at the most recent Global DHCS-DUR Meeting.

Medi-Cal Drug Utilization pro-DUR alerts/messages were reviewed. Medi-Cal acknowledged there were too many alerts and was looking at solutions to reduce the number for when they turn on the prior auth and edits later.

Drug Utilization of select drugs and/or drug categories were reviewed. Kim Hoffman had a question regarding the Utilization of Methylphenidate. Coverage of this drug class was limited to members between the ages of 4-16. In January 2021, coverage was expanded to adults. Utilization data presented does not reflect this. She asked if other pharmacists noticed any change. Pat Person confirmed that he has not seen change and still needs to submit authorizations for adults needing Methylphenidate.

MEETING ADJOURNED AT 7:15 P.M. BY DR. MARTHA TASINGA, M.D., C.M.O. TO TUESDAY, MARCH 21, 2023 @ 6:30 P.M.

AMERICANS WITH DISABILITIES ACT
(Government Code Section 54953.2)

The meeting facilities at Kern Health Systems are accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the Board of Directors may request assistance at the Kern Health Systems office, 2900 Buck Owens Blvd, Bakersfield, California 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.

Quarter/Year of Audit	**2022**
Month Audited	**October**
Total TAR's for the month	**34**
TAT	**100%**
Denial Comments	**100%**
APPROVED TAR'S	
Timeliness - Reviewed & Returned in 1 busines day	
Date Stamped	1/1
Fax copy attached	1/1
Decision marked	1/1
DENIED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	0
Initally Denied - Signed by Medical Director and/or Pharmacist	0
Letter sent within time frame	0
Date Stamped	0
Fax copy attached	0
Decision marked	0
Correct form letter, per current policies used	0
NOA Commentary Met	0
MODIFIED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	0
Date Stamped	0
Fax copy attached	0
Decision marked	0
Correct form letter, per current policies used	0
NOA Commentary Met	0
DUPLICATE TAR'S	
Timeliness - Reviewd & Returned in 1 business day	0
Date Stamped	0
Fax copy attached	0

Quarter/Year of Audit	**2022**
Month Audited	**November**
Total TAR's for the month	**30**
TAT	**100%**
Denial Comments	**100%**
APPROVED TAR'S	
Timeliness - Reviewed & Returned in 1 busines day	1/1
Date Stamped	1/1
Fax copy attached	1/1
Decision marked	1/1
DENIED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	0
Initally Denied - Signed by Medical Director and/or Pharmacist	0
Letter sent within time frame	0
Date Stamped	0
Fax copy attached	0
Decision marked	0
Correct form letter, per current policies used	0
NOA Commentary Met	0
MODIFIED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	0
Date Stamped	0
Fax copy attached	0
Decision marked	0
Correct form letter, per current policies used	0
NOA Commentary Met	0
DUPLICATE TAR'S	
Timeliness - Reviewd & Returned in 1 business day	0
Date Stamped	0
Fax copy attached	0

Quarter/Year of Audit	2022
Month Audited	December
Total TAR's for the month	42
TAT Denial Comments	
APPROVED TAR'S	
Timeliness - Reviewed & Returned in 1 busines day	2/2
Date Stamped	2/2
Fax copy attached	2/2
Decision marked	2/2
DENIED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	0
Initally Denied - Signed by Medical Director and/or Pharmacist	0
Letter sent within time frame	0
Date Stamped	0
Fax copy attached	0
Decision marked	0
Correct form letter, per current policies used	0
NOA Commentary Met	0
MODIFIED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	0
Date Stamped	0
Fax copy attached	0
Decision marked	0
Correct form letter, per current policies used	0
NOA Commentary Met	0
DUPLICATE TAR'S	
Timeliness - Reviewd & Returned in 1 business day	0
Date Stamped	0
Fax copy attached	0

KERN HEALTH SYSTEMS

To: **KHS QI-UM Committee**

From: **Jane Daughenbaugh, Director of Quality Improvement**

Date: **March 16, 2023**

Re: **Quality Improvement Department Report, Q4 of 2022**

Background:

This report provides a summary of key activities and issues related to the Quality Improvement (QI) Department during the 4th Quarter of 2022.

Discussion:

See pages 2-6 of this document

Requested Action:

Review and approval of the report

Additional QI Documents:

- Potential Quality Issues (PQI) Audit Summary
- Initial Health Assessment (IHA) Bi-Annual Audit Summary
- Overview of revisions to
    - Policy 2.71-P Facility Site Review and

KERN HEALTH SYSTEMS

Quality Improvement Department
Executive Summary
4th Quarter 2022

I. COVID-19 Updates (page 3)

The pandemic was complicated by the addition of spikes in the Flu and Respiratory Syncytial Virus (RSV). The primary impact has been on emergency departments across Kern County. The current Public Health Emergency is scheduled to end in California on February 28, 2023.

II. Grievance (page 3)

Grievances received are screened by a nurse to identify any possible quality of care (QOC) issue. All potential QOCs are referred to a medical director for final determination and follow up direction. The current rate of grievances per 1k members is 8.57 and the rate of grievances classified as QOC is 1.79 per 1k members. There was a slight decline in both the rate of grievances and those classified as QOC from Q3 to Q4, but not enough to identify a trend.

III. Potential Quality of Care (PQI) Notifications (page 4)

The rate of PQI referrals per 1k members has been on a gradual decline since the 1st quarter of this year. The decline is likely due to changes that have occurred in processing both grievances and PQIs. The processes continue to be re-evaluated to ensure compliance with regulatory requirements and for efficiency.

The rate of PQIs identified as Level 1, Potential Harm to the Member, has increased since the beginning of this year. This is most likely due to 2 factors:

- Addition of clinical review for QOC issues for grievances resulting in more PQI referrals
- A change in the grievance QOC screening process reducing the volume of Level 0, no QOC issue, as referral to the PQI process.

No trends have been identified at this time outside of the above areas.

We reviewed the rate of PQIs by provider for inpatient and outpatient PQIs. The data in the report table (page 8) reflects a rolling year of January – December. The results by provider have names de-identified.

The data reviewed for each provider continues to have very low volumes of PQIs for providers that are not statistically valid (<30). The data is presented in the volume of PQIs per 1k discharges for inpatient providers and per 1k outpatient visits for outpatient providers.

No trends were identified for inpatient providers. Two outpatient providers were noted to have rates higher than the other top 5 providers. The PQIs with potential or actual harm for these two providers were reviewed and no trends by diagnosis or any other factor was identified. The actual volume of PQIs for these providers also was not high enough to be statistically valid.
Analysis of PQIs' by race and ethnicity was done using a ratio of PQI's per 1000 members for 2022. The top 5 populations starting with the highest ratio were:

1. Caucasian
2. Korean
3. Alaskan/American Indian
4. African American
5. Asian Indian

Compared to the previous quarter, there has been no change in the top 4 populations. Asian Indian moved into 5th place due to a change in the populations that combined two categories, no valid data and unknown, into one category. As a result, the combined ratio for no valid data/unknown reduced causing Asian Indian to move up.

We will continue to track these ratios adding more quarters to the 2022 data to support higher volumes that are more statistically significant.

IV. Facility Site Reviews (FSR) and Medical Record Review (MRR) (page 13)

The volume of Site and Medical Record reviews for the 4th quarter continues to be at a lower level than previous quarters last year due to completion of the backlog that had evolved from the pandemic.

In 2022, 1 provider failed their full Site Review, but successfully completed their corrective action plan. 3 providers failed their full Medical Record Review in 2022, but successfully completed the corrective action plan assigned.

2 provider sites failed a Critical Element for Emergency medicine for anaphylaxis but corrected them within the required 7-day period.

Initial Health Assessments: During the 4th Quarter, a total of 45 medical records were reviewed for inclusion of an initial health assessment. 11 of 15 (73%) pediatric files were compliant and 25 of 30 (83%) adult files were compliant. Education was provided to those providers with non-compliant files.

The Initial Health Assessment changed to an Initial Health Appointment effective January 1, 2023. The primary change removes the specific requirement for completion of the Staying Healthy Assessment to more general screening and assessment areas that must be included with follow up of areas that need to be addressed.

V. Quality Improvement Projects (page 18)

A. ***Performance Improvement Projects (PIP): (Page 19)***

1. *Health Care Disparity in WCV (Well Care Visits ages 3-21)* focusing on annual well care visits. Kern Pediatrics has partnered with us on this project. The overarching goal is to increase compliance with the preventive health service by 10% points. Results for the first 2 of 3 campaigns to bring members with gaps in care in for the needed well care visit resulted in 13% of the members outreached completing their visit. Results for the 3rd campaign are pending full 90-day claims runout.

   This PIP will be completed in the 2nd quarter of 2023 and submitted to DHCS.

2. *Child/Adolescent Health Asthma Medication Ratio (AMR)* focusing on increasing the level of compliance for members 5-21 years of age by approximately 15%. This measure focuses on proper use of asthma controller medication versus overutilization of rescue medications. One of the interventions focused on members creating an asthma action plan with their PCP. 4 cycles of outreach and program participation were completed. The rate of participation for each cycle ranged from 56% to 75% and the rate of members in the program completed an Asthma action plan ranged between 66% and 100%.

   This PIP will be completed in the 2nd quarter of 2023 and submitted to DHCS.

B. **Organizational Quality Incentives Project: (Page 20)**
This was a short-term project to implement actions to improve KHS' MCAS compliance for MY2022 that was completed at the end of 2022. The pilot included the following focused actions:

- Provider Education in May of 2022 for Timely Prenatal Visits
  - Outcomes showed an upward trend in claims with billing codes for the prenatal visit
  - Recommendation: Continue educating providers of the codes for documenting and billing these services and visits
- Direct Member Outreach for members with gaps in care
  - Outcomes showed that 34% of the members who scheduled an appointment because of the outreach kept their appointment thus filling the cap in care
  - Recommendation: Continue the program year-round to conduct direct member outreach to those with MCAS gaps in care
- Mobile health services pilot with Adventist Health
  - Outcomes were that the pilot could not be completed due to challenges in obtaining a physician for the mobile clinic and with provider education needed for how to properly bill mobile services.
  - Recommendation: Continue and expand use of mobile preventive health and chronic condition management services and include training for proper billing of services.
- Standing Orders for Blood Lead Screening, Chlamydia Screening, and Breast Cancer Screening with 2 providers
  - Outcomes – positive gap in care closures identified for Breast Cancer Screening. Results still pending claims run out.
  - Recommendation: Continue with this model and expand to include Providers conducting outreach to KHS members with applicable MCAS gaps in care
- Bonus Pilot Program for high volume Pediatricians
  - Outcomes – Results were mixed, but positive (Adolescent Immunizations, Well baby visits and Well child visits showed most improvement/compliance)
  - Recommendation – Continue exploring alternative methods to incentivize providers to address MCAS measures
- External Supplemental Data

- Outcomes - Department Health Care Services (DHCS), Clinical Sierra Vista (CSV) EMR, and Kaiser were incorporated into our HEDIS Process thus increasing data capture for MCAS rate measurement – Changes to compliance rates were small and ranged between 0% increase to 1/8% increase.
- Recommendation – Continue efforts to engage providers for EMR data exchange

- P4P alternative measures
  - Outcome – 4 new alternative measures were added to the 2023 P4P Program including
    - Initial Health Assessments/Appointments
    - Social Determinants of Health
    - Closing Gaps in Care
    - Authorization fulfillment (referrals/consults)
  - Recommendation – Pending evaluation in 2023 of the new measures

VI. NCQA Accreditation Readiness Review (Page 25)

Selection of The Mihalik Group as the consulting firm to perform an NCQA health plan and health equity accreditation readiness review and gap closure action plan was completed.

VII. MCAS Updates (Page 25)

- Red Tier Status – A cause and effects analysis and strategy for improvement of MCAS measure compliance with Minimum Performance Levels (MPLs) was completed and submitted to DHCS in December. 3 areas identified for improvement focus included:
  - Data accuracy, completeness, and timeliness
  - QI Training for KHS staff and providers
  - Quality strategy collaboration and communication.
- Member Engagement & Rewards Program (MERP)
  - Rewards for MCAS measures were essentially doubled effective November 1, 2022.
  - Compliance rates for 10 measures all demonstrated improvement 3 months after the campaign compared to just beforehand ranging from
    - Campaign #1 4.17% for Cervical Cancer Screening to 15.69% for Well Child Visits.
    - Campaign #2 1.88% for Initial Health Assessments to 21,18% for Well Child Visits.
    - Results for Campaign #3 pending claims run out.
- As of December 31, 2022, 9 out of 15 measures that showed improvement compared to this month last year.
  - Breast Cancer Screening,
  - Controlling Blood Pressure,
  - Cervical Cancer Screening
  - Follow-Up After ER Visit for Alcohol & Other Drug Abuse or Dependence, 30-Day Follow up
  - Hemoglobin A1c Control for Patients with Diabetes,
  - Timely Postpartum Visits
  - Well care visits for infants 0-15 months, and

  - Well care visits for infants 15-30 months
  - Well child visits
- Measures not showing improvement were:
  - Chlamydia
  - Immunizations for 0–24-month-old
  - Follow-Up After ER Visit for mental illness, 30-Day Follow up
  - Immunizations for Adolescents
  - Blood Lead Screening
  - Timely Prenatal Visits

The full set of results are in the packet for your review. Note that final results for measurement year (MY) 2022 will not be completed until June 1, 2022, due to the process required by DHCS for rate determination.

VIII. There is one policy update being presented today, 2.71-P Facility Site Review and Medical Record Review. Potential Quality Issues (PQI) Policy 2.70 was presented to the QI-UM Committee in November and approved.

KERN HEALTH SYSTEMS

QUALITY IMPROVEMENT DEPARTMENT

QUATERLY QI-UM COMMIITTEE REPORT

Q4 2022

KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q4 2022

The purpose of this report is to provide a summary of the quarterly activities and outcomes for the QI department. It provides a window into the performance of the Quality Improvement Program and Department. It serves as an opportunity for programmatic discussion and input from the QI-UM Committee members. Areas covered in the report include:

I. COVID-Update:
II. Grievances and Quality-of-Care (QOC) Classifications:
III. Potential Quality Issue (PQI) Notifications:
IV. Site & Medical Record Reviews
    A. Initial Site & Medical Record Reviews
    B. Periodic Site & Medical Record Reviews
    C. Critical Elements
    D. Initial Health Assessments
    E. Interim Reviews
    F. Site Review Corrective Action Plans (CAPs)
V. Quality Improvement Projects
    A. Performance Improvement Projects (PIPs)
    B. Organizational Quality Incentives Project
    C. NCQA Accreditation Readiness Review Consultant RFP Project
    D. Red Tier
VI. Member Engagement & Rewards Program (MERP)
VII. Managed Care Accountability Set (MCAS) Updates
VIII. Policy and Procedures

KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q4 2022

I. COVID-Update:

Flu, COVID, and RSV cases were circulating at levels higher than usual during Q4 2022. The 'tripledemic' had significantly impacted all the emergency rooms across Kern County. California's COVID-19 public health emergency ends February 28th, 2023.

II. Potential Quality of Care Issue (PQI) Notifications:

QI receives notifications from various sources to review for PQI notifications.

On receipt of a PQI notifications, a high-level review is completed by a QI RN to determine what level of Potential Quality Issue exists.

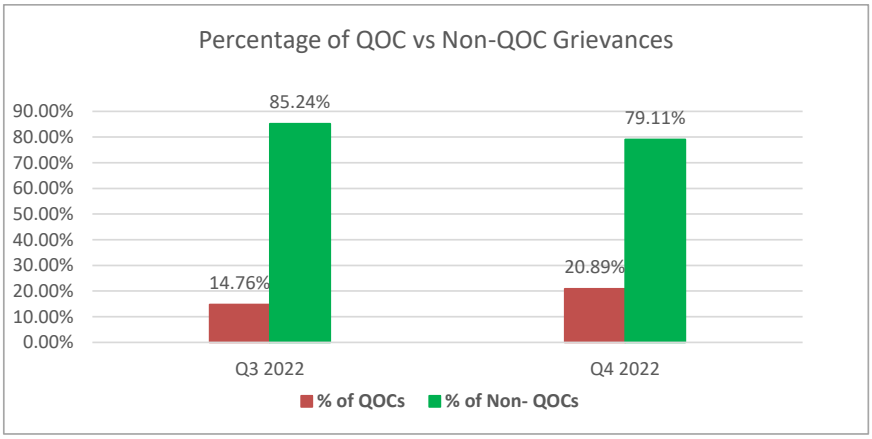
PQIs are assigned a level based on the outcome of the review. The levels assigned are as follows:

- Level 0 = No Quality-of-Care Concern
  - Follow-up = Track and Trend and/or Provider Education
- Level 1 = Potential for Harm
  - Follow-up = Track and trend the area of concern for the specific provider and the Medical Director or their designee may provide additional actions that are individualized to the specific case or provider.
- Level 2 = Actual Harm
  - Follow-up = Corrective Action Plan plus direction from Medical Director or their designee which is individualized to the specific case or provider
- Level 3 = Actual Morbidity or Mortality Failure
  - Follow-up = Corrective Action Plan plus direction from Medical Director or their designee which is individualized to the specific case or provider

KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q4 2022

II. Grievances and Quality-of-Care (QOC) Classifications:

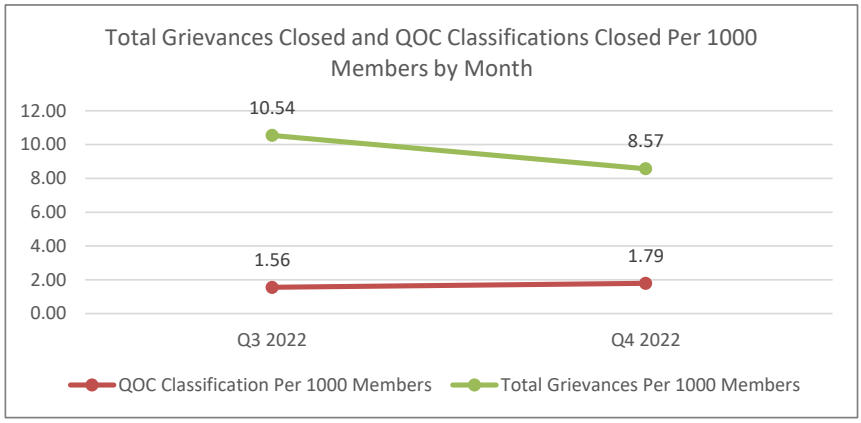
Grievances classified as QOC and closed in favor of the member are referred to the QI Department for further investigation as a Potential Quality Issue (PQI). QOC grievances resolved in favor of the provider are not referred to QI, as this resolution means there was no QOC concern identified to warrant further investigation. This is the first report on grievances and QOC, we will be monitoring the trend going forward.



	Grievances Closed as QOCs	Closed as Non-QOCs	Total Grievances Closed
Q3 2022	530	3062	3592
Q4 2022	622	2356	2978

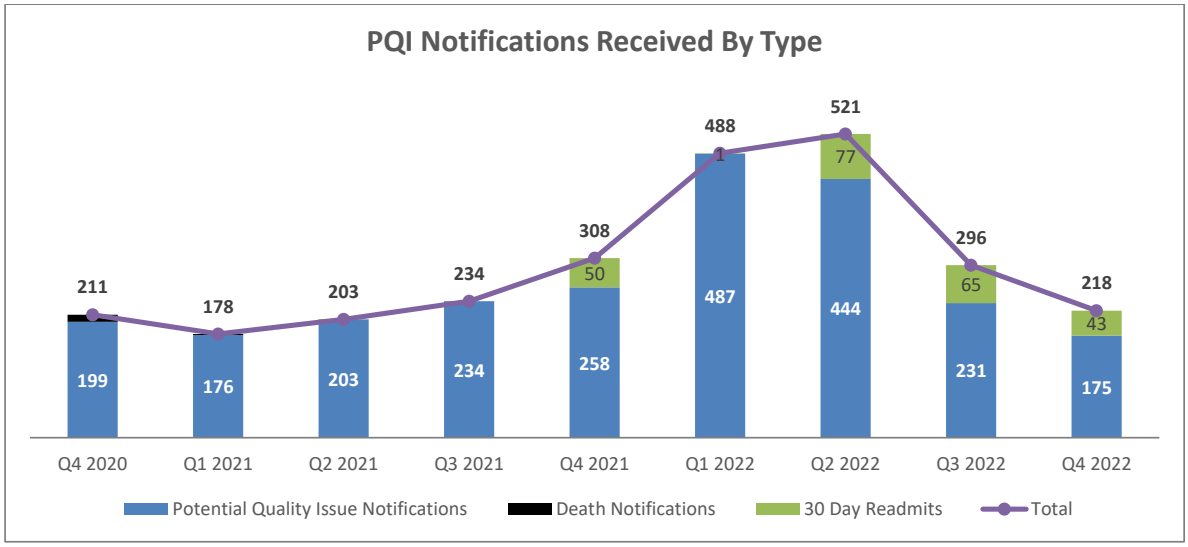
For Q4 2022, we closed a total of 2,978 Grievances of which 622 (20.89%) were classified as Quality-of-Care (QOC) Grievances. There has been a 17% decrease in volume of total grievances closed compared to Q3 2022. Historically, grievance volume has decreased during the fourth quarters. We will continue to monitor for any trends.

KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q4 2022



The above chart represents a comparison of total Grievances Closed and QOC classifications Closed per 1000 KHS members. There was a 19% decrease in total grievance volume. The ratio of QOC grievances decreased by 6% from Q3 to Q4 2022. There are no current trends identified. We'll continue to monitor.

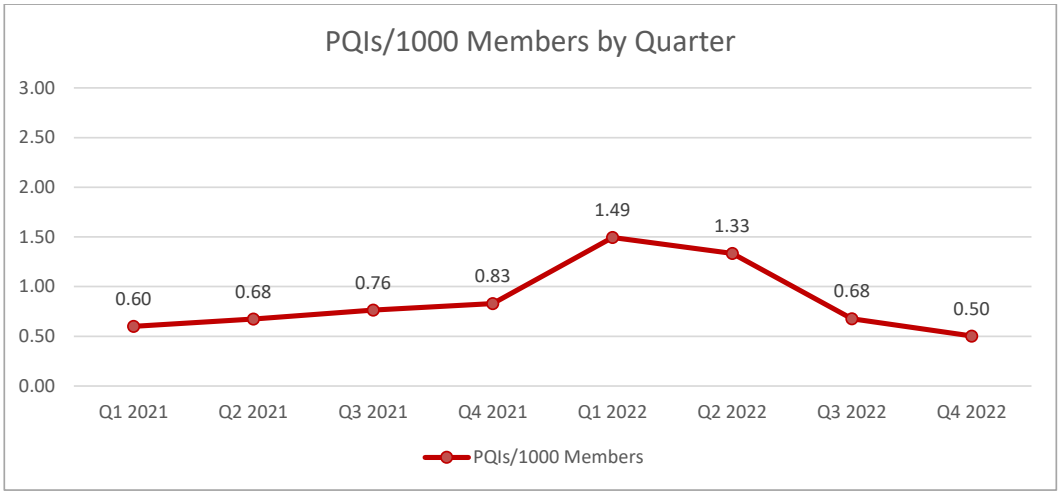
III. Potential Quality Issue (PQI) Notifications:



Compared to previous quarter the notifications decreased by about 26%. The overall decline in PQIs since Q3 2022 aligns the overall volume of cases has not changed, however there was a significant change in the grievance process.

KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q4 2022

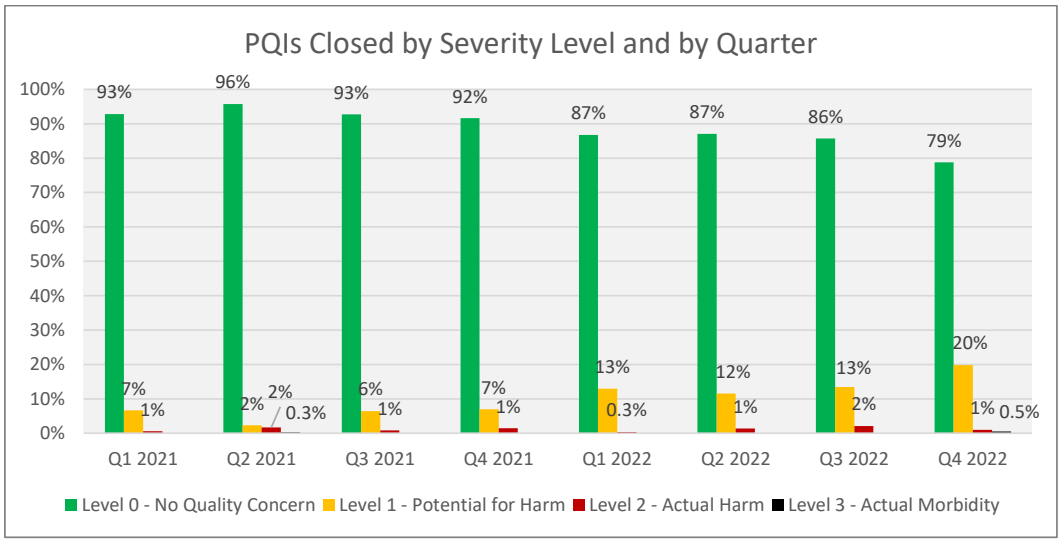
The fifty 30-day readmission reviews conducted each quarter were completed timely for the fourth quarter. There were no trends identified over time.



The above chart represents a comparison of PQI notifications received per 1000 KHS members. This report has PQI notifications alone and does not include 30-day readmits. Since the process changes in August 2022, there have been notable decline in PQI's for Q3 and Q4. We will continue to monitor.

KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q4 2022

PQIs Closed by Severity Level:



From the above chart majority of PQIs closed were level 0s. There is a notable increase in Level 1 and level 2 PQIs since Q3 and Q4 2022. This is due to multiple factors including the expansion of clinical reviews for grievances and reduction of level 0 PQI referrals resulting from that screening. We will continue to monitor to identify any trends.

Below is the table with the no. of PQIs Closed by severity and by quarter for reference.

Severity Level	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Level 0 - No Quality Concern	168	289	216	251	255	495	409	163
Level 1 - Potential for Harm	12	7	15	19	30	67	64	41
Level 2 - Actual Harm	1	5	2	4	2	8	10	2
Level 3 - Actual Morbidity		1						1
Total	181	302	233	274	287	570	483	207

KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q4 2022

PQIs Trending by Provider:

Based on the trending analysis conducted previous quarter, it was identified that the volume of PQIs quarter over quarter was not statistically significant. As an alternative we identified the top 5 providers for a rolling 12 months (Jan 2022-Dec 2022). Below are the top 5 providers with PQIs leading to actual harm or morbidity to the member and top 5 providers based on those PQIs per 1000 discharges:

2022 Top 5 INPATIENT PROVIDERS WITH PQIs					
Top 5 Providers with PQIs leading to Actual Harm or Morbidity (Level 2 or 3)	PQIs/1000 Discharges				
	Level 0- No QOC	Level 1-Potential Harm	Level 2-Actual Harm	Level 3-Morbidity	Total PQI's
PROVIDER A	1.61	0.5	0.81	0.00	2.95
PROVIDER B	4.82	0.2	0.39	0.00	5.40
PROVIDER C	9.39	1.0	1.04	0.00	11.48
PROVIDER D	3.53	3.5	1.77	0.00	8.83
PROVIDER E	2.69	1.7	0.24	0.00	4.64
Top 5 Provider for Total PQIs	PQIs/1000 Discharges				
	Level 0- No QOC	Level 1-Potential Harm	Level 2-Actual Harm	Level 3-Morbidity	Total PQI's
PROVIDER B	4.82	0.2	0.39	0.00	5.40
PROVIDER F	1.13	1.2	0.00	0.00	2.37
PROVIDER E	2.69	1.7	0.24	0.00	4.64
PROVIDER C	9.39	1.0	1.04	0.00	11.48
PROVIDER A	1.61	0.5	0.81	0.00	2.95

The ones colored in orange are in both top 5 list categories.

From the above data, there were no Level 3-Morbidity PQIs identified for inpatient providers. The volume for level 2 is too low to be statistically significant. The majority of PQIs were closed at level 0-No quality-of-care issue. We will continue to monitor the data.

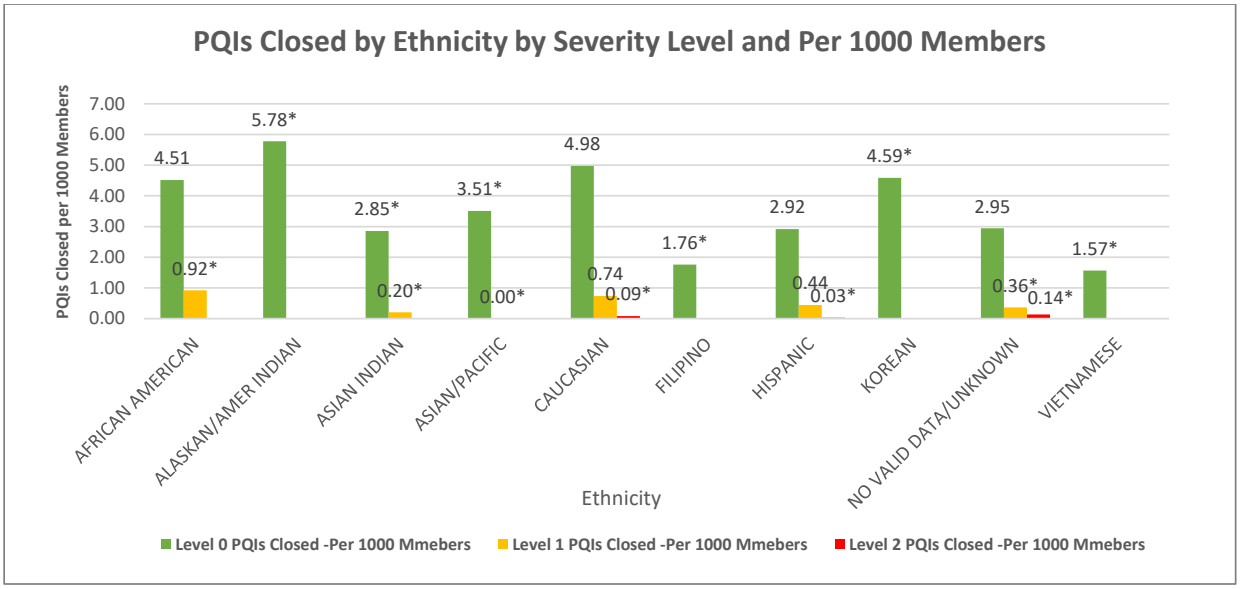
KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q4 2022

2022 TOP 5 OUT PATIENT PROVIDERS WITH PQIs					
	PQIs/1000 Visits				
Top 5 Providers with PQIs leading to Actual Harm or Morbidity (Level 2 or 3)	Level 0- No QOC	Level 1-Potential Harm	Level 2-Actual Harm	Level 3-Morbidity	Total PQI's
PROVIDER A	1.08		1.08	1.08	3.2
PROVIDER B	0.50	0.1	0	0.00	0.6
PROVIDER C	5.75	0.3	0.32	0.00	6.4
PROVIDER D	27.42	1.8	1.83	0.00	31.1
PROVIDER E	3.45		3.45	0.00	6.9
	PQIs/1000 Visits				
Top 5 Provider for Total PQIs	Level 0- No QOC	Level 1-Potential Harm	Level 2-Actual Harm	Level 3-Morbidity	Total PQI's
PROVIDER B	0.50	0.13	0	0	0.6
PROVIDER F	2.09	0.30	0	0	2.4
PROVIDER G	1.78	0.17	0	0	1.9
PROVIDER C	5.75	0.32	0.32	0	6.4
PROVIDER H	10.37	1.15	0	0	11.5

From the above data, there was only one provider with level 3. The majority of PQIs identified were closed as level 0s-No quality-of-care issues. Providers D and H had the highest ratio of PQIs per 1000 visits. After review of the cases, there were no trends identified with specific diagnoses or concerns. Also, due to the low volume the data is not statistically valid. We will continue to monitor the data for next rolling 12 months.

KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q4 2022

2022 PQIs Closed by Ethnicity:



* Indicates the PQI volume was not statistically valid (>30).

		No. of PQI Closed 2022							
		Level 0		Level 1		Level 2		Total PQI Closed	
Ethnicity	KHS Membership YTD 2022	PQI	Per 1000	PQI	Per 1000	PQI	Per 1000	PQI	Per 1000
AFRICAN AMERICAN	20605	93	4.51	19	0.92	1		83	4.03
ALASKAN/AMER INDIAN	692	4	5.78					3	4.34
ASIAN INDIAN	4906	14	2.85	1	0.20			14	2.85
ASIAN/PACIFIC	1996	7	3.51		0.00			5	2.51
CAUCASIAN	58242	290	4.98	43	0.74	5	0.09	270	4.64
FILIPINO	3978	7	1.76	2				5	1.26
HISPANIC	219408	640	2.92	97	0.44	7	0.03	597	2.72
KOREAN	218	1	4.59					1	4.59
NO VALID DATA/UNKNOWN	35989	106	2.95	13	0.36	5	0.14	85	2.36
VIETNAMESE	638	1	1.57					1	1.57
Grand Total	346672	1163	3.35	175	0.50	18	0.05	1064	3.07

In reviewing the above data solely by membership ratios (per 1000 members), the Alaskan/American Indian population would be the highest group. However, in reviewing raw data the volumes are not statistically valid. Only statistically valid volumes per ethnic group are Caucasian, African American, Hispanic, and no valid data. Of these groups, the top two are Caucasian and African American. Both Caucasian and African American groups are about the same. Most cases were level 0's with no quality-of-care issue being identified. There was a low volume of level 2 cases and no trends or concerns to address

at this time. We will continue monitoring the YTD 2022 data and adding 2023 data to build and evaluate a statistically valid volume for as many ethnic groups as possible.

KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q4 2022

III. Facility Site Reviews (FSR) and Medical Record Review (MRR) Description:

Certified Site Reviewers perform a Facility Site Review on all contracted primary care provider sites (including OB/GYNs and pediatricians) as well as providers who serve a high volume of SPD beneficiaries. Per PL 14-004, certified site reviewers complete FSRs and MRRs for providers credentialed per DHCS and MMCD contractual and policy requirements.

An Initial Full Site Review (IFSR) is completed as part of the credentialing process on new providers at sites that have not previously been reviewed before being added to the KHS provider network. An IFSR is also completed when an existing KHS provider moves to a new site location. Approximately 3 months after the completion of an IFSR, an Initial Medical Record Review (IMRR) is conducted on sites other than Urgent Care (UC) Facilities. A passing FSR score is considered "current" if it is dated within the last three (3) years.

Subsequent Periodic Full Site Reviews (PFSRs) are conducted as part of the re-credentialing process for providers three (3) years after completion of the IFSR and every three (3) years thereafter.

Critical Elements:
Based on DHCS recommendation, changes were made and implemented to existing critical elements to align with the new tools and standards on 7/1/2022. Below is the updated list of critical elements related to the potential for adverse effect on patient health or safety, previously there were 9 now they are 14:

1. Exit doors and aisles are unobstructed and egress (escape) accessible.
2. Airway management: oxygen delivery system, nasal cannula or mask, bulb syringe and Ambu bag
3. Emergency medicine for anaphylactic reaction management, opioid overdose, chest pain, asthma, and hypoglycemia. Epinephrine 1mg/ml (injectable) and Diphenhydramine (Benadryl) 25 mg (oral) or Diphenhydramine (Benadryl) 50 mg/ml (injectable), Naloxone, chewable Aspirin 81 mg, Nitroglycerine spray/tablet, bronchodilator medication (solution for nebulizer or metered dose inhaler), and glucose (any type of glucose containing at least 15 grams). Appropriate sizes of ESIP needles/syringes and alcohol wipes.
4. Only qualified/trained personnel retrieve, prepare, or administer medications.
5. Physician Review and follow-up of referral/consultation reports and diagnostic test results
6. Only lawfully authorized persons dispense drugs to patients.
7. Drugs and Vaccines are prepared and drawn only prior to administration
8. Personal Protective Equipment (PPE) for Standard Precautions is readily available for staff use

9. Blood, other potentially infectious materials, and Regulated Wastes are placed in appropriate leak proof, labeled containers for collection, handling, processing, storage, transport, or shipping.
10. Needlestick safety precautions are practiced on site.
11. Cold chemical sterilization/high level disinfection: a) Staff demonstrate/verbalize necessary steps/process to ensure sterility and/or high-level disinfection of equipment.
12. Cold chemical sterilization/high level disinfection: c) Appropriate PPE is available, exposure control plan, Material Safety Data Sheets and clean up instructions in the event of a cold chemical sterilant spill.
13. Autoclave/steam sterilization c) Spore testing of autoclave/steam sterilizer with documented results (at least monthly)
14. Autoclave/steam sterilization Management of positive mechanical, chemical, and biological indicators of the sterilization process.

Scoring and Corrective Action Plans

Provider sites that receive an FSR or MRR score with an Exempted Pass (90% or above, without deficiencies in critical elements) are not required to complete a corrective action plan (CAP). All sites that receive a Conditional Pass (80-89%, or 90% and above with deficiencies in critical elements) are required to complete a CAP addressing each of the noted deficiencies. The compliance level categories for both the FSR and MRR are as listed below:

Exempted Pass: 90% or above
Conditional Pass: 80-89%
Not Pass: below 80%

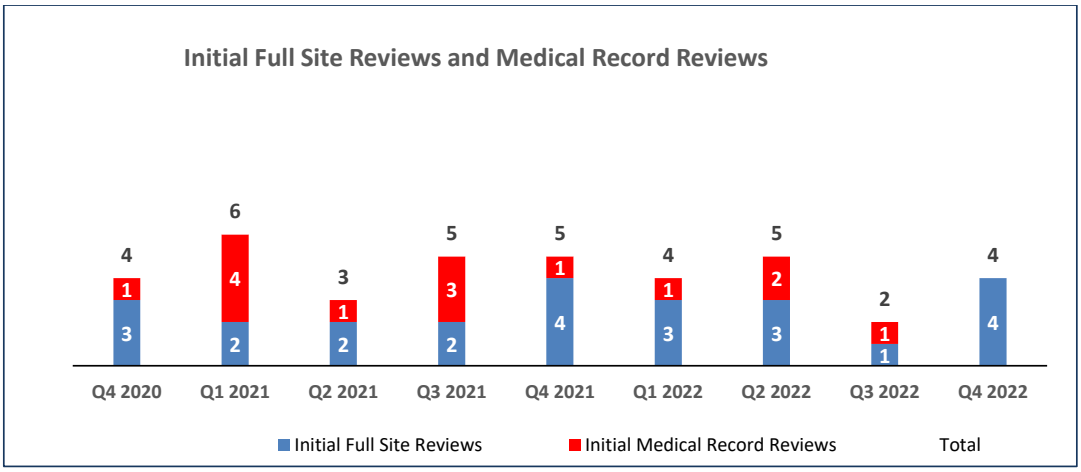
Corrective Action Plans (CAPs)

A CAP is issued when an initial, periodic, or focus review has deficiencies identified. DHCS requires follow up at 10 days for failure of any critical element, follow up for other failed elements at 45 days, and if not corrected by the 45 day follow up, at 90 days after a CAP has been issued. Most CAPs issued are corrected and completed within the 45 Day follow up period. Providers are encouraged to speak with us if they have questions or encounter issues with CAP completion. QI nurses provide education and support during the CAP resolution process.

A new APL for Site and Medical Record Review was released in October from DHCS. Our internal Site Review policy was updated to align with the changes. Interim reviews were resumed in October.

KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q4 2022

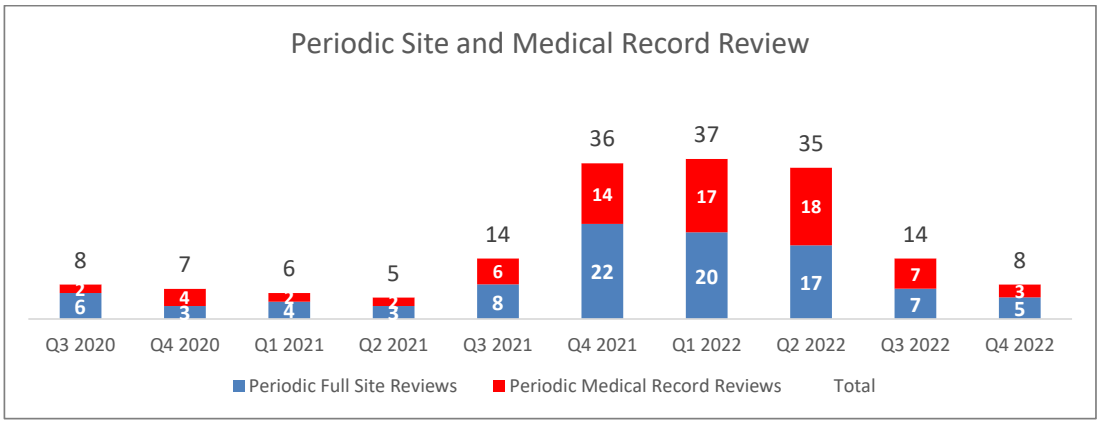
A. Initial Facility Site Review and Medical Record Review Results:



The number of initial site and medical record reviews is determined by the number of new providers requesting to join KHS' provider network. There were 4 IFSR completed in Q4 of 2022.

B. Periodic Full Site and Medical Record Reviews

Periodic reviews are required every 3 years. The due date for Periodic FSRs is based on the last Initial or Periodic FSR that was completed. The volume of Periodic Reviews is not controlled by KHS. It is based on the frequency dictated by DHCS.

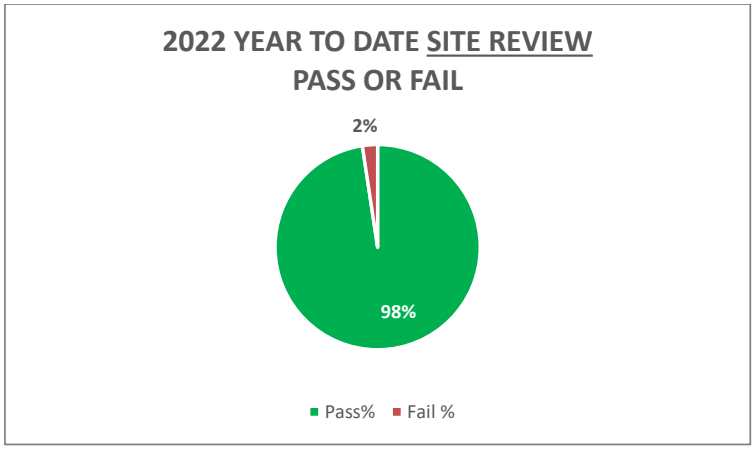


The above chart reflects the number of Periodic Full Site Reviews and Medical Record Reviews that were due and completed for each quarter. There was a lower volume of site reviews completed in

Q4 2022 than we typically experience. Overall, we anticipate less reviews than normal this year due to the bolus of backlogged reviews from COVID that were completed.

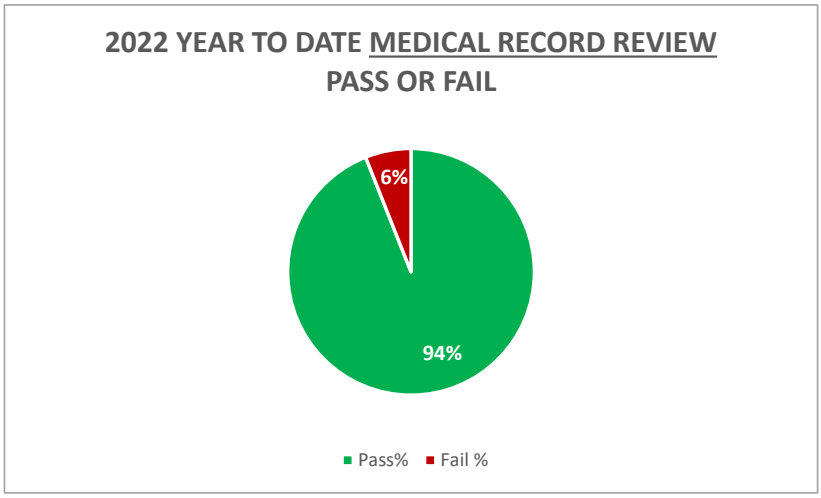
Year to Date (YTD) Initial and Periodic FSR Pass or Fail Rate:

Effective in Q4 of 2021, we changed identification in this QI Quarterly report to use Based on DHCS' standard 80% or higher is considered as passed. Scoring 80% - 89% is considered a "conditional pass" and requires a CAP only for the elements that were non-compliant. A score below 80% is considered a Fail and requires a CAP for the entire site or medical record review.



In 2022 YTD, 98% of the Initial and Periodic site reviews performed passed, 2% of the sites scored less than 80%. There were 60 site reviews completed YTD, 1 of these reviews failed in the first audit and the Corrective Action Plan (CAP) was closed with deficiencies being resolved. We will continue to monitor this for any trends.

KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q4 2022



In 2022 YTD, 94% of the Initial and Periodic medical record reviews performed passed, 6% of them scored less than 80%. There were 50 medial record reviews completed YTD, 3 of these reviews failed in the first audit. The three failed sites completed and closed their CAPs. We will continue to monitor this for any trends.

For Q4 2022, top #3 deficiencies identified for Opportunities for improvement in site reviews are:

1. Emergency medicine for anaphylactic reaction management.
2. Staff training on Cultural and linguistics
3. Annul staff training on Infection Control/Universal Precautions

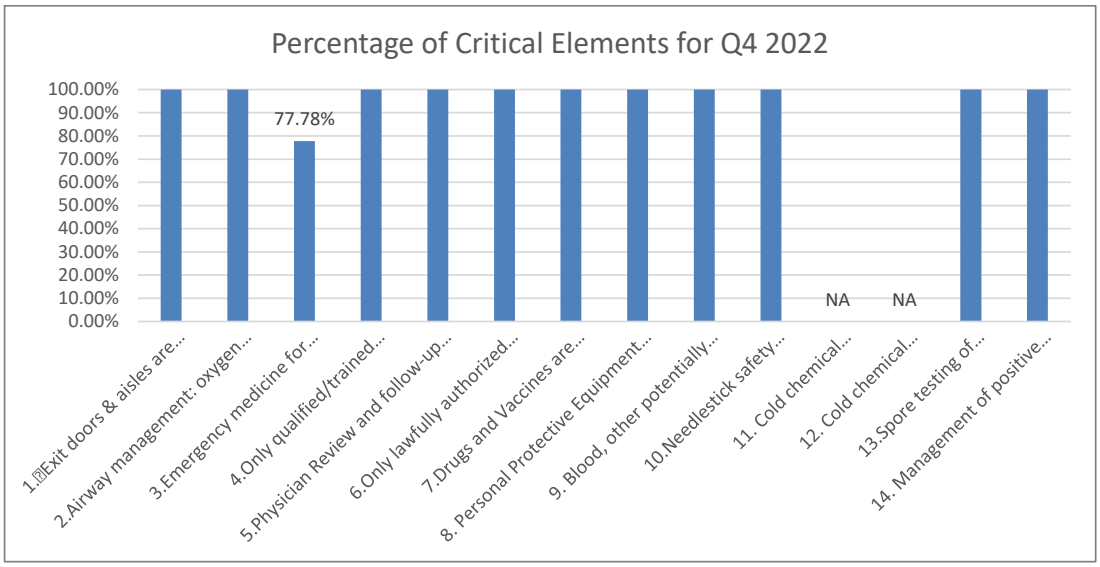
For Q4 2022, top #3 deficiencies identified for Opportunities for improvement in medical record reviews are:

1. Follow-up of specialty consult/referrals made, and results/reports of diagnostic tests
2. Anemia Screening
3. Folic Acid Supplementation

There are no common deficiencies identified from previous quarter. We will continue to monitor for any trend.

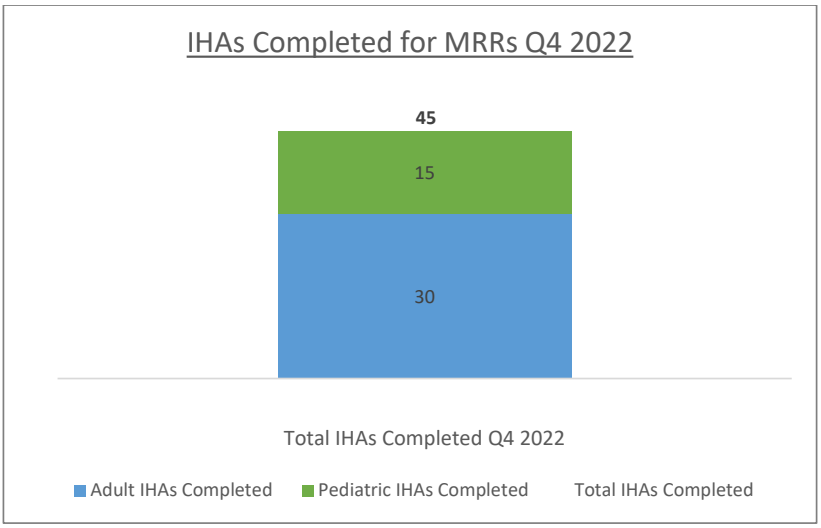
KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q4 2022

Critical Elements (CE) Percentage for Site reviews:



There were 9 FSRs completed for Q4 out of which two sites have failed one CE (Emergency Medicine) accounting for the 77.78%. Emergency medicine for anaphylactic reaction management is one of the top discrepancies identified for Q4 2022. For the sites that did not score 100% a CAP was issued, and deficiencies were corrected within 10 business days. We will continue to monitor for any trends. CE #11 and #12 were not applicable for any of the sites, hence it does display any score.

C. IHA's percentage for MRRs:



***Percentage-of IHAs completed = IHEBA+SHA's**

For Q4 2022, based on the medical record reviews, 45 IHA's were completed. 15 total pediatric charts and 30 adult charts. 11 out of the 15 pediatric charts were compliant and 4 were non-compliant. 25 out of the 30 were found to be compliant for the adult charts and 5 adult IHA's were found to be non-compliant. Education was provided for the non-complaint charts. Compared to previous quarter, the volume of IHAs completed reduced by half because fewer MRRs were completed this quarter (fewer MRRs since the Backlog was completed).

Effective January 2023, an Initial Health Appointment replaced the Initial Health Assessment. Changes to the IHA no longer requires providers to utilize the age-appropriate Staying Healthy Assessment (SHA). An IHA must include all the following:

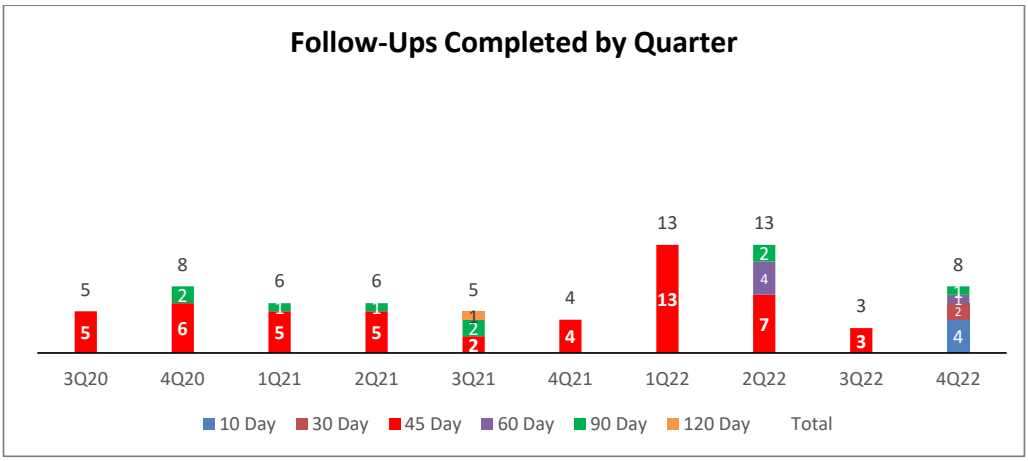
- A history of the Member's physical and mental health.
- An identification of risks.
- An assessment of need for preventive screens or services.
- Health education; and
- The diagnosis and plan for treatment of any diseases.

KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q4 2022

Interim Reviews:

Interim Reviews are conducted between Initial and first Periodic Full Site Reviews or between two Periodic Full Site Reviews. Typically, they occur about every 18 months. These reviews are intended to be a check-in to ensure the provider is compliant with the 9 critical elements and as a follow up for any areas found to be non-compliant in the previous Initial or Periodic Full Site Review. Due to the pandemic, KHS has not been conducting Interim Reviews since January of 2021. Interims were reimplemented in October 2022, and for the Q4 2022 there were 6 Interim reviews completed.

Follow-up Reviews after a Corrective Action Plan (CAP):



The above chart reflects the total number of follow-ups completed for each quarter. For Q4 2022, there were four 10-day follow-ups, two 30-day follow-ups, one 60 day follow up and one 90 day follow up completed. All CAPs were closed.

IV. Quality Improvement Projects
A. Performance Improvement Projects (PIPs):

The Department of Health Care Services (DHCS) requires MCPs to annually report performance measurement results and conduct ongoing Performance Improvement Projects (PIPs) specific to measures that did not meet MPL. DHCS initiated a cycle of PIPs for 2020-2022 in November of 2020 through the EQRO, HSAG. The 2 current PIPs are:

Health Care Disparity in Well Care Visits ages 3-21 (WCV):

This PIP targets health care disparities to improve the health and wellness of low-income children and adolescents, ages 3 to 21, through well-care visits. After reviewing the baseline data, a narrowed focus was identified for the 8–10-year-old population. Health Equity (WCV) PIP completed the testing phase at the end of December. Currently, we're in the final phase of the PIP, which consists of analyzing outcomes and determining the sustainability of the PIP for final submission to HSAG in April. Initially, two modalities (robocalls and mailers) have been conducted and measured. The Member Engagement and Rewards Program (MERP) intervention for campaign #2 outcomes are included below. Text messaging and mailers were sent in November 2022 for campaign #3. Results are pending from this campaign. Below are the outcomes for the PIP interventions:

	Robocall Made		Mailer Sent	
Campaign #1	Robocall made	148	Mailer sent	982
	WCV Visits Completed	5	WCV Visits Completed	134
	%Compliance	3%	%Compliance	13.65%

	Robocall Made		Mailer Sent
Campaign #2	Robocall made	78	No mailers sent due to APL21-004 update requirements
	WCV Visits Completed	13	
	%Compliance	17%	

*APL 21-004: Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services Language tag lines in flyers increased from a small section of the flyer to about 3 pages in length.

Outcomes of the PIP SMART Aim goal and lessons learned will be included once claims lag run is completed and data has been analyzed.

Child/Adolescent Health-Asthma Medication Ratio (AMR):

The AMR PIP targets children and adolescents ages 5-11 and 12-21 who are non-compliant with their asthma medications. A two-pronged approach is being used for this project. One group of members is utilizing the Asthma Mitigation Project (AMP) for focused interventions. The AMP was developed as a special project by the Central California Asthma Collaborative (CCAC) to provide in home or virtual assessments, support, and education to asthmatics, including a subset of KHS members who are non-compliant for the AMR MCAS measure. The second group of members are a part of KHS' collaborative effort from the Health Education and Pharmacy teams for focused interventions.

The AMR PIP is in the final phase, which is focused on completing and analyzing the outcomes for our final submission in April. We completed our testing phase of the PIP in December which consisted of collaborating with KHS providers to educate a subset of our members who are non-compliant with their Asthma medication and develop an Asthma Action Plan (AAP) to support management of their condition. We concluded the testing phase with the 4th cycle of our interventions at the end of December. We're pending outcomes for completed Asthma Action Plans. However, for the previous cycle we had a success rate of 100% completion of Asthma Action Plans for members enrolled in the program. Below are the outcomes for the PIP interventions cycles:

Interventions		Goal	Outcomes			
			Cycle 1 09/01/2021-11/302021	Cycle 2 12/01/2021-02/28/2022	Cycle 3 03/01/2022-05/30/2022	Cycle 4 08/01/2022-12/31/2022
1	Outreach	65%	56%	58%	72%	75%
	Agreed to Participate		36%	43%	52%	33%
	Agreed /Total Outreach		20.30%	26.60%	37.50%	25%
2	Medical Record Request	50%	100%	100%	75%	33%
3	Asthma Action Plan (AAP)	30%	83%	100%	66%	100%
Note: Red indicates Intervention did not meet the Goal						

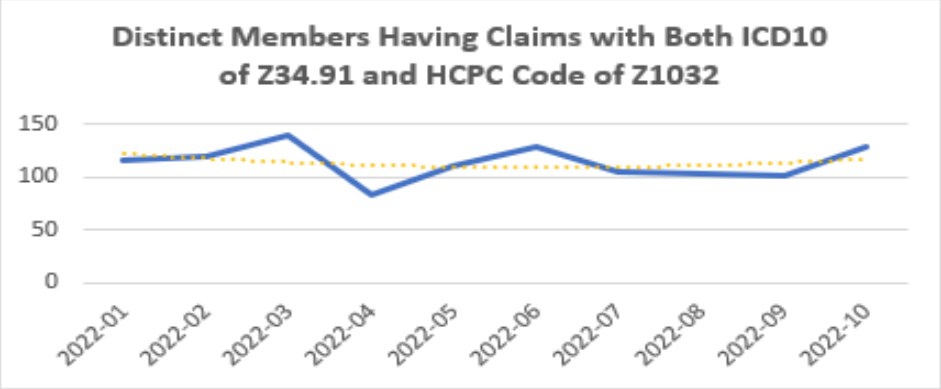
Outcomes of the PIP SMART Aim goal and lessons learned will be included once claims lag run is completed and data has been analyzed.

B. Organizational Quality Incentives Project (OQIP):

The OQIP Project closed at the end of 2022. Outlined below are the initiatives throughout the project and recommendations based on the outcomes.

Provider Education – Timely prenatal care bulletin was posted to the provider portal in May 2022. There was an upward trend in distinct member billing having claims with combination. Recommendation is to continue to provide educational material to providers throughout the year.

KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q4 2022



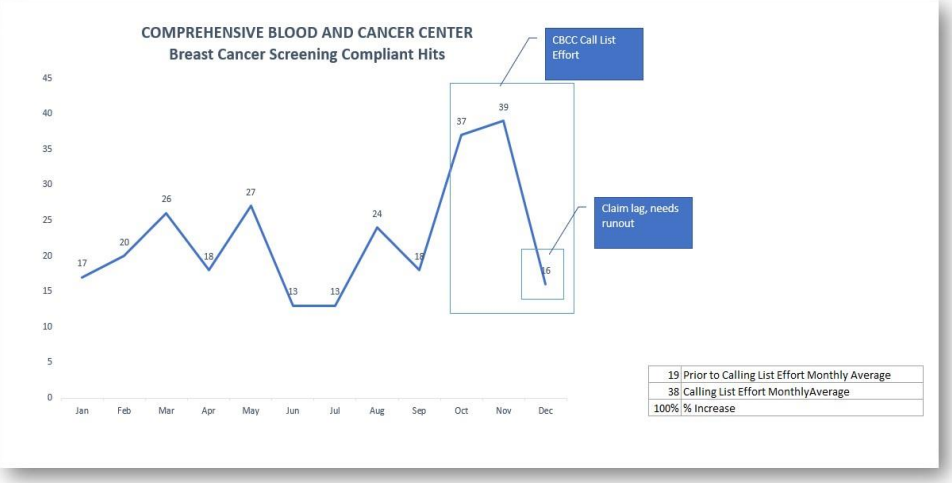
Member Outreach - Earlier in 2022 QI along with Member Services (MS) hired outreach coordinators (6-8) to call KHS members. This pilot was very successful. Recommendation is to incorporate appointment gaps in care process so that members with upcoming appointments can become compliant.

Members That Scheduled & Kept Appointment by Measure			
MEASURE	Appointments Made	Kept Appointment	% Kept Appointment
BCS	201	67	33.3%
CBP	292	55	18.8%
CCS	811	213	26.3%
CHL	127	41	32.3%
CIS	124	9	7.3%
IHA	130	8	6.2%
IMA	18	2	11.1%
LSC	103	6	5.8%
PPC_POST	12	7	58.3%
W15	79	14	17.7%
W30	68	18	26.5%
WCV	1,957	881	45.0%
TOTALS	**3,922**	**1,321**	**33.7%**

Adventist Mobile Pilot -Member services performed outreach efforts to direct non-complaint members to the Mobile clinic for Chlamydia Screening (386 members) and Immunizations (207 members). Unfortunately, there were challenges in obtaining physicians, expanding location, increasing outreach to members, and providing providers with education on how to properly bill.

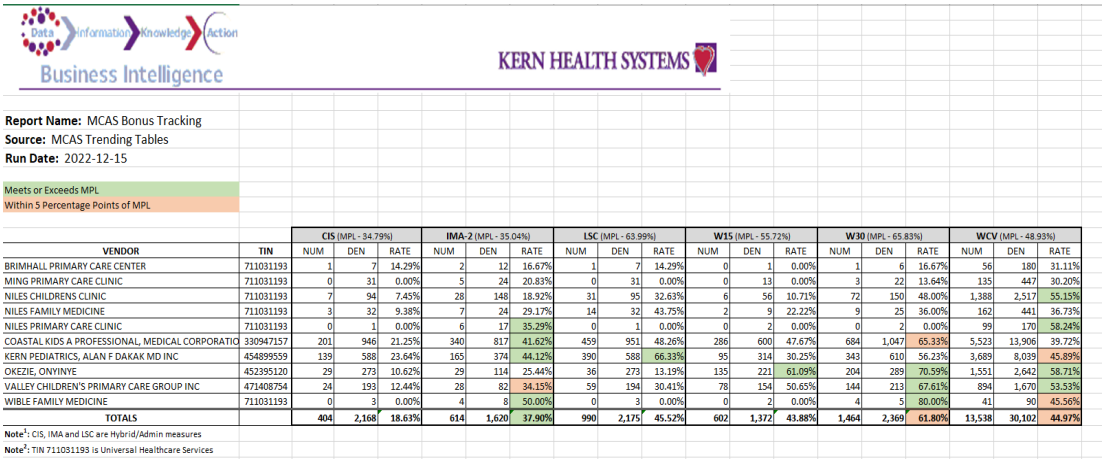
Recommendation includes to train providers how to bill to quantify this service and contract with more than one provider and contract with providers with existing resources and a successful track record.

Standing Orders -KHS contacted with two providers groups to assist in seeing members that were not complaint with Chlamydia Screening, Lead Screening and Breast Cancer Screening. There was a positive increase of members who became compliant. Moving forward the recommendation is to continue to engage providers to assist with standing orders and include the model for Providers to conduct the outreach for KHS.



Bonus Pilot Program -KHS engaged Pediatrics and contractually included incentives to meet MPL. Due to the positive outcomes, the recommendation is to continue to explore alternative incentives.

KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q4 2022



Business Intelligence

KERN HEALTH SYSTEMS

Report Name: MCAS Bonus Tracking
Source: MCAS Trending Tables
Run Date: 2022-12-15

Meets or Exceeds MPL
Within 5 Percentage Points of MPL

		CIS (MPL - 34.79%)			IMA-2 (MPL - 35.04%)			LSC (MPL - 63.99%)			W15 (MPL - 55.72%)			W30 (MPL - 65.83%)			WCV (MPL - 48.93%)		
VENDOR	TIN	NUM	DEN	RATE	NUM	DEN	RATE	NUM	DEN	RATE	NUM	DEN	RATE	NUM	DEN	RATE	NUM	DEN	RATE
BRIMHALL PRIMARY CARE CENTER	711031193	1	7	14.29%	2	12	16.67%	1	7	14.29%	0	1	0.00%	1	6	16.67%	56	180	31.11%
MING PRIMARY CARE CLINIC	711031193	0	31	0.00%	5	24	20.83%	0	31	0.00%	0	13	0.00%	3	22	13.64%	135	447	30.20%
NILES CHILDRENS CLINIC	711031193	7	94	7.45%	28	148	18.92%	31	95	32.63%	6	56	10.71%	72	150	48.00%	1,388	2,517	55.15%
NILES FAMILY MEDICINE	711031193	3	32	9.38%	7	24	29.17%	14	32	43.75%	2	9	22.22%	9	25	36.00%	162	441	36.73%
NILES PRIMARY CARE CLINIC	711031193	0	1	0.00%	6	17	35.29%	0	1	0.00%	0	2	0.00%	0	2	0.00%	99	170	58.24%
COASTAL KIDS A PROFESSIONAL, MEDICAL CORPORATIO	330947157	201	946	21.25%	340	817	41.62%	459	951	48.26%	286	600	47.67%	684	1,047	65.33%	5,523	13,906	39.72%
KERN PEDIATRICS, ALAN F DAKAK MD INC	454899559	139	588	23.64%	165	374	44.12%	390	588	66.33%	95	314	30.25%	343	610	56.23%	3,689	8,039	45.89%
OKEZIE, ONYINYE	452395120	29	273	10.62%	29	114	25.44%	36	273	13.19%	135	221	61.09%	204	289	70.59%	1,551	2,642	58.71%
VALLEY CHILDREN'S PRIMARY CARE GROUP INC	471408754	24	193	12.44%	28	82	34.15%	59	194	30.41%	78	154	50.65%	144	213	67.61%	894	1,670	53.53%
WIBLE FAMILY MEDICINE	711031193	0	3	0.00%	4	8	50.00%	0	3	0.00%	0	2	0.00%	4	5	80.00%	41	90	45.56%
TOTALS		**404**	**2,168**	**18.63%**	**614**	**1,620**	**37.90%**	**990**	**2,175**	**45.52%**	**602**	**1,372**	**43.88%**	**1,464**	**2,369**	**61.80%**	**13,538**	**30,102**	**44.97%**

Note[1]: CIS, IMA and LSC are Hybrid/Admin measures
Note[2]: TIN 711031193 is Universal Healthcare Services

External Supplemental Data -KHS incorporated existing supplemental data from Department Health Care Services (DHCS), Clinical Sierra Vista (CSV) EMR, and Kaiser into our HEDIS Process. The recommendation is for KHS to engage providers for EMR data exchange. There is an approved project for EMR data exchange for 2023.

KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q4 2022

Business Intelligence

KERN HEALTH SYSTEMS

Determine Impact New Data Sources Have On MCAS Measures Held To MPL

Before New Sources				With New Sources				Changes			
MEASURE	NUM	DEN	RATE	MEASURE	NUM	DEN	RATE	MEASURE	NUM	DEN	RATE
BCS	7,958	15,298	52.0%	BCS	8,126	15,297	53.1%	BCS	168	-1	1.1%
CBP	6,312	20,983	30.1%	CBP	6,793	21,955	30.9%	CBP	481	972	0.9%
CCS	23,045	48,211	47.8%	CCS	23,398	48,210	48.5%	CCS	353	-1	0.7%
CHL	5,134	10,484	49.0%	CHL	5,431	10,792	50.3%	CHL	297	308	1.4%
CIS	1,097	6,247	17.6%	CIS	1,173	6,247	18.8%	CIS	76	0	1.2%
FUA30	113	1,101	10.3%	FUA30	113	1,101	10.3%	FUA30	0	0	0.0%
FUM30	74	560	13.2%	FUM30	84	560	15.0%	FUM30	10	0	1.8%
IMA-2	2,071	7,082	29.2%	IMA-2	2,096	7,082	29.6%	IMA-2	25	0	0.4%
LSC	2,900	6,267	46.3%	LSC	2,945	6,267	47.0%	LSC	45	0	0.7%
W15	1,146	3,456	33.2%	W15	1,147	3,456	33.2%	W15	1	0	0.0%
W30	3,636	6,705	54.2%	W30	3,661	6,705	54.6%	W30	25	0	0.4%
WCV	39,859	131,501	30.3%	WCV	42,191	131,501	32.1%	WCV	2,332	0	1.8%

Using 2022-10 Data

Note: PPC and HBD-9 are not included as addition analytics is underway.

	Numerator	SOURCE				
	Change	KP	EMR	APCD	MH_CLAIM	KHS Claims
BCS	168	168				
CBP	481	97	318	21		45
CCS	353	312		41		
CHL	297	286		11		
CIS	76	20	56			
FUA30	0	-	-	-	-	-
FUM30	10			6	4	
IMA-2	25	3	22			
LSC	45	43		2		
W15	1			1		
W30	25	22		3		
WCV	2,332	2187		141		
Totals	**3,813**	**3,138**	**396**	**226**	**4**	**45**

P4P alternative measures - KHS incorporated alternative measures for 2023: Initial Health Assessment, Social Determinants of Health, Closing Gaps in Care and Authorization Fulfillment.

Practice Management			
12	Initial Health Assessment	IHA	15
13	Social Determinants of Health	SDOH	16
14	Closing Gaps in Care	GAP	18
15	Authorization Fulfillment	AF	19

C. NCQA Accreditation Readiness Review Consultant RFP Project:

The contract with the Mihalik Group is anticipated to be approved and signed in January and an initial kick off meeting will be scheduled for the first part of February. A total of 3 days of basic training about NCQA Accreditation and standards was provided to departments involved with the accreditation process in December.

D. Red Tier:

Managed Care Plans are required to meet or exceed the performance levels set forth by Department Health Care Services (DHCS) as outlined in their contract. For measurement year 2021, KHS met the minimal performance level (MPL) for 5 out of the 15 MCAS measures. Due to not meeting the MPLs for all MCAS measures, KHS was required by DHCS to conduct a cause-and-effect analysis to understand the barriers of not meeting the MPLs. Three areas were identified for improvement focus, which includes:

- Data Accuracy Completeness &Timeliness,
- QI Training & Resources for KHS staff & providers, and
- Collaboration & Communication.

Strategies have been put into place to increase the MPLs of the measures.

VII. Member Engagement and Rewards Program (MERP):

Text messages for Campaign #3 for 2022 were completed in December. A total of 16K text messages are scheduled for this campaign. This is the first campaign utilizing Text messages. Effective November 1st, member incentive increased. Text messages for Campaign #3 for 2022 were launched in late-November and was completed in December. This is the first campaign utilizing Text messages.

Measures included in campaign are:

- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Chlamydia Screening in Women (CHL)
- Lead Screening in Children (LSC)
- Well-Child Visits in the First 30 Months of Life (W30)
- Child and Adolescent Well-Care Visits (WCV)

- Prenatal and Postpartum Care (PPC)
- Initial Health Assessment (IHA)

We plan to start the first MERP campaign for 2023 in February.

MERP Campaign Outcomes for 2022:

Outreach Efforts:

		Successful Robocalls	Mailers	Text Message sent
Mar-22	Campaign 1	49%	62,881	Not available
Jun-22	Campaign 2	63%	No mailers due to *APL21-004 update requirements	not available
Sep-22	Campaign 3	22%	58,661	15,997

*APL 21-004: Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services Language tag lines in flyers increased from a small section of the flyer to about 3 pages in length.

Change in MCAS compliance Rate Campaign#1 2022:

Measure	Rate before campaign	3 months after	Difference
BCS	32.94%	41.51%	8.57%
CCS	34.07%	38.24%	4.17%
CHL	0.00%	44.34%	44.34%
IHA	4.27%	11.34%	7.07%
LSC	37.45%	43.68%	6.23%
PPC-Pre	17.20%	32.85%	15.65%

PPC- Post	41.33%	54.00%	12.67%
W30 (0-15M)	9.86%	16.29%	6.43%
W30 (15-30M)	38.33%	47.19%	8.86%
WCV	1.38%	17.07%	15.69%

Change in MCAS compliance Rate Campaign#2 2022:

Measure	Rate before campaign	3 months after	Difference
BCS	43.71%	51.13%	7.42%
CCS	41.05%	47.04%	5.99%
CHL	30.55%	47.18%	16.63%
IHA	8.12	10.00	1.88%
LSC	39.76%	45.79%	6.03%
PPC-Pre	27.18%	43.53%	16.35%
PPC- Post	57.76%	63.39%	5.63%
W30 (0-15M)	12.53%	19.11%	6.58%
W30 (15-30M)	42.73%	49.37%	6.64%
WCV	6.86%	28.04%	21.18%

Due to the positive campaign outcomes, we will continue to provide MERP incentives and increase the number of campaigns per year by conducting monthly campaigns.

We are pending results from campaign #3 and will be provided in the next report.

KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q4 2022

V. Managed Care Accountability Set (MCAS) Updates (also referred to as HEDIS): Below are the YTD Below are the YTD MCAS rates from MY2022 compared to MY2021:

MCAS MY2022 & MY2021 Performance Trending Metrics

Measure	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
BCS	2021	35.66%	37.10%	38.70%	40.39%	42.15%	44.56%	45.89%	47.08%	48.06%	49.17%	50.47%	51.40%
	2022	32.94%	34.63%	36.88%	38.52%	39.97%	41.51%	42.90%	49.72%	50.83%	52.02%	53.01%	▲ 55.23%
CBP	2021	0.00%	0.99%	2.56%	3.51%	4.31%	5.77%	6.22%	6.64%	6.96%	10.00%	12.40%	15.06%
	2022	3.32%	6.84%	10.37%	14.12%	15.74%	20.90%	23.71%	26.81%	29.00%	30.22%	31.16%	▲ 32.66%
CCS	2021	39.74%	39.81%	40.71%	42.05%	43.05%	44.87%	45.78%	46.55%	47.23%	48.09%	48.81%	49.36%
	2022	43.70%	39.89%	41.06%	41.99%	43.02%	43.93%	45.00%	46.02%	47.04%	47.87%	48.87%	▲ 50.46%
HBD*	2021	100.00%	99.84%	92.51%	92.36%	81.01%	81.22%	73.26%	73.29%	70.24%	68.79%	68.76%	67.33%
	2022	100.00%	92.93%	87.25%	81.38%	78.48%	75.26%	72.48%	65.22%	63.19%	60.91%	60.01%	▲ 57.54%
CHL	2021	16.67%	26.25%	33.23%	36.78%	40.91%	43.87%	46.07%	48.26%	49.49%	51.43%	52.37%	53.40%
	2022	0.00%	24.82%	30.55%	34.58%	37.41%	40.41%	43.40%	45.28%	47.18%	48.98%	50.76%	▼ 53.21%
CIS-10	2021	9.59%	10.78%	12.43%	14.47%	21.31%	21.88%	22.45%	22.79%	23.15%	23.61%	24.09%	24.71%
	2022	11.93%	13.21%	14.37%	15.35%	16.00%	17.27%	17.58%	17.76%	18.04%	18.43%	18.94%	▼ 19.15%
FUA 30Day follow up	2021	13.04%	12.88%	11.68%	11.60%	11.81%	12.46%	13.76%	13.49%	13.82%	13.53%	14.05%	15.60%
	2022	11.93%	13.21%	14.37%	15.35%	16.00%	17.27%	17.58%	17.76%	18.04%	18.43%	18.94%	▲ 19.15%
FUM 30Day follow up	2021	5.56%	12.75%	16.78%	18.72%	20.46%	19.58%	21.34%	21.27%	22.15%	22.43%	22.20%	19.93%
	2022	10.00%	13.00%	12.34%	12.69%	12.90%	14.97%	14.61%	13.98%	14.47%	15.56%	15.87%	▼ 17.06%
IMA-2	2021	20.88%	21.87%	23.54%	24.52%	25.38%	26.63%	27.43%	29.28%	29.78%	30.32%	30.62%	30.74%
	2022	20.38%	21.45%	22.40%	24.07%	24.81%	26.36%	27.21%	28.75%	29.12%	29.51%	29.85%	▼ 30.38%
LSC	2021	40.77%	42.98%	44.79%	46.11%	46.98%	47.90%	48.80%	49.24%	49.57%	49.76%	49.92%	50.05%
	2022	37.45%	38.64%	39.76%	40.86%	42.27%	43.30%	44.18%	45.11%	45.79%	46.32%	46.50%	▼ 46.89%
PPC-Pre	2021	25.62%	29.74%	31.80%	33.39%	34.99%	38.38%	40.17%	42.28%	43.85%	44.22%	44.32%	44.00%
	2022	17.20%	24.03%	27.18%	29.76%	32.61%	36.01%	39.28%	41.75%	43.53%	43.77%	43.84%	▼ 42.79%
PPC-Post	2021	37.74%	46.16%	51.23%	56.89%	58.32%	57.22%	57.86%	57.65%	59.06%	63.14%	66.45%	67.11%
	2022	41.33%	52.61%	57.76%	59.93%	60.53%	62.79%	63.38%	63.38%	63.39%	67.58%	70.80%	▲ 71.26%
W30 (0-15M)	2021	8.56%	10.12%	11.90%	13.55%	14.91%	16.18%	17.37%	18.18%	18.91%	19.67%	19.94%	20.11%
	2022	9.86%	11.39%	12.53%	14.32%	15.52%	16.77%	17.55%	18.45%	19.11%	19.59%	20.12%	▲ 20.18%
W30 (15-30M)	2021	35.69%	39.18%	41.44%	43.23%	44.35%	45.37%	46.52%	47.20%	47.51%	47.64%	47.81%	47.85%
	2022	38.33%	40.87%	42.73%	44.85%	46.17%	47.22%	48.17%	48.65%	49.37%	49.39%	49.55%	▲ 50.11%
WCV	2021	1.11%	3.71%	7.14%	11.02%	14.24%	17.59%	20.63%	24.99%	28.42%	31.66%	34.36%	36.70%
	2022	1.38%	3.48%	6.86%	10.65%	13.63%	17.12%	20.70%	24.94%	28.04%	30.42%	33.70%	▲ 37.20%

The above chart displays trending rates for MY2021 and MY2022. As of December 2022, 9 out of 15 (BCS, CBP, CCS, FUA, HBD, PPC-Post, W30 (0-15M), W30 (15-30M), WCV) measures showed improvement compared to this month last year. Measures that did not show improvement compared to last year are CHL, CIS-10, FUM, IMA-2, LSC, and PPC-Pre. CHL and IMA-2 rate declined less than 0.5% whereas CIS-10, FUM, LSC and PPC-Pre showed a decline < 0.5% in the rate.

KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q4 2022

HBD* is an inverse measure where a lower rate indicates better performance.

- Green arrow indicates a rate increased
- Red arrow indicates a rate decreased compared to previous year December 2021.

MCAS Rates MY2022 as of December 2022

Measure		MY2022 (December)	MPL	Diff MY2022 vs MPL
BCS	Breast Cancer Screening	55.23	50.95	4.28
CBP	Controlling High Blood Pressure <140/90 mm Hg	32.66	59.85	-27.19
CCS	Cervical Cancer Screening	50.46	57.64	-7.18
HBD*	Hemoglobin A1c Testing & Control for Patients With	57.54	39.9	17.64
CHL	Chlamydia Screening in Women Ages 16 – 24	53.21	55.32	-2.11
CIS-10	Childhood Immunization Status Combo-10	19.15	34.79	-15.64
FUM-30 Day	Follow-Up After Emergency Dep art ment Visit for Mental Illness30-Day Follow up	17.06	54.51	-37.45
FUA-30 Day	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence 30-Day Follow up	10.61	21.24	-10.63
IMA-2	Immunizations for Adolescents – Combo 2 (meningococcal, Tdap, HPV)	30.38	35.04	-4.66
LSC	Lead Screening in Children	46.89	63.99	-17.10
PPC-Post	Prenatal & Postpartum Care – Postpartum Care	71.26	77.37	-6.11
PPC-Pre	Prenatal & Postpartum Care – Timeliness of Prenatal	42.79	85.4	-42.61
W30 (0-15M)	Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.	20.18	55.72	-35.54
W30(15-30M)	Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.	50.11	65.83	-15.72
WCV	Child and Adolescent Well-Care Visits	37.20	48.93	-11.73

Indicates KHS did not met MPL
Indicates KHS need 5% or less to met MPL
Indicates KHS met or exceeded MPL
HBD* is inverse measure, Lower rate indicates better performance
Please note all the above rates are Admin only rates from claims and do not include medical record reviews.

For MY2022, as of December 2022 we Met MPL for BCS measure. These are admin rates only and are pending medical record reviews and Claims lag run.MY2022 rates compared to MY2021 MCAS rates:

VI. Policy Updates: The Facility Site Review and Medical Records Review

- Policy 2.71-P was updated to align with the new APL, and
- Potential Quality Issues (PQI) Policy 2.70-I had minor revisions to align with current Grievance terminology. The PQI policy was presented to the QI-UM Committee in November and approved.

The Site Review policy will be presented to the QI-UM Committee in March.

Initial Health Assessment (IHA) Audit

Completed: January 2023
Presented by: Kailey Collier, RN

KERN HEALTH SYSTEMS

What is an IHA?

Comprehensive assessment during members' initial encounter with Primary Care Provider (PCP)

Consists of:

- History & Physical
- Staying Healthy Assessment (SHA)

Must be completed within 120 days of enrollment

Purpose of IHA

- Establish relationship between members and PCPs
- Assists PCPs in learning about members' health care history and needs
- Assess members' lifestyle behaviors to identify opportunities for healthy living
- Support members in achieving positive outcomes and improving overall health

IHA Audit Overview

- Initiated in July 2022
- Twice a year (Jan and July) QI RNs audit PCPs by sampling a selection of members identified through an automated report
- Minimum of 100 charts
- Goal: Ensure all components of IHA have been completed and documented in accordance with regulatory requirements

IHA Audit Outcomes

101 charts audited

4 PCPs

Overall Score: 93%

Changes to IHA

- As of 01/01/23, the Initial Health Appointment replaces the Initial Health Assessment.
- Age-appropriate Staying Healthy Assessment (SHA) no longer required
- An IHA must include all the following:
  - A history of the Member's physical and mental health
  - An identification of risks
  - An assessment of need for preventive screens or services
  - Health education; and
  - The diagnosis and plan for treatment of any diseases

Follow-Up

- Educational letters were sent to all providers with scoring and areas of deficiency
- Resources and training for the SHA are referenced in the letters
- Bulletins and informational references available on KHS' public website

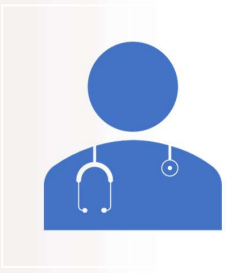
Potential Quality of Care Issues (PQI) Audit

4th Quarter 2022
Presented by: Kailey Collier, RN

KERN HEALTH SYSTEMS

PQI Audit Overview

Quarterly clinical auditing process developed for monitoring of PQI reviews.



Purpose: Ensure compliance with KHS policies and procedures, and appropriate clinical assessment and documentation.

KERN HEALTH SYSTEMS

PQI Audit Process

- QI Manager conducts quarterly audits of 3-5 cases completed for each QI RN who performs PQI reviews.
- Audit results that do not achieve a passing score of 90%
  - QI Manager follows corresponding action plan and addresses areas of deficiency with assigned QI RN to remedy deficiencies within 5 business days.
  - Corrections to be reflected on next audit

PQI Audit Findings
4th Quarter 2022

- RNs audited: 6
- PQI cases per RN: 3
- Total cases audited: 18
- Overall scores: 99.6%
- 17/18 cases were 100% corrected
- 1 case with minor deficiency at 94%

KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS POLICY AND PROCEDURES					
SUBJECT: Facility Site Review and Medical Record Review				POLICY #: 2.71-P	
DEPARTMENT: Health Services — Quality Improvement					
Effective Date: 01/01/2022	Review/Revised Date:	DMHC	X	PAC	X
		DHCS	X	QI/UM COMMITTEE	X
		BOD		FINANCE COMMITTEE	

_____ Date _____
Emily Duran
Chief Executive Officer

_____ Date _____
Chief Operating Officer

_____ Date _____
Chief Medical Officer

_____ Date _____
Chief Health Services Officer

_____ Date _____
Director of Quality Improvement

POLICY:

Per Department of Health Care Services (DHCS) All Policy Letter (APL)22-017, Kern Health Systems (KHS) is responsible for oversight of the site review policies whether KHS retains site review functions, delegates them to another Managed Care Plan (MCP), or subcontracts site review. KHS develops and maintains a standardized system-wide process for conducting reviews of provider facility sites and medical records that minimize evaluation criteria and guidelines in compliance with the State Department of Health Care Services (DHCS) contractual requirements. KHS' Chief Medical Officer or designee is accountable for the Facility Site Survey process.

Kern Health Systems (KHS) personnel will perform a facility site and medical record review on all contracted primary care providers (PCP) (including OB/GYNs, IPAs, clinics, and hospital ambulatory care clinics serving as PCPs). Physical Access Reviews (PARs) will also be completed for providers who serve a high volume of Seniors and People with Disabilities (SPD) beneficiaries, in accordance with Letters, MMCD Policy Letter 02-02 and 10-016, Title 22, CCR Section 53856, and W & I Code 14182(b)(9).

KHS makes the results of the FSR Attachment C tool available to members via Provider Directories. The Provider Directories display the accessibility indicator per Medi-Cal Managed Care Division (MMCD) Policy Letter 11-009. The Provider Directories identify whether the provider site has access in the following categories: Parking (P), Exterior Building (EB), Interior Building (IB), Restroom (R), Exam Room (E), and Exam Table/Scale (T).

Only a Certified Master Trainer (CMT) or Certified Site Reviewer (CSR) conduct initial and subsequent site reviews, consisting of a Facility Site Review (FSR) and Medical Records Review (MRR), regardless of a PCP site's other accreditations and certifications.

KHS conducts an initial and subsequent site review, consisting of an FSR and MRR, for all contracted Primary Care Provider (PCP) sites receive regardless of the site's other accreditations and certifications. KHS ensures the following:

A. Each PCP site has passed an initial FSR and, as applicable, corrects all deficiencies in order to close their Corrective Action Plan (CAP) prior to adding the provider(s) to the MCP's network and assigning MCP members to the provider(s).
B. Each PCP completes an initial MRR after the PCP is assigned members, and, as applicable, submits all appropriate documentation to address all deficiencies to close their CAP.
C. Each PCP site completes a periodic subsequent site review, consisting of both an FSR and MRR, at least every three years after the initial FSR.
D. DHCS' most current FSR and MRR tools and standards are being utilized when conducting site reviews
E. All PCP sites are held to the same standards.
F. The site review status of each contracted PCP site is properly tracked.
G. KHS collaborates with Health Net or any other local MCP to determine how we notify each other of site review statuses and results for shared providers.

KHS issues a Certified Quality Provider Site certificate to providers that successfully pass a site review. This certificate is valid for up to three years and affirms that the site has been deemed a DHCS Certified Quality Provider Site. Certificates are issued and revoked to shared provider sites in coordination with the county collaborative partner.

KHS notifies its providers in advance for scheduled site reviews. However, inspection of an MCP's facilities or other elements of a review may be conducted without prior notice, in conjunction with other medical surveys or as part of an unannounced inspection program[1].

KHS may choose to delegate site review responsibilities to another MCP. However, KHS retains ultimate responsibility for oversight of site review completion, results, any necessary corrective action plan (CAP), and monitoring of assigned PCP sites per county collaboration.

DEFINITIONS:

Ancillary Service Providers: Free standing facilities that provide diagnostic and therapeutic services, such as, but not limited to laboratory, infusion, radiology, imaging, cardiac testing, renal dialysis, occupational therapy, speech therapy, physical therapy, pulmonary testing, and cardiac rehabilitation.

High Volume Specialists: Ancillary and CBAS Providers as a whole. Specialty, Ancillary and CBAS types, whose claim numbers exceed the established average, will be considered High Volume SPD Specialties, Ancillary and CBAS Providers.

PROCEDURES:

1.0 SITE REVIEW PROCESS

A. Initial Site Review

An initial site review consists of an initial FSR and an initial MRR. The initial FSR and the initial MRR might not occur on the same date. The FSR is conducted first to ensure the PCP site operates in compliance with all applicable local, state, and federal laws and regulations. KHS does not assign members to providers until their PCP sites receive a passing FSR score and completes all CAPs. An initial FSR is not required when a new provider joins a PCP site that has a current passing FSR score.

A DHCS Site Identification Number ("DHCS Site ID") is a unique identifier and must be assigned by designated MCPs to each PCP site reviewed. DHCS releases sets of DHCS Site ID numbers for each county. In the event of an ownership change at an established PCP site, a new DHCS Site ID will be assigned. The new DHCS Site ID may be the existing Site ID but with a modifier to represent a change of ownership at the site. Local county MCPs collaborate to manage and assign the DHCS Site ID numbers specific to the county.

Once a PCP site passes the initial FSR's and completes all Corrective Action Plans (CAPs), KHS begins assigning members to the PCPs at that site. KHS will complete the initial MRR of a new PCP site within 90 calendar days of the date that KHS first assigns members. KHS may defer this initial MRR for an additional 90 calendar days only if the new PCP does not have enough assigned MCP members to complete the MRR on the required minimum number of medical records (see Subsequent Site Reviews below for details regarding the required minimum number of medical records). If, after 180 days following assignment of members, the PCP still has fewer than the required number of medical records, KHS will complete the MRR using the total number of medical records it has available and adjust the scoring according to the number of medical records reviewed.

KHS may choose to conduct the MRR Review portion of the site review on site or virtually. The virtual process must comply with all applicable Health Insurance Portability Accountability Act (HIPAA) standards at all-times.

There are additional scenarios that require KHS to conduct an initial site review. Examples of these scenarios include, but are not limited to, instances when:

a. A new PCP site is added to KHS's network.
b. A newly contracted provider assumes a PCP site with a previous failing FSR and/or MRR score within the last three years.
c. A PCP site is returning to the Medi-Cal managed care program and has not had a passing FSR in the last three years.
d. At the discretion of KHS, a separate site review may be conducted for solo practices/organizations.
e. Upon identification of multiple independent practices that occupy the same site, a separate site review must be completed for all PCP practices at that site and a unique alphanumeric DHCS Site ID must be assigned for each independent PCP practice at the site if ownership is different. MCPs must develop processes within their local county collaborative in regard to conducting separate site reviews for shared sites.
f. There is a change of ownership of an existing provider site.
g. A PCP site relocates. When a PCP site relocates, KHS:
    - Completes an initial FSR within 60 days of notification or discovery of the completed move.
    - Allows assigned KHS members to continue to see the provider at the new location, but not assign new Members until the initial site review is completed.
        i. Upon passing the initial FSR and closing CAPs, if applicable, the following will occur: The PCP site may be formally added to the Network.
        ii. New and established relocating Members can be formally assigned to the new Provider location.
    - If the relocated PCP site does not pass the initial FSR within two attempts, or does not complete required CAPs per established timelines, the following will occur:
        i. The relocated PCP site may not be added to the MCP's Provider Network.
        ii. The previous PCP site must be removed from the Network if the site has closed.
        iii. Current assigned membership must be reassigned to another Network PCP, if the previous site has closed.
        iv. The relocated PCP site may reapply six months from the last FSR survey.

h. Does not assign new members to providers at the site until the PCP site receives passing FSR and MRR scores.

f. If KHS were to expand to a new service area, KHS will complete an initial site review on a specified number of PCP sites as outlined in the bulleted list below. The FSR portion of the initial site review must be completed prior to the start of KHS expanding its operations.

- Five percent of the PCP sites in KHS' proposed network, or on thirty PCP sites, whichever is greater in number.
- All remaining proposed PCP sites within the first six months of operation or expansion.
- All PCP sites in the network if there are thirty or fewer PCP sites in the network.
- New and/or expanding MCPs may use site reviews of existing county MCPs as evidence of completion of the required initial site reviews.
- MCPs must submit data and relevant information to DHCS, in a format and timeframe to be specified by DHCS, for the instances described above.

PCP sites that are subject to site reviews must include a variety of PCP types (Family Medicine, Internal Medicine, Pediatric, etc.) and subcontracted entities (solo practice, Medical Group, etc.) from throughout the provider network.

B. Supplemental Facilities – Mobile, Satellite, School Based, and Other Extension Clinics
Supplemental facilities assist in the care delivery of primary care services to geographically remote areas that lack health care services, as well as assist the underserved population in areas where there may be access to care concerns.

- Supplemental facilities may offer a variety of clinical services including, but not limited to preventive care, immunizations, screenings, and/or chronic care management (excluding specialty services).
- Mobile clinics are self-contained units including vans, recreational vehicles, and other vehicles that have been repurposed to provide space for various clinic services and may also serve to deliver equipment to locations that operate temporary clinics.
- For street medicine Providers serving as an assigned PCP, and that are affiliated with a brick-and-mortar facility or that operate a mobile unit/RV, KHS conducts the full review process of the street medicine Provider and affiliated facility.

- For street medicine Providers serving as an assigned PCP, and that are not affiliated with a brick-and-mortar facility or mobile unit/RV, KHS conducts a condensed Facility Site Review (FSR) and Medical Record Review (MRR) of the street medicine Provider to ensure Member safety. The DHCS requirements for the condensed FSR and MRR are forthcoming and will be limited to FSR and MRR requirements that would apply only to a street medicine Provider under this scenario.

-

- In general, supplemental facilities that provide primary care services may serve as an extension of a PCP site, a community-based clinic, a Federally Qualified Health Center (FQHC) county facility, or a standalone clinic with Members assigned.
- KHS must conduct an initial site review and subsequent site reviews of supplemental facilities at least every three years thereafter, with a focus on areas relevant to the services being provided by the supplemental facilities.
- KHS must establish a process to complete the oversight of supplemental facilities and collaborate with MCPs within a given county.

C. Subsequent Site Reviews

KHS conducts subsequent site reviews, consisting of an FSR and MRR, at least every three years, beginning no later than three years after the initial FSR. KHS may conduct site reviews more frequently per county collaborative decisions, or when determined necessary based on monitoring, evaluation, or CAP follow-up issues.

D. Scoring

KHS will base FSR and MRR scores on available documented evidence, demonstration of the criteria, and verbal interviews with site personnel. If a site reviewer chooses to review additional criteria not included on the FSR or MRR tools, the site reviewer will not include the additional criteria in the existing scoring method. KHS will not alter scored criteria or assigned weights in any way.

Critical elements have the largest potential for adverse effects on patient health or safety and therefore have a scored weight of two points while all other review elements have a scored weight of one point. The PCP site must correct all critical element deficiencies identified during a site review, focused review, or monitoring visit within ten calendar days of those reviews or visits. KHS will verify that CAPs related to critical elements are completed within 30 calendar days of the site review, focused review, or monitoring visit. KHS will ensure that PCP sites found to be deficient in any critical element during an FSR have fully corrected all deficiencies, regardless of the PCP site's FSR score. Any MRR section score of less than 80 percent requires a CAP for the entire MRR regardless of the total MRR score.

All MRR tool review elements have a scored weight of one-point each. The MRR score is based on a standard review of ten randomly selected KHS member medical records per provider, consisting of five pediatric and five adult or obstetric medical records. For PCP sites serving only pediatric or only adult patients, all ten medical records will be reviewed using the appropriate preventive care criteria. For OB/GYNs acting as PCPs, all medical records will be reviewed using preventive care criteria for adults or pediatrics (pregnant under age 21 years) and obstetrics. During the MRR, site reviewers have the option to request additional medical records for review. If the site reviewer chooses to review additional medical records, KHS will calculate the scores accordingly.

If a PCP site documents patient care performed by multiple PCPs in the same medical record, KHS will consider these medical records as a shared medical record system. KHS will consider shared medical records as those that are not identifiable as separate records belonging to any specific PCP. KHS will review a minimum of ten medical records if two or three PCPs share

records, twenty medical records if four to six PCPs share records, and thirty medical records if seven or more PCPs share records. If there are multiple providers in one office that do not share medical records, each PCP will be reviewed separately and receive a separate score. If a minimum number of records are not available for review due to limited patient population, the reviewer will complete the MRR, document the rationale, and adjust the score as needed.

In the event that there are multiple Providers in one office that do not share medical records, each PCP must be reviewed separately and receive a separate score. A minimum of ten medical records must be reviewed per Provider.

During the MRR, site reviewers have the option to request additional medical records for review to ensure adequate review of all Provider specialties, Member populations, etc. If the site reviewer chooses to review additional medical records, the MCP must calculate the scores accordingly.

MCPs may choose to conduct the MRR portion of the site review onsite or virtually. The virtual process must comply with all applicable HIPAA standards at all times, regardless of the chosen method. Both onsite and virtual MRRs may include the review of medical records for Members belonging to another MCP, and may include the viewing, collection, storage, and transmission of Protected Health Information (PHI).

If a PCP site receives a failing score from one MCP, all other MCPs will consider the PCP site as having a failing score. KHS will use the county collaborative process to identify shared providers and to determine methods for sharing site review information, including CAPs and provider terminations (See Policy 4.39 for Provider Terminations).

When a PCP site receives a failing score on an FSR or MRR, KHS will notify the PCP site of the score, all cited deficiencies, and all CAP requirements. KHS may choose to remove any PCP site with a failing FSR or MRR score from its network. If KHS allows a PCP site with a failing FSR or MRR score to remain in its network, KHS will require and verify that the PCP site has corrected the identified deficiencies within the CAP timelines established in this policy. KHS will not assign new members to network PCP sites that receive a failing score on an FSR or MRR until KHS has verified that the PCP site has corrected the deficiencies and the CAP is closed.

PCP sites that receive a failing score on either the FSR or MRR for two consecutive site reviews must receive a minimum passing score on the next FSR and MRR (including PCP sites with open CAPs in place) to remain in the MCP's provider network. If the PCP site fails on its third consecutive attempt, despite KHS' ongoing monitoring and assistance, the PCP site will be removed from KHS' provider network, and its members will be reassigned to other network providers, as appropriate and as contractually required.

E. Corrective Action Plan (CAP)

A CAP is required for all cited deficiencies for PCP sites that have a deficiency in a critical element or receive a conditional passing score on the FSR or MRR tool, on a focused review,

or for deficiencies identified by KHS or DHCS through oversight and monitoring activities. CAPs are required as indicated:

Review	Exempted Pass	Conditional Pass	Fail
FSR	a. Score of 90% and above with no deficiencies in critical elements, infection control, or pharmacy b. CAP not required	a. Score of 90% and above with deficiencies in critical elements, infection control, or pharmacy b. Score of 80% and above. c. CAP required	a. Score below 80% b. CAP required
MRR	a. Score of 90% and above, with all section scores at 80% and above b. CAP not required	a. Score of 90% and above with one or more section scores below 80% b. Score of 80% and above c. CAP required.	a. Score below b. 80% c. CAP required
MCPs may require a CAP regardless of score for other findings identified during the survey that require correction.			

KHS will not assign new Members to Providers who fail to correct site review deficiencies within the established CAP timelines. For Providers that fail to comply with their CAP, the MCP must verify that the PCP site has corrected the deficiencies and the CAP is closed before assigning new Members. Ultimately, KHS must remove any Provider from their Network that does not come into compliance with review criteria and CAP requirements within the established timelines, and the MCP must expeditiously reassign that Provider's Members to other Network Providers

KHS may decide to provide additional training and give technical assistance when a PCP site fails an FSR prior to contracting with KHS. Precontracted providers who do not pass the initial FSR within two attempts may reapply to KHS after six months.

When conducting the site review, KHS is responsible for follow-up, re-review, closure of CAPs, and monitoring re-reviews. CAP documentation will identify:

a. The specific deficiency,

b. Corrective actions needed,

c. Projected and actual dates of the deficiency correction,

d. Reevaluation of timelines and dates. And

e. Responsible persons

CAPs for non-critical elements may be verified via document submission. CAPs for critical elements will be verified onsite. Closed CAP documentation will include:

a. Documentation of problems in completing corrective actions (if any),

b. Resources and technical assistance provided by the MCP,

c. Evidence of the corrections,

d. Completion and closure dates, and

e. Name and title of the MCP reviewer.

KHS will follow the timeline below for CAP notification and completion:

CAP Timeline	CAP Action(s)
FSR and/or MRR Completion Day	KHS will provide the PCP site a report containing: a.Verbal notification of any CE findings and a signed attestation by the PCP/site designee and KHS staff confirming that a discussion regarding CE findings occurred. (This serves as the start of the CE-CAP timeline.) b. A formal written request for CAPs to address all CEs, if applicable, the day of the site visit but no later than one business day after site visit completion c.The FSR and/or MRR scores site visit but no later than one business day after site visit completion. a. d. A formal written request for CAPs for all critical elements, if applicable the day of the site visit but no later than one business day after site visit completion

CAP Timeline	CAP Action(s)
Within 10 calendar days of the FSR and/or MRR	a. The PCP site will submit a CAP and evidence of corrections to KHS for all deficient critical elements, if applicable. b. KHS will provide a report to the PCP site containing FSR and/or MRR findings, along with a formal written request for CAPs for all non-critical element deficiencies. c. KHS will provide educational support and technical assistance to PCP sites as needed. d. KHS must review, approve, or request additional information on the submitted CAP(s) for CE findings
Within 30 calendar days from the date of the FSR and/or MRR report	a. KHS will conduct a focused review to verify that CAPs for critical elements are completed. b. The PCP site must submit a CAP for all non-critical element deficiencies to KHS. c. KHS will provide educational support and technical assistance to PCP sites as needed.
Within 60 calendar days from the date of the FSR and/or MRR report	a. KHS will review, approve, or request additional information on the submitted CAP(s) for non-critical findings. b. KHS will continue to provide educational support and technical assistance to PCP sites as needed.
Within 90 calendar days from the date of the FSR and/or MRR report	a. All CAPs must be closed. b. Providers can request a definitive, time-specific extension period to complete the CAP(s), not to exceed 120 calendar days from the date of the initial report of FSR and/or MRR findings.
Beyond 120 days from the date of the FSR and/or MRR report	a. KHS will request approval from DHCS to complete a CAP review for any extenuating circumstances that prevented completion of a CAP within the established timeline. b. KHS will conduct another FSR and/or MRR, as applicable, within 12 months of the applicable FSR and/or MRR date(s).

KHS will not assign new members to providers who do not correct site review deficiencies within the established CAP timelines. KHS will verify that the PCP site has corrected the deficiencies and the CAP is closed. KHS will remove any provider from the network who does not come into compliance with review criteria and CAP requirements within the established timelines, and KHS will appropriately reassign that provider's KHS members to other network providers.

F. Re-Credentialing

For a new provider on a site that has not previously been reviewed, initial provider credentialing and site review will occur simultaneously. Providers at a site are credentialed according to DHCS contractual and policy requirements. A site review shall be completed as part of the initial credentialing process if a new provider at a site that has not previously been reviewed is added to a contractor's provider network. A site review need not be repeated as part of the initial credentialing process if a new provider is added to a provider site that has a current passing site survey score. A site review survey need not be repeated as part of the recredentialing process if the site has a current passing site survey score. A passing Site Review Survey shall be considered "current" if it is dated within the last three years and need not be repeated until the due date of the next scheduled site review survey, as determined necessary from monitoring activities.

G. Monitoring

KHS will monitor all PCP sites between each regularly scheduled site review. Monitoring methods may include site reviews, but KHS also uses additional methods such as information gathered through established internal KHS systems (e.g., quality improvement), as well as provider and program-specific reports from external sources of information. KHS will monitor and evaluate all critical elements for all PCP sites between scheduled site reviews. When KHS identifies deficiencies through monitoring, KHS will determine the appropriate course of action, such as conducting a site review or additional focused reviews, to educate and correct the deficiencies according to established CAP timelines.

H. Physical Access Reviews (PARs)

The Physical Accessibility Review Survey (Attachment C) assesses the physical accessibility of provider sites for PCPs and high-volume specialist, ancillary, and CBAS providers who serve KHS SPD members. Physical accessibility reviews are available to any contracted provider that requests to be evaluated, regardless of whether they are determined to be high volume.

KHS conducts PARs for new PCP sites at the time of initial credentialing or contracting, and every three years thereafter as a requirement for participation in the California State Medi-Cal Managed Care (MMCD) Program. PARS are conducted for PCP sites regardless of the status of other accreditation and/or certifications.

The following types of providers will be excluded from PAR site visits:

- Non-contracted providers;
- Transportation providers;
- Durable Medical Equipment (DME) pick-up sites;
- Laboratories out of service area;
- Licensed and State-certified long-term care facilities; and
- Delegated entities, including Vision Services Plan (VSP), Managed Behavioral Health Services, and Pharmacy Benefit Managers (PBMs).

A PAR will be conducted utilizing the DHCS MMCD Facility Site Survey Tool, APL 15-023 Attachments C, D, or E when appropriate. Assessment includes, but is not limited to, parking, building, elevator and clinic areas, exam rooms, lobbies, and restrooms. Medical equipment assessed may include, but is not limited to, height adjustable exam tables, member accessible weight scales, infusion chairs and/or beds, physical therapy equipment, and imaging equipment such as for mammography or Magnetic Resonance Imaging (MRI). KHS staff members are trained to conduct the PAR utilizing the requirements and process as described in MMCD PL 12-006 and DHCS APL 15-023.

KHS will utilize the following methodology to identify high-volume specialist, ancillary, and CBAS providers who serve KHS SPD members. At least annually, KHS will use internal claims data from the past 12 months to identify all specialist, Ancillary, and CBAS Providers who served a KHS SPD member; at a minimum, the report will include the following data categories:

1. Provider name, NPI number,
2. KHS internal provider ID number;
3. Medi-Cal specialty description.
4. Place of service, and
5. Number of SPD related claims.

KHS will total the number of claims for each specialty types and, determine the average number of claims for all specialties, Ancillary and CBAS Providers as a whole. Specialty, Ancillary and CBAS types, whose claim numbers exceed the established average, will be considered High Volume SPD Specialties, Ancillary and CBAS Providers. The provider sites in each of these specialties will then be required to undergo a Physical Accessibility Review Survey.

I. Focused Review

A focused review is a targeted review of one or more specific areas of the FSR or MRR. KHS will not substitute a focused review for a site review. KHS may use focused reviews to monitor providers between site reviews to investigate problems identified through monitoring activities or to follow up on corrective actions. Reviewers may utilize the appropriate sections of the FSR and MRR tools for the focused review, or other methods to investigate identified deficiencies or situations. All deficiencies identified in a focused review require the completion and verification of corrective actions according to CAP timelines established in this policy and procedure.

J. County Collaboration

KHS will collaborate locally within each Medi-Cal managed care county to establish systems and implement procedures for the coordination and consolidation of site reviews for mutually shared PCPs.[2] KHS and Health Net have equal responsibility and accountability for participation in the site review collaborative processes.

The Collaborative Process are:

1) Standardize policy and procedures for FSR's and MRR's
2) Standardize tolls for CAP's
3) Standardize Protocols which will limit access to audit results only to authorized health plan representatives
4) Standardized certified reviewers training and certification programs
5) Standardized protocols for designated vendor's responsibility and reporting (if applicable)

KHS submits an initial written description and periodic update reports as requested and instructed by DHCS describing the county collaboration processes, which will include, but are not limited to, the following:

1) Names and titles of each MCP's participating personnel.
2) A work plan that includes goals, objectives, activities, and timelines.
3) Scheduled meeting dates, times, and locations.
4) Meeting processes and outcomes.
5) Communication and information-sharing processes.
6) Roles and responsibilities of each MCP.
7) Delegated activities and use of delegated or sub-delegated entities.
8) Memorandum of Agreement requirements established KHS and Health Net.

KHS will establish policies and procedures to define local collaborative methodology for:

1) Identification of shared providers,
2) Confidentiality, disclosure, and release of shared provider review information and site review results,
3) Site review processes,
4) Issuance of Certified Quality Provider Site certificates,
5) Oversight and monitoring of review processes,
6) Site review personnel and training processes, and
7) Collection and storage of site review results

K. MCP Site Review Personnel

KHS will designate a minimum of one physician, Nurse Practitioner (NP), Physician Assistant (PA), or Registered Nurse (RN), to be certified by DHCS as the MCP's CMT. The CMT has the overall

responsibility for the training, supervision, and certification of site reviewers, as well as monitoring site reviews and evaluating site reviewers for accuracy.

KHS will determine the composition of the teams performing site reviews. Each site review will have a designated CSR who is responsible for and signs the FSR and MRR tools. Only physicians, NPs, PAs, or RNs are eligible to become CSRs. A variety of personnel may be part of the site review team, including pharmacists, dietitians, and others to provide assistance and clarification.

An RN[3] is the minimal level of site reviewer acceptable for independently performing site reviews. RN reviewers can independently make determinations regarding implementation of appropriate reporting or referral of abnormal review findings to initiate peer review procedures. An RN can only delegate site review tasks to a subordinate based on the subordinate's legal scope of practice and on the degree of preparation and ability required by the site review tasks that the RN would delegate.

KHS has written policies and procedures that clearly define the duties and responsibilities of all site review personnel. KHS ensures that site review activities established for CSRs comply with the CSR's scope of practice as defined by state law, in accordance with the state licensing and certification agencies and are appropriate to the site reviewers' level of education and training by completing a minimum of 10 FSR's and 10 MRR' s for recertification, attending a DHCS sponsored Inter rated workshop in person every two years, and achieving a 10% variance on FSR and MRR.

L. MCP Site Review Training and Certification

Physicians, NPs, PAs, and/or RNs that are designated by KHS to be CMTs or site reviewers will meet the certification and recertification requirements outlined in the respective table below to be certified as a CMT or CSR. CMT candidates must apply for certification directly to DHCS using Attachments 1-41 of this policy and procedure, Application for DHCS Site Review Master Trainer Certification. Applications will be submitted to KHS's assigned DHCS Nurse Evaluator. Upon certification and recertification, CMTs will receive a certificate signed by DHCS. CMTs must be recertified every three years.

KHS is responsible for ensuring that all site reviewers are appropriately trained, evaluated, certified, and monitored. KHS may collaborate with another MCP to determine local systems for training and certifying site reviewers. Training must include DHCS seminars, KHS classes, individual or small group training sessions provided by a CMT, and self-study learning programs. KHS can only certify physicians, PAs, or RNs as CSRs, and recertify them every three years thereafter. Upon certification and recertification, CSRs will receive written verification of certification by KHS.

M. Inter-rater Review Process

Candidates for CMT and CSR certifications will complete an inter-rater review process as part of both the initial certification and recertification processes. The inter-rater for CMT candidates is a DHCS Nurse Evaluator. The inter-rater review process requires the CMT candidate to concurrently complete and score a site review with the DHCS Nurse Evaluator using the DHCS FSR and MRR tools and standards. The

inter-rater for CSR candidates is KHS' CMT. The inter-rater review process requires the CSR candidate to participate with KHS' CMT to concurrently complete and score a site review utilizing the DHCS FSR and MRR tools and standards. The CMT or CSR candidate must achieve the required inter-rater score as described in the tables below to be certified.

If the CMT or CSR candidate does not meet the appropriate inter-rater score variance, they may repeat the process one time. The appropriate inter-rater (DHCS Nurse Evaluator or KHS' CMT) and the candidate with the failing inter-rater score will jointly assess training needs and implement a training plan prior to conducting the second inter-rater review. CMT and CSR candidates that do not meet the appropriate inter-rater variance score for the second inter-rater review must wait 6 months to reapply for certification.

Initial Certification Requirements	CMT	CSR
Possess a current and valid California RN, Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), NP, or PA license.	X	X
Be employed by or subcontracted with an MCP.	X	X
Submit Attachment A, Application for DHCS Site Review Master Trainer Certification.	X	
Have experience in conducting training in a health-related field, or conducting quality improvement activities such as medical audits, site reviews, or utilization management activities within the past three (3) years.	X	
Complete twenty (20) FSRs and twenty (20) MRRs, and one (1) year of experience as a CSR.	X	
Achieve an inter-rater score within 5% of FSR and 5% of MRR from the DHCS Nurse Evaluator.	X	
Attend didactic site review training or completion of DHCS site review training modules on the current site review tools under supervision of a CMT.		X
Complete ten (10) FSRs and ten (10) MRRs with a CSR or CMT.		X
Achieve an inter-rater score of 10% in FSR and 10% in MRR with designated CMT.		X

Recertification Requirements	CMT	CSR

Possess a current and valid California RN, MD, DO, NP, or PA license.	X	X
Be employed by or subcontracted with an MCP.	X	X
Be responsible for staff training on the most current DHCS site review tools and standards.	X	
Participate in DHCS-sponsored site review trainings as well as site review work group (SRWG) meetings and teleconferences.	X	
Maintain CMT certification.	X	
Complete a minimum of twenty (30) site reviews following initial certification or recertification.	X	X
Attend DHCS-sponsored inter-rater workshops in person or virtually every three years.	X	X
Achieve a 10% variance on the MRR, on the interrater score as defined by the SRWG and DHCS.		X
Achieve an inter-rater score within 5% of FSR and 5% of MRR from the DHCS Nurse Evaluator.	X	

KHS will develop policies and procedures for ongoing supervision and monitoring of site review personnel to ensure reliability of site review findings and data submitted to DHCS. Each MCP must maintain certification records including, but not limited to, site review training activities and supporting documentations to support the certification requirements.

N. Data Submission Procedures

KHS will submit site review data to DHCS every six months (July 31 for the period January - June, and January 31 for the period July - December) in an approved format uploaded to a designated DHCS secure site. KHS may submit data more frequently than every six months. For preoperational and expansion site reviews, KHS will submit site review data to DHCS at least six weeks prior to site operation. DHCS will make available the database containing all necessary tables and data input forms for the mandatory bi-annual submission of site review data. DHCS will reject site review data if KHS submits it in nonconforming formats.

KHS is required to collect PHI as part of the MRR process and must include the PHI in the bi-annual data submission to DHCS.

O. DHCS-Conducted Site Reviews

DHCS conducts separate site reviews to validate KHS' FSR and MRR processes. Prior to an expansion to a new county by KHS, DHCS conducts initial FSRs, followed by initial MRRs upon KHS beginning operations and assignment of KHS members, as outlined in APL22-017, of randomly chosen PCP sites in KHS' network. DHCS also conducts subsequent site reviews on PCP sites within KHS networks. DHCS will notify KHS of critical findings in writing via email within 10 business days following the date of the FSR and/or MRR and provide a written report summarizing all of DHCS' review findings within 30 calendar days following the date of the FSR and/or MRR.

Within 30 calendar days from the date of the DHCS-conducted site review report, KHS must provide a CAP to DHCS responding to all cited deficiencies documented in the report. KHS' CAP response must include:

a. The identified deficiency(ies) and
b. A description of action(s) taken to correct the deficiency(ies)

If a deficiency is determined to require long-term corrective action, KHS' CAP response must include indication that KHS has:

a. Initiated remedial action(s)
b. Developed a plan to achieve an acceptable level of compliance, and
c. Documented the date the provider is in full compliance or when full compliance will be achieved.

Additional supporting documentation and remedial action may be required if DHCS determines CAPs are insufficient to correct deficiencies.

KHS will be notified approximately four weeks in advance of DHCS-conducted site reviews. KHS must notify its providers in advance of site reviews, whether the site review is conducted by DHCS or by KHS. However, inspection of KHS' facilities or other elements of a review may be conducted without prior notice, in conjunction with other medical surveys or as part of an unannounced inspection program.

KHS is responsible for ensuring that our delegates and/or subcontracted entities comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Plan Letters (PLs). These requirements must be communicated by KHS to all delegated entities and subcontractors.

All contracting plans within a county have equal responsibility and accountability for the coordination and consolidation of provider site reviews and therefore are expected to participate in these collaborative activities.

All Health Plans within the county shall collaborate to determine processes for scheduling facility site reviews, notification of survey status and/or results on shared providers. Site review responsibilities may be shared equally by all plans within a county, delegated to one or more plans or individual

physician practices (e.g., IPA) and/or subcontracted to other agencies or entities. The Chief Medical Officer or their designee is ultimately responsible for site review activities.

A Full Scope Site Review Survey can be waived for a pre-contracted provider site if the provider or another local plan has documented proof that a current full scope survey with a passing score was completed by the other Health Plan within the past 3 years. Prior to initiating plan operation in a service area, an initial full scope survey shall be completed on 5% of the provider network, or on 30 PCP sites, whichever is greater in number. The 5% or 30 PCP sample sites shall include a variety of providers from throughout the provider network and/or from each subcontracted entity. If there are 30 or fewer PCP sites in the network, 100% of the sites must be completed prior to beginning plan operations. Corrective actions shall be completed per APL 20-006. An initial full scope survey shall be completed on 100% of the remaining proposed PCP sites within the first six (6) months of plan operation or expansion.

The most current site review and medical record surveys shall be shared with and accepted by all Health Plans both intra and inter-county contracting with the provider(s). Each Health Plan is responsible for tracking the survey status of all contracted Medi-Cal managed care provider sites.

Delegation or site review responsibilities are a determination made by each plan. However, each collaborating health plan shall determine the acceptance of surveys completed by the entities delegated or subcontracted by another local plan.

2.0 INTERIMREVIEW

Each Health Plan is responsible for systematic monitoring of all PCP sites between each regularly scheduled full scope site review surveys which includes the fourteen (14 critical elements. PCP office self-assessment system may be considered as part of the overall monitoring. Other performance assessments may include previous deficiencies, patient satisfaction, grievance, and utilization management data.

A. Deficiencies identified during the monitoring process will be noted in a Corrective Action Plan to assist the PCP in meeting requirements. This Corrective Action Plan (CAP) includes deficiencies noted during the monitoring review, specified corrective actions, their actions, their evidence of corrections, date corrections, date corrections were implemented, physician or designee responsible for corrective actions and name and title of Reviewer. In addition, there is a section for Health Plan verification of Corrections.

The CAP includes Disclosure and Release statements regarding CAP submission timeline and authorization to furnish results of the reviews and corrective actions to Health Plans participating in the collaboration, government agencies that have authority over the Health Plans and authorized county entities in the state of California.

The signed Corrective Action Plan documents are placed in the PCP's file that is maintained by the Health Plan responsible for completing the review.

As providers at a site may change over time, the timeline for provider recredentialing and subsequent site review surveys may become independent processes that are not on a synchronized schedule.

3.0 FULL SCOPE SITE REVIEW

A Full Scope Site Review shall be the system-wide standard for conducting the initial and subsequent periodic reviews of contracted Primary Care Physician sites.

A full scope review consists of the DHCS Facility Site Review Survey and Medical Record Review Survey. Reviewers shall only review criteria that are appropriate to their level of education expertise, training and professional licensing scope of practice as determined by the California statute. The responsible reviewer for each survey shall be at minimum an RN, who shall sign the site review and/or medical record survey.

Facility Site and Medical Record Reviews are performed at least every three (3) years.

3.1 INITIAL SITE REVIEW

The initial site review is the first onsite inspection of a site that has not previously had a full scope survey or a PCP site that is returning to the Medi-Cal managed care program and has not had a passing full scope survey within the past three (3) years. It is the responsibility of the Health Plan that performed the Facility Site and Medical Record Review to follow-up and close any provider Corrective Action Plan(s).

Health Plans may review sites more frequently when determined necessary based on monitoring, evaluation, or corrective action plan (CAP) follow-up issue.

4.0 FACILITY SITE REVIEW PROCESS

The Site Reviewer will conduct the Facility Site review with the DHCS Site Review tool and accompanying interpretive guidelines.

There are fourteen (14) critical survey elements identified to have potential for adverse effect on patient health or safety. The elements include:

A. Exit doors and aisles are unobstructed and egress (escape) accessible.
B. Airway management equipment: oxygen delivery system, nasal cannula or mask, bulb syringe, Ambu bag, appropriate to practice and populations served are present on sit
C. Emergency medicine such as asthma, chest pain, hypoglycemia, and anaphylactic reaction management: Epinephrine 1:1000 (injectable), and Benadryl 25 mg. (oral) or Benadryl 50 mg./ml (injectable), Naloxone, chewable Aspirin 81 mg, Nitroglycerine spray/tablet, bronchodilator medication (solution for nebulizer or metered dose inhaler), and glucose. Appropriate sizes of ESIP needles/syringes and alcohol wipes.
D. Only qualified/trained personnel retrieve, prepare or administer medications.

E. Physician review and follow-up or referrals/ consultation reports and diagnostic test results.

F. Only lawfully authorized persons dispense drugs to patients;

G. Drugs and Vaccines are prepared and drawn only prior to administration.

H. Personal protective equipment (PPE) for Standard Precautions is readily available for staff use.

I. Needlestick safety precautions are practiced on-site.

J. Blood, other potentially infectious materials (specimens) and regulated wastes (sharps/biohazardous non-sharps) are placed in appropriate leak-proof, labeled containers for collection, processing, storage, transport, or shipping.

K. Cold chemical sterilization/high level disinfection

a. Staff demonstrate/verbalize necessary steps/process to ensure sterility and/or high-level disinfection of equipment.

b. Appropriate PPE is available, exposure control plan, MSDS and clean up instructions in the event of a cold chemical sterilant spill.

L. Autoclave steam sterilization Spore testing of autoclave/steam sterilizer is completed (at least monthly), with documented results.

M. b Management of positive mechanical, chemical, and/or biological indicators of the sterilization process

The PCP and/or site contact will be notified of all critical element deficiencies found during a full scope site survey, focused survey or monitoring visit.

All critical element deficiencies shall be corrected by the provider within ten (10) business days of the survey date. All corrected critical element deficiencies will be verified as completed by the site reviewer within thirty (30) calendar days of the survey date. Sites found deficient in any critical element during the Full Scope Site Review shall be required to correct 100% of the survey deficiencies regardless of the survey score.

The Site Reviewer will calculate the Facility Site Survey tool score and at the exit interview discuss the findings with the PCP and/or site contact focusing on those area that are critical elements, other areas requiring improvement and the need for a corrective action plan.

ATTACHMENTS:

A. Medical Record Review Standards

B. Medical Record Review Tool

C. Facility Site Review Standards

D. Facility Site Review Tool

E. Attachment C: Physical Accessibility Review Survey

REFERENCES:

Department of Health Care Services (DHCS) Policy Letter (PL) 12-006

Department of Health Care Services (DHCS) All-Plan Letter (APL) 15-023

Department of Health Care Services (DHCS) All-Plan Letter (APL) 22-017

DHCS All Plan Letter 15-023 – Facility Site Review Tools for Ancillary Service and Community Based Adult Services Providers

DHCS Medi-Cal Contract Exhibit A, Attachment III, Subsection 5.2.14

Revision 2022.08: Policy updated to comply with All-Plan Letter (APL) 20-006 and PARs survey. **Revision 2021.12:** Policy was approved by PAC and QI-UM Committees. **Revision 2021.10:** Policy created by Director of Quality Improvement and RN, DHCS Certified Master Trainer to comply with DHCS All-Plan Letter (APL) 20-006.

[1]See Title 28 CCR, section 1300.80

[2] Health and Safety Code (HSC), section 1342.8.

3 Business and Professions Code (BPC), section 2725.

To: KHS QI-UM Committee

From: Misty Dominguez, Director of Utilization Management

Date: 03/16/2023

Re: Utilization Management Department Reporting Q4 2022

Background

Utilization Management (UM) is focused on ensuring KHS members receive the right care at the right time in the right setting. To achieve this goal, UM works diligently to ensure all department processes are regulatorily compliant, staff is well trained, and all decisions are made based on medical necessity.

Discussion

This report is a summary of key metrics reflective of the Utilization Management Department's performance in the 4th quarter of 2022.

Fiscal Impact

N/A

Requested Action

Request to approve and file UM Q4 2022 report.

Utilization Management Executive Summary

KHS membership continued to grow in the 4th quarter with current covered lives at just under 367,000.

To manage the increase in referral volume, the Utilization Management (UM) Department has gained efficiencies through workflow reorganization, evaluation of the prior authorization list and a shift in the notice of action process.

Both DMHC and DHCS completed regulatory audits in the 4th quarter of 2022. While we await their official report, the department continues to evaluate all processes ensuring that regulatory policy is aligned with practice. Ongoing oversight and audits continue to monitor for underutilization and overutilization of services while ensuring members are receiving the necessary and appropriate care as directed by their provider-led care team.

As we begin Q1 2023, UM is excited to participate in the initiation of several new programs, including:

- Long Term Care Carve-In
- New-2024 Contract with DHCS
- NCQA Accreditation
- Dual Eligible (D-SNP) Medi-Cal Project

The following report reflects Utilization Management performance through 4th quarter 2022.

Respectfully submitted,

Misty Dominguez

Misty Dominguez, MSN, RN, CCM, NE- BC
Director, Utilization Management
Kern Health Systems

Timeliness of Decision Trending

Summary:

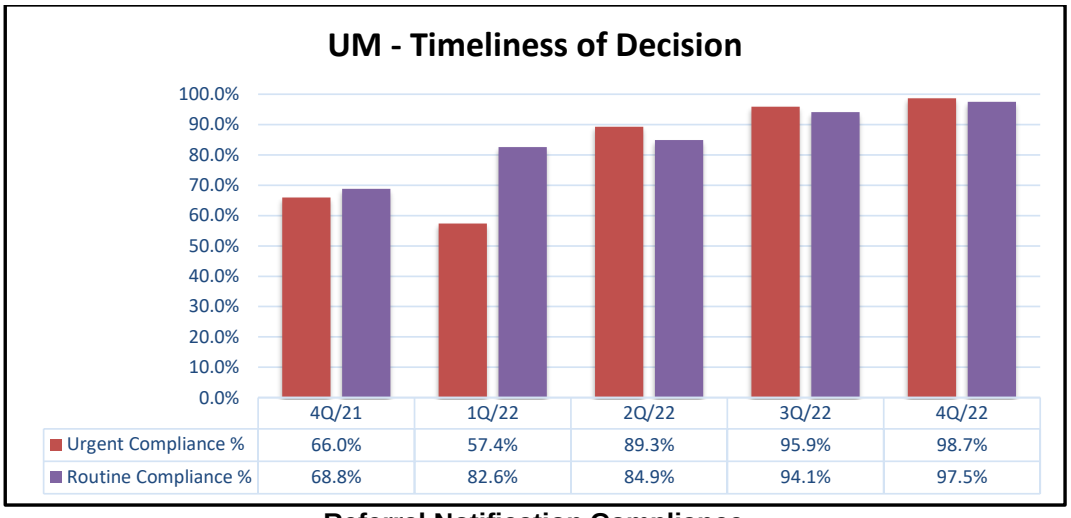
Quarterly audits are conducted to ensure compliance with DMHC requirements, KHS Contractual Agreement with the Department of Health Services, and KHS Policy and Procedures. Referrals are submitted and have specific turn-around-times set for each type of referral.

Providers may indicate 'Urgent' on the referrals indicating a decision needs to be made within 3 business days. Routine/non-emergent referrals must be processed within 5 business days. Once an urgent referral has been reviewed it may be downgraded for medical necessity at which time the provider will be notified via letter that the referral has been re-classified as a routine and nurse will clearly document on the referral "re-classified as routine". Random referrals are reviewed every quarter to observe timeliness. 10% of referrals received are reviewed monthly.

For those referrals that are found to be out of compliance with turn-around-timelines, the case manager and support staff are notified, and importance of timeframes discussed to help ensure future compliance.

Urgent: Response back to Provider in 3 business days
Routine: Response back to Provider in 5 business day

There were 62,943 referrals processed in the 4th quarter 2022 of which 5,679 referrals were reviewed for timeliness of decision. In comparison to the 3rd quarter's processing time, routine referrals increased from 94.1% 3rd quarter to 98.7% 4th quarter. Urgent referrals improved as well, from 95.9% 3rd quarter to 98.7%.

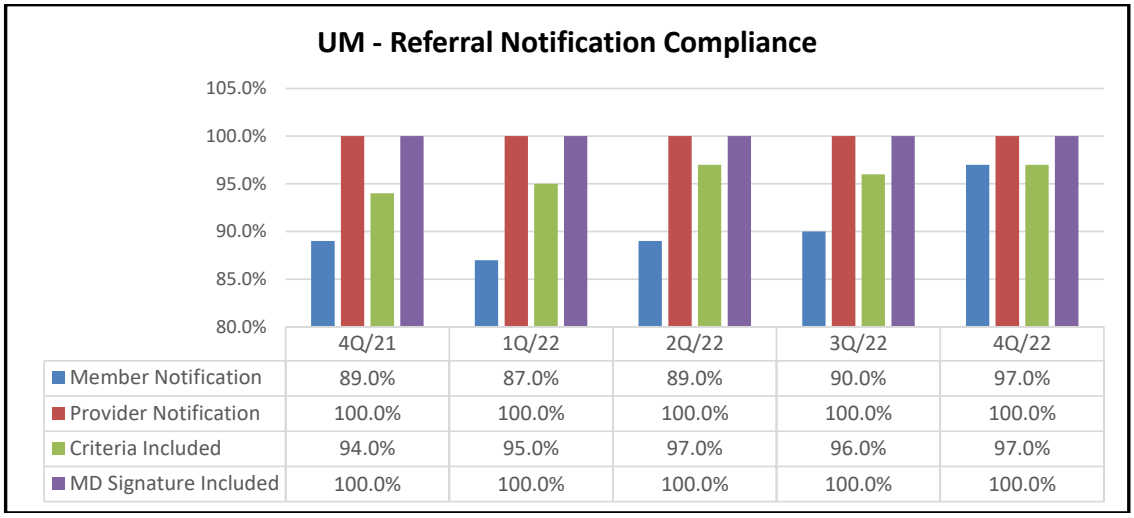


	4Q/21	1Q/22	2Q/22	3Q/22	4Q/22
Urgent Compliance %	66.0%	57.4%	89.3%	95.9%	98.7%
Routine Compliance %	68.8%	82.6%	84.9%	94.1%	97.5%

Referral Notification Compliance

Audit Criteria:

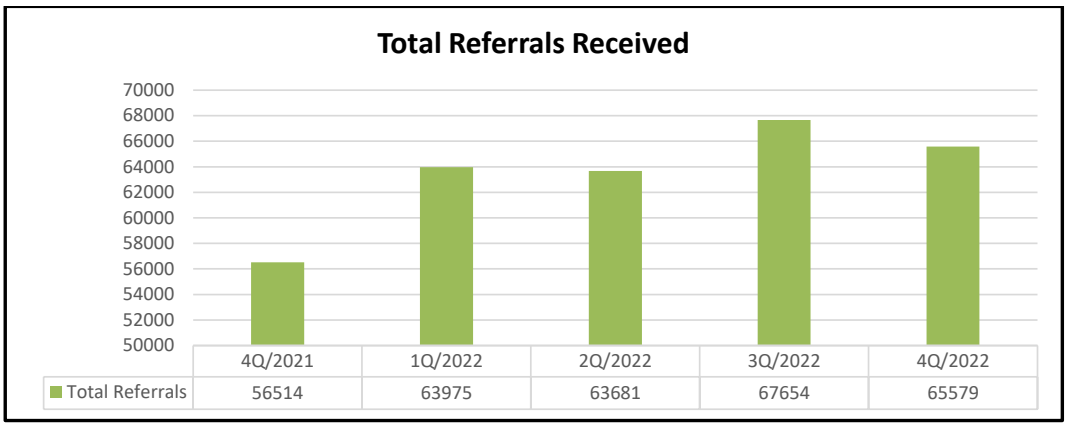
- Member Nofication: Letter of referral decision sent to member within 24 hours
- Provider Notification: Referral is faxed back to the provider with 24 hours of decision
- Criteria Included: Criteria provided to provider on denial reason
- MD Signature: MD Signature included all referrals/NOA letters upon denial

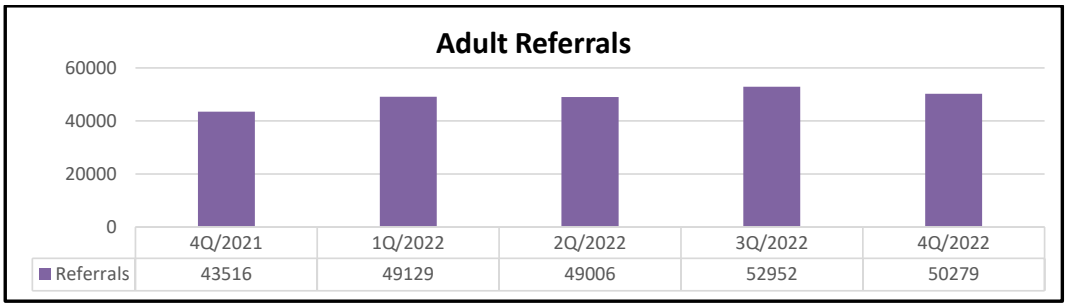


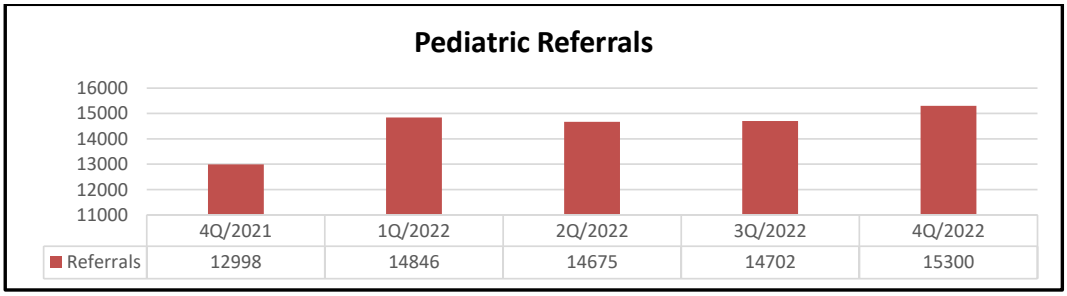
	4Q/21	1Q/22	2Q/22	3Q/22	4Q/22
Member Notification	89.0%	87.0%	89.0%	90.0%	97.0%
Provider Notification	100.0%	100.0%	100.0%	100.0%	100.0%
Criteria Included	94.0%	95.0%	97.0%	96.0%	97.0%
MD Signature Included	100.0%	100.0%	100.0%	100.0%	100.0%

Summary: Overall compliance rate from Q3 to Q4 2022 improved 3% overall with a final compliance average of **99%**.

Outpatient Referral Statistics

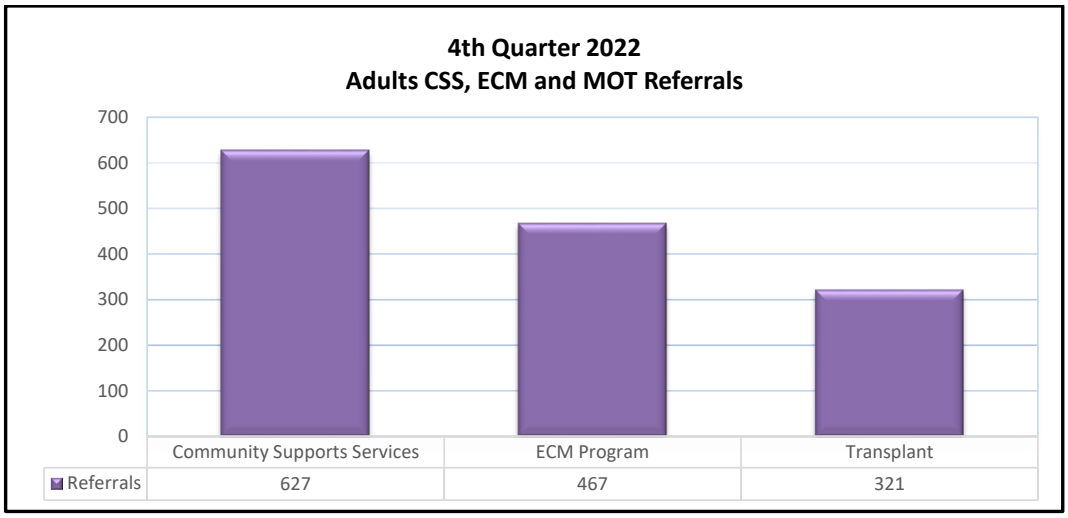


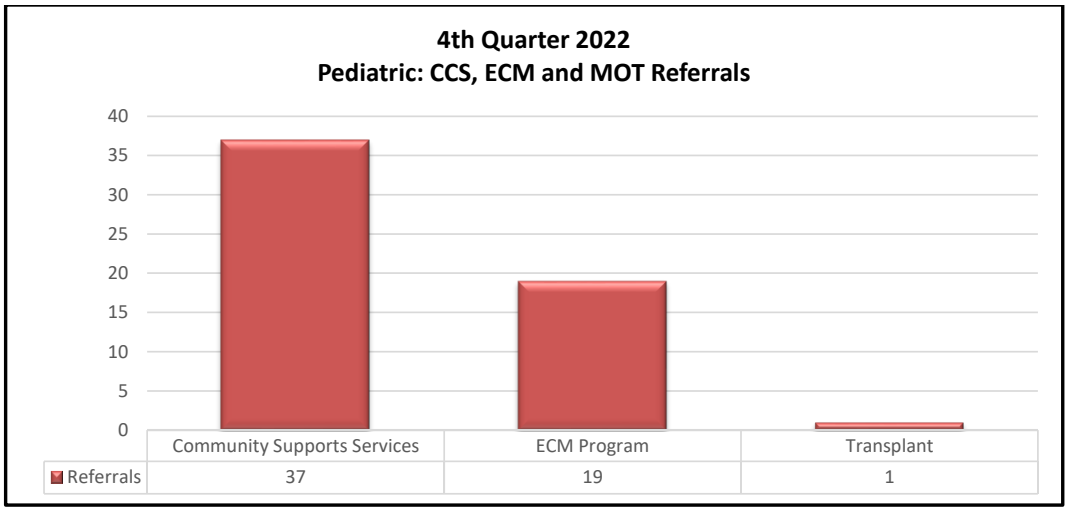




Summary: 3% overall decrease in referrals Q4 when compared to Q3, but on par with volume in Q1 and Q2 2022. Adult volume was down About 2000 referrals in comparison to Q3, but peds volume was up 4% Q4. Q4 was reflective or similar volume in Q1 and Q2.

Specialty Referral Management



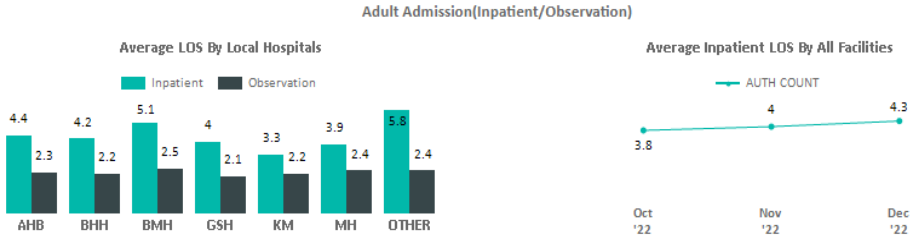


Inpatient Statistics

KHS Monthly Inpatient and LOS Report

Report captures Adult Admissions(Inpatient/Observation)

Dates of Discharge Between : 10/1/2022-12/31/2022



Participating Providers

Provider Name	Admit Count	LOS	Avg LOS
	1	4.0	4.00
ADVENTIST HEALTH BAKERSFIELD	650	2570.0	3.95
ADVENTIST HEALTH COMMUNITY CAR	37	96.0	2.59
ADVENTIST HEALTH DELANO	79	283.0	3.58
ADVENTIST HEALTH MEDICAL CENTE	10	22.0	2.20
ANTELOPE VALLEY HOSPITAL	2	5.0	2.50
BAKERSFIELD HEART HOSPITAL	87	333.0	3.83
BAKERSFIELD MEMORIAL HOSPITAL	719	3167.0	4.40
ENCOMPASS HEALTH REHABILITATIO	3	30.0	10.00
GOOD SAMARITAN HOSPITAL	46	173.0	3.76
KECK HOSPITAL OF USC	97	427.0	4.40
KERN COUNTY MEDICAL AUTHORITY	769	2430.0	3.16
KERN VALLEY HEALTHCARE DIST RH	1	3.0	3.00
KERN VALLEY HEALTHCARE DISTRIC	20	60.0	3.00
MERCY HOSPITAL	585	2025.0	3.46
RIDGECREST REGIONAL HOSPITAL	30	95.0	3.17
SANTA MONICA UCLA MC AND ORTHO	2	8.0	4.00
UCLA MEDICAL CENTER	19	121.0	6.37
UNITED CARE FACILITIES	1	13.0	13.00
USC NORRIS CANCER HOSP	12	53.0	4.42
VALLEY CHILDREN'S HOSPITAL	1	11.0	11.00
Total	**3171**	**11929.0**	**3.76**

Non Participating Providers

Provider Name	Admit Count	LOS	Avg LOS
ANTELOPE VALLEY HOSPITAL	54	331.0	6.13
LANCASTER HOSPITAL CORPORATION	18	106.0	5.89
KND DEVELOPEMENT	10	213.0	21.30
HENRY MAYO NEWHALL	8	30.0	3.75
RIVERSIDE COMMUNITY HOSPITAL	8	130.0	16.25
FRESNO COMMUNITY HOSPITAL AND	8	176.0	22.00
CITY OF HOPE NATIONAL MEDICAL	7	35.0	5.00
UNIVERSITY OF CALIFORNIA DAVIS	7	60.0	8.57
KAWEAH DELTA MEDICAL CENTER	6	23.0	3.83
LAC USC MEDICAL CENTER	5	19.0	3.80
	5	10.0	2.00
SUNRISE HOSPITAL AND MEDICAL	5	31.0	6.20
Total	**243**	**1840.0**	**7.57**

Summary: Inpatient **ALOS 4.38** days at local Bakersfield hospitals
Observation **LOS 2.3** days at local Bakersfield hospitals

Highest Volume facilities: 1. Kern Medical with 769 admissions / 2430 days
2. Bakersfield Memorial 719 admissions/ 3167 days
3. Adventist Health Bksfld 650 admissions/2570 days

Post-Acute Statistics:

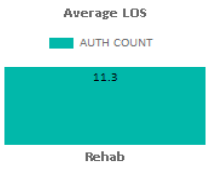
Utilization Management QI/UM Quarterly Committee Report: Oct. 1, 2022- Dec. 31, 2022

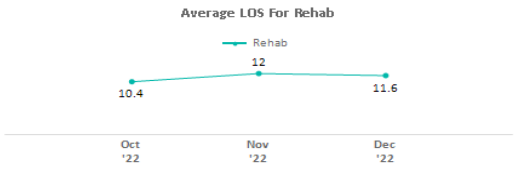
KHS Monthly Inpatient and LOS Report

Report captures Adult Admissions(SNF/Rehabilitation)

Dates of Discharge Between : 10/1/2022-12/31/2022

Adult Admissions (Rehab)





Participating Providers

Provider Name	Admit Count	LOS	Avg LOS
ENCOMPASS HEALTH REHABILITATIO	30	340.0	11.33
Total	**30**	**340.0**	**11.33**

Non Participating Providers

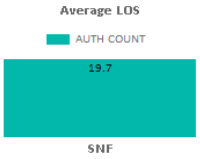
Provider Name	Admit Count	LOS	Avg LOS
Total			**NaN**

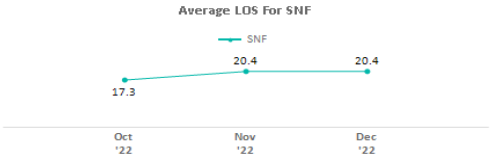
KHS Monthly Inpatient and LOS Report

Report captures Adult Admissions(SNF/Rehabilitation)

Dates of Discharge Between : 10/1/2022-12/31/2022

Adult Admissions (SNF)





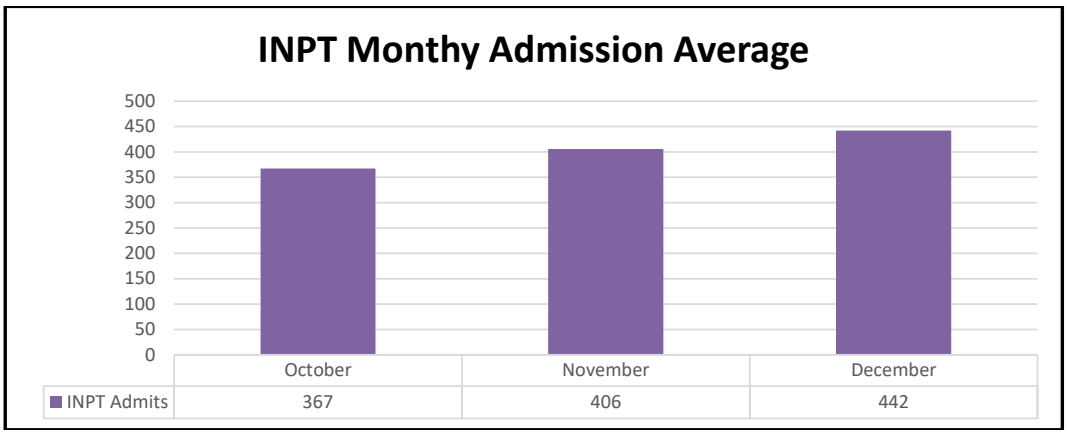
Participating Providers

Provider Name	Admit Count	LOS	Avg LOS
ANGEL CONGREGATE LIVING, INC	9	333.0	37.00
CAPRI IN THE DESERT	9	139.0	15.44
DELANO REGIONAL MEDICAL CENTER	2	72.0	36.00
EVERLASTING HEALTHCARE	1	31.0	31.00
KERN VALLEY HEALTHCARE DISTRIC	1	5.0	5.00
MAGNIFIQUE CONGREGATE LIVING I	13	303.0	23.31
MALIBU BEACH HOLDINGS LLC	13	224.0	17.23
NAPOLI IN THE DESERT	6	117.0	19.50
PARKSIDE CONGREGATE LIVING, IN	13	202.0	15.54
ROSE DESERT CONGREGATE	14	330.0	23.57
SAN MARINO IN THE DESERT	11	136.0	12.36
SHAFTER NURSING REHAB LLC	1	19.0	19.00
SORRENTO IN THE DESERT	14	298.0	21.29
THE REHABILITATION CENTER	1	17.0	17.00
UNITED CARE FACILITIES	70	972.0	13.89
VALLEY VIEW CARE CENTER	21	519.0	24.71
VFP HOMES	13	204.0	15.69
Total	**212**	**3921.0**	**18.50**

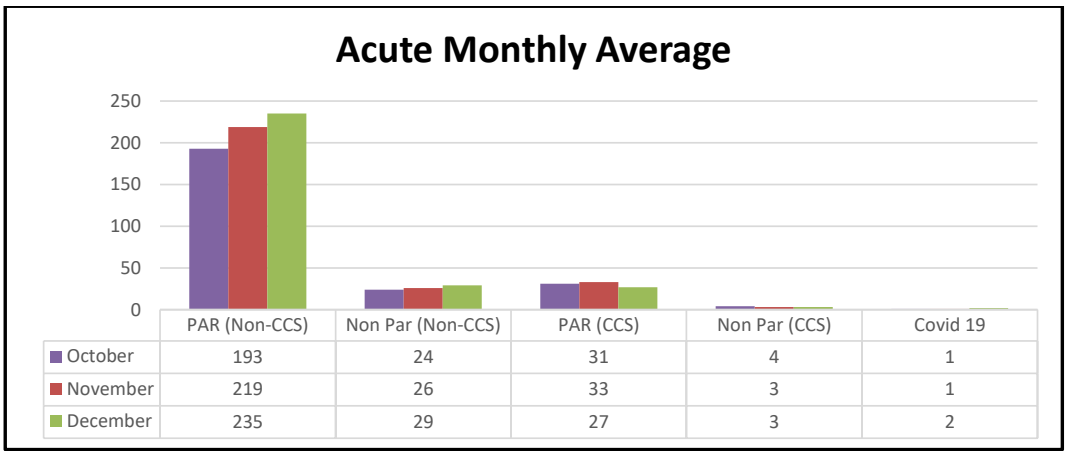
Non Participating Providers

Provider Name	Admit Count	LOS	Avg LOS
RIO BRAVO CONGREGATE LIVING, I	9	326.0	36.22
DELANO REGIONAL MEDICAL CENTER	2	78.0	39.00
LINK TO CARE CONGREGATE HOME	2	68.0	34.00
PINNACLE SIMI VALLEY	2	58.0	29.00
INTERCOMMUNITY CARE CENTERS, I	1	46.0	46.00
ALL CARE LIVING HOME	1	4.0	4.00
PACIFICA HOSPITAL OF THE VALLE	1	21.0	21.00
Total	**18**	**601.0**	**33.39**

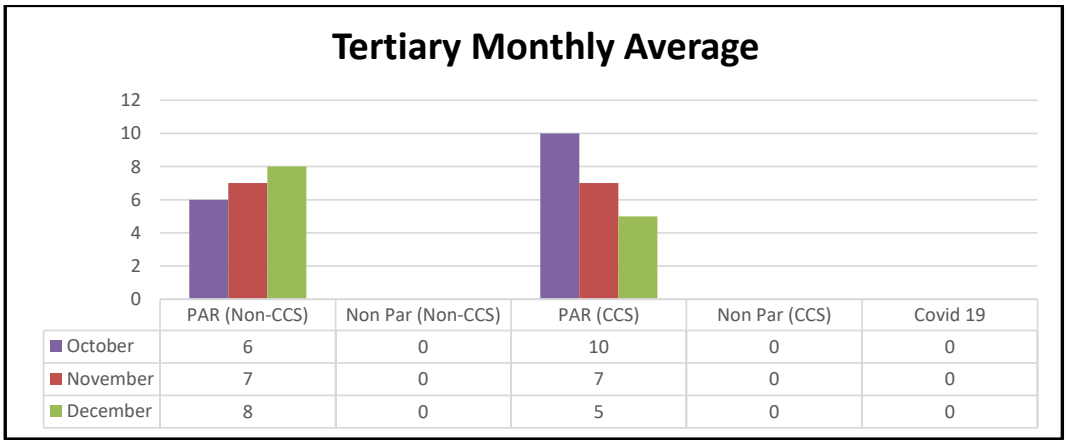
Utilization Management QI/UM Quarterly Committee Report: Oct. 1, 2022- Dec. 31, 2022



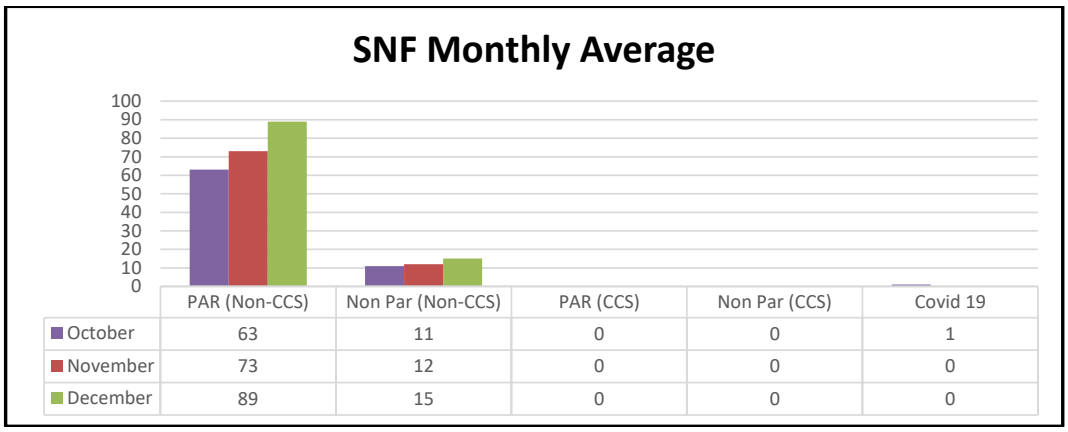
	October	November	December
INPT Admits	367	406	442



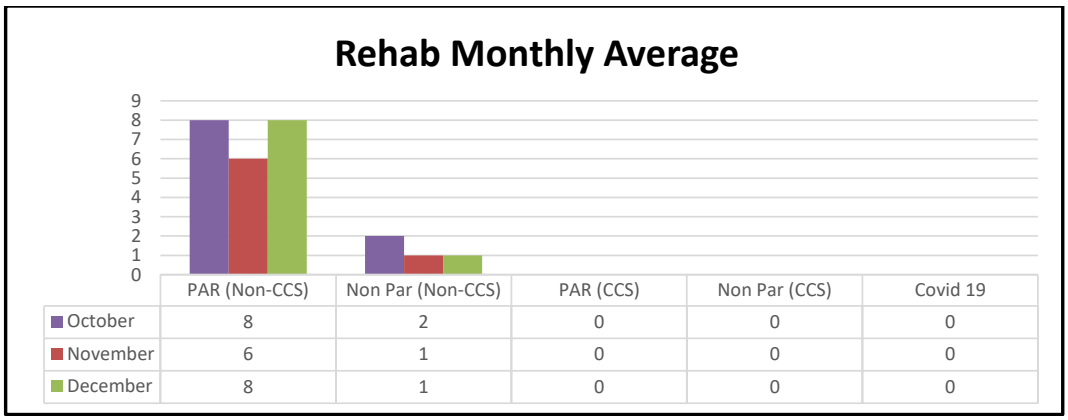
	PAR (Non-CCS)	Non Par (Non-CCS)	PAR (CCS)	Non Par (CCS)	Covid 19
October	193	24	31	4	1
November	219	26	33	3	1
December	235	29	27	3	2



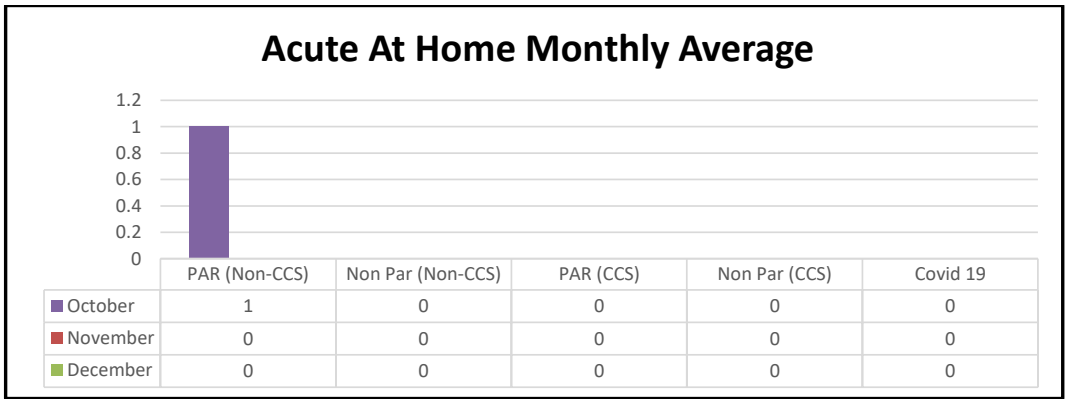
	PAR (Non-CCS)	Non Par (Non-CCS)	PAR (CCS)	Non Par (CCS)	Covid 19
October	6	0	10	0	0
November	7	0	7	0	0
December	8	0	5	0	0



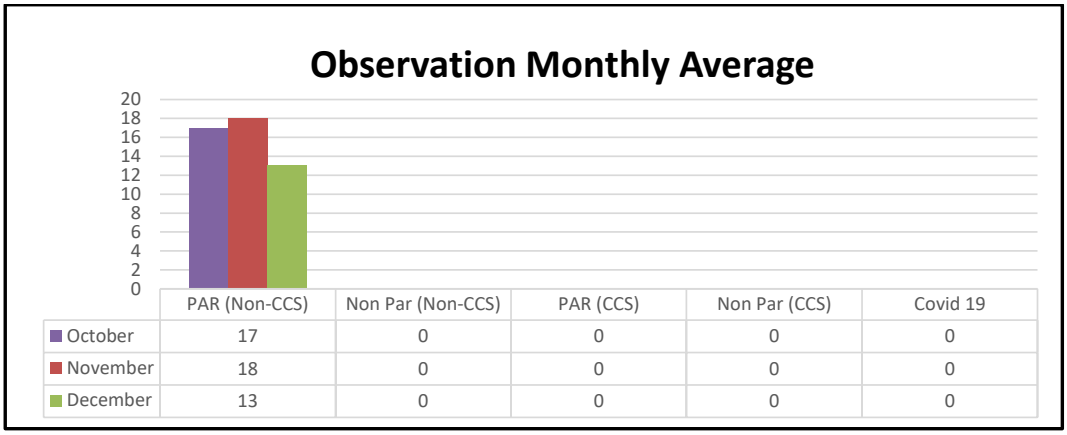
	PAR (Non-CCS)	Non Par (Non-CCS)	PAR (CCS)	Non Par (CCS)	Covid 19
October	63	11	0	0	1
November	73	12	0	0	0
December	89	15	0	0	0



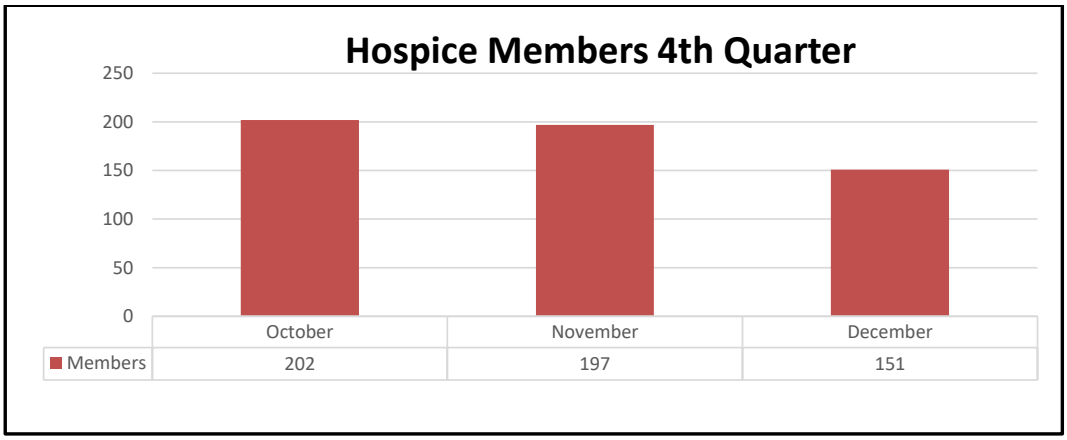
	PAR (Non-CCS)	Non Par (Non-CCS)	PAR (CCS)	Non Par (CCS)	Covid 19
October	8	2	0	0	0
November	6	1	0	0	0
December	8	1	0	0	0



	PAR (Non-CCS)	Non Par (Non-CCS)	PAR (CCS)	Non Par (CCS)	Covid 19
October	1	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0



	PAR (Non-CCS)	Non Par (Non-CCS)	PAR (CCS)	Non Par (CCS)	Covid 19
October	17	0	0	0	0
November	18	0	0	0	0
December	13	0	0	0	0

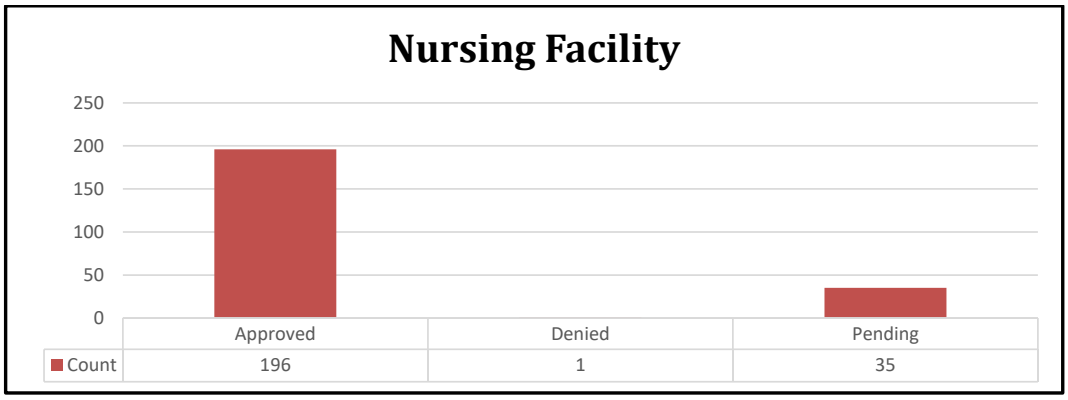


	October	November	December
Members	202	197	151

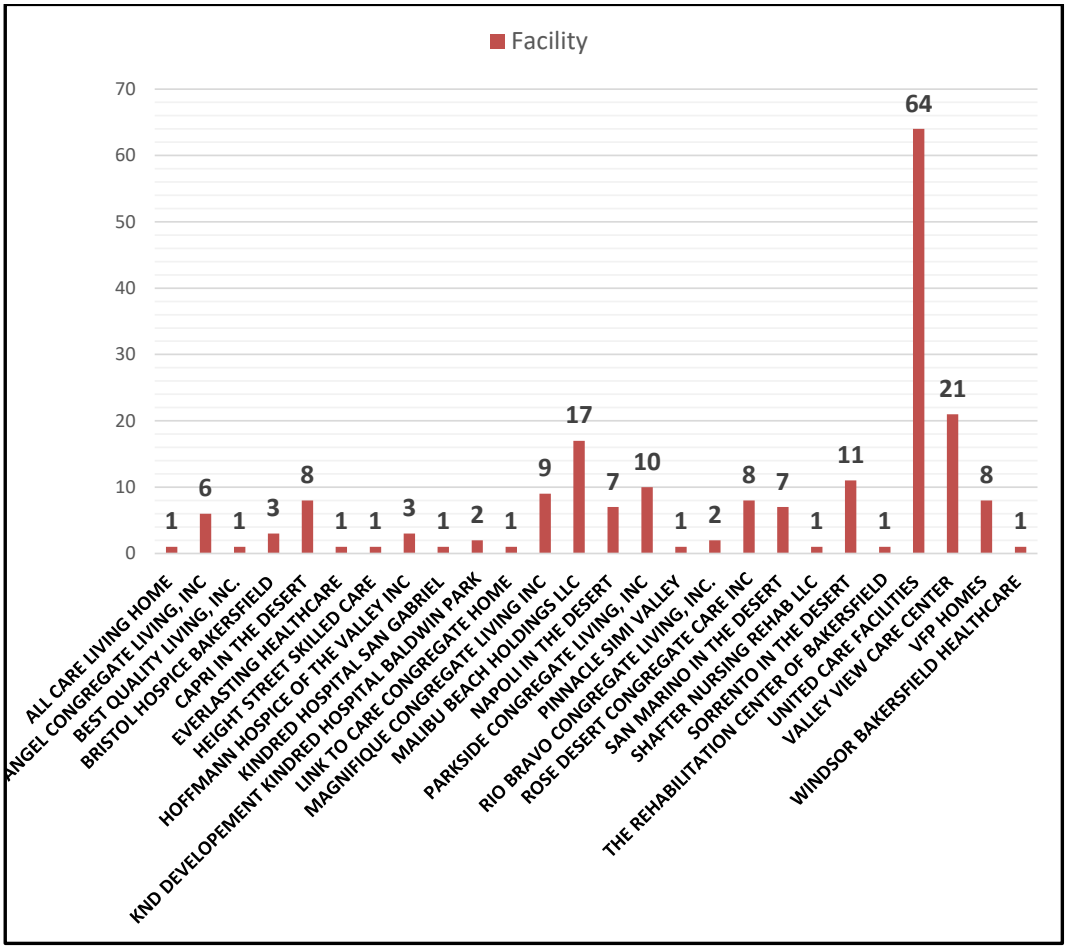
Nursing Facility Services Report

Purpose: Kern Health Systems covers medically necessary Nursing Facility Services for eligible members. KHS members requiring Nursing Facility Services are identified and placed in health care facilities, which provide the level of care most appropriate to the member's medical needs. For members requiring long-term care, KHS coordinates the members care and initiates disenrollment per DHCS criteria. Monthly and quarterly reporting is completed as per Policy 3.42, Sec. 5, for nursing facility services and to identify any current trends.

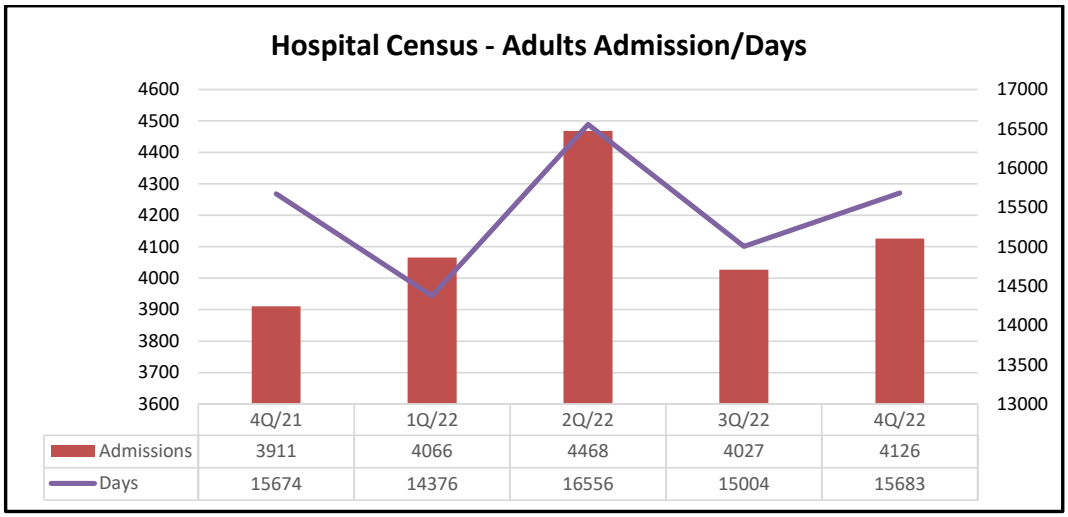
Summary: Summary: During the 4th quarter 2022, there were 232 referrals for Nursing Facility Services. The average length of stay was 28.3 days for these members. During the 4th quarter there was only 1 denial. 35 others continued their stay into Q1 2023.

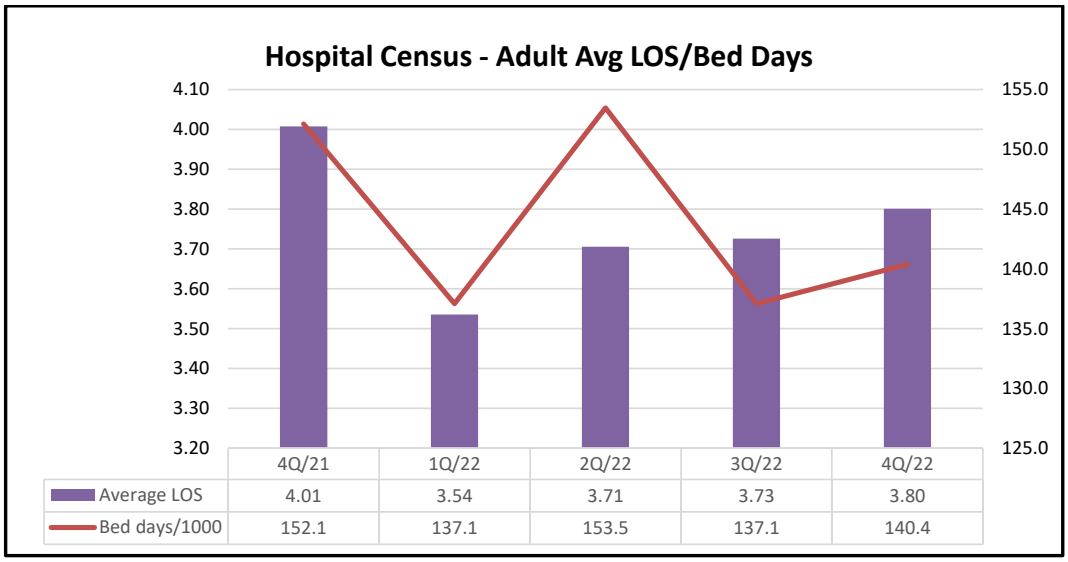


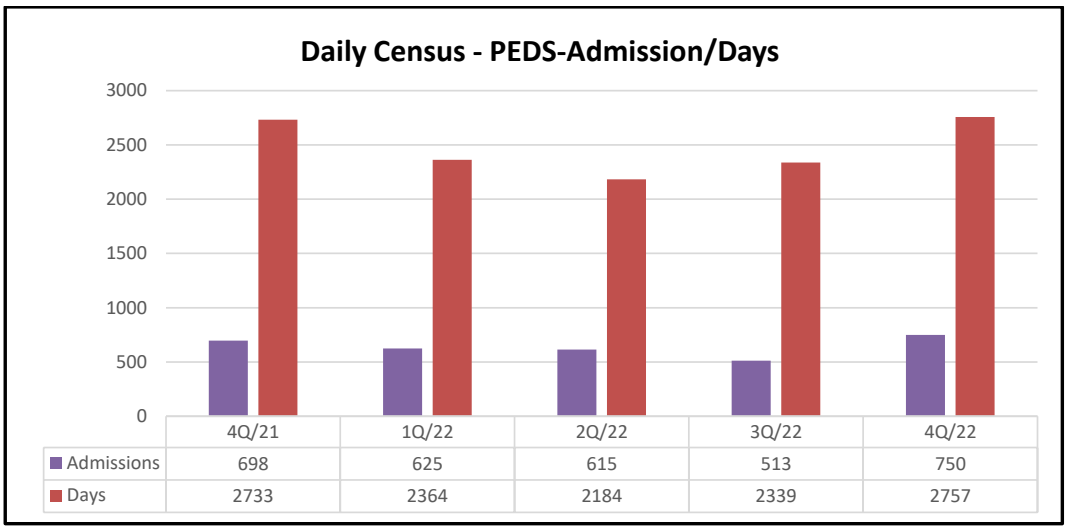
Post-Acute Nursing Facility Services Referral Volume by Location

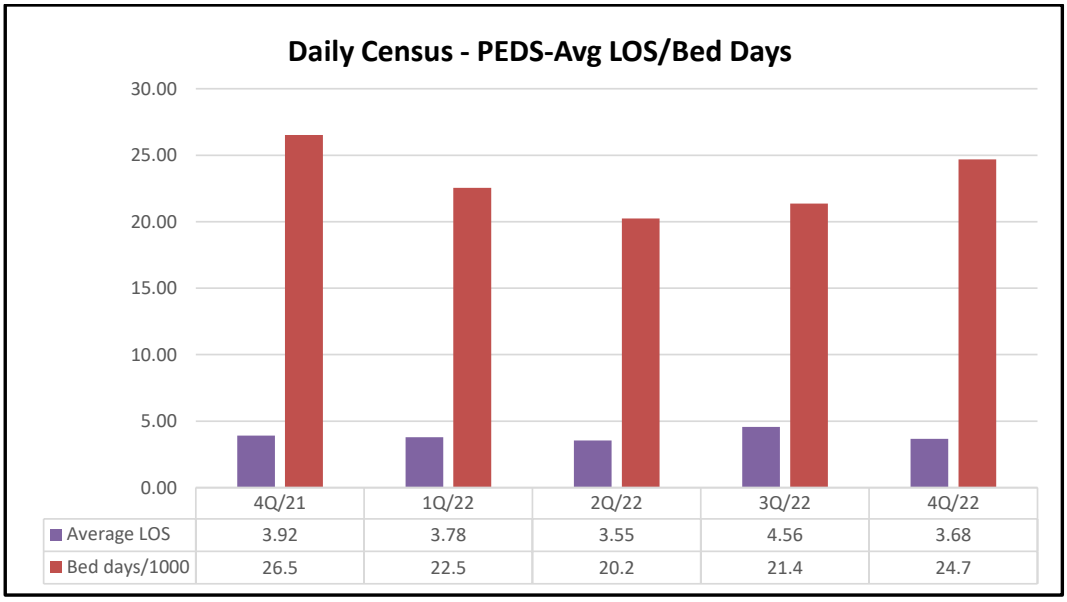


Inpatient 4th Quarter Trending

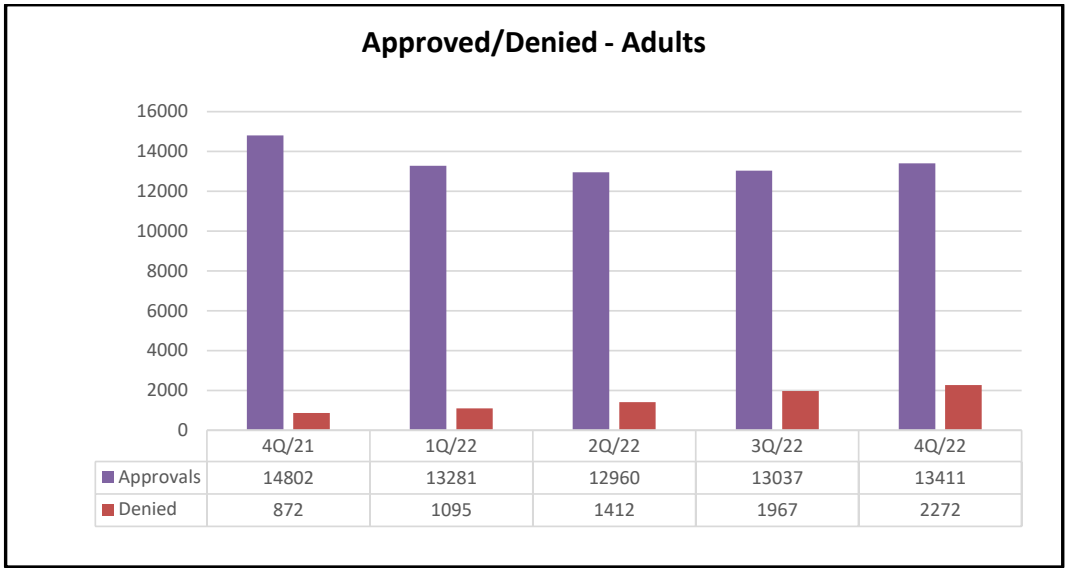


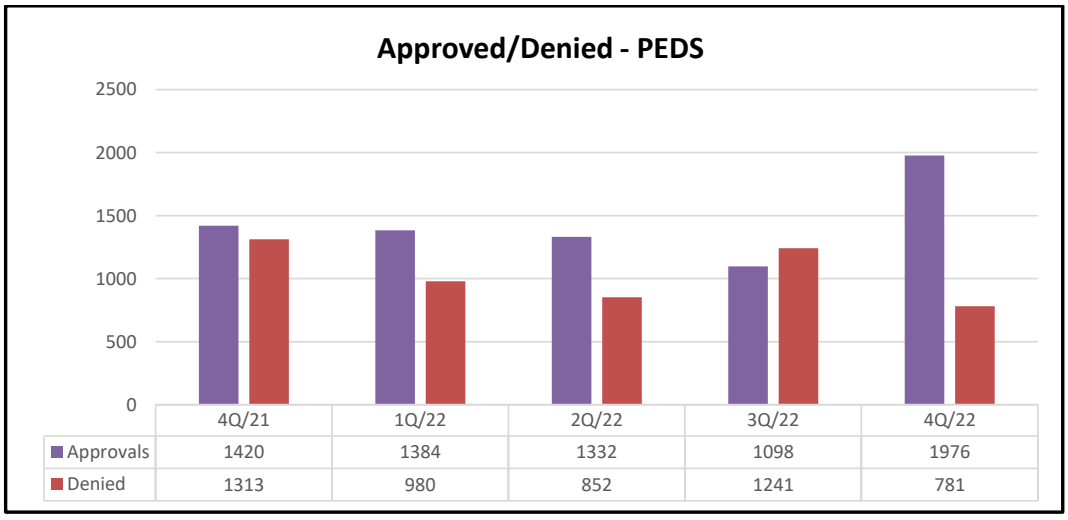


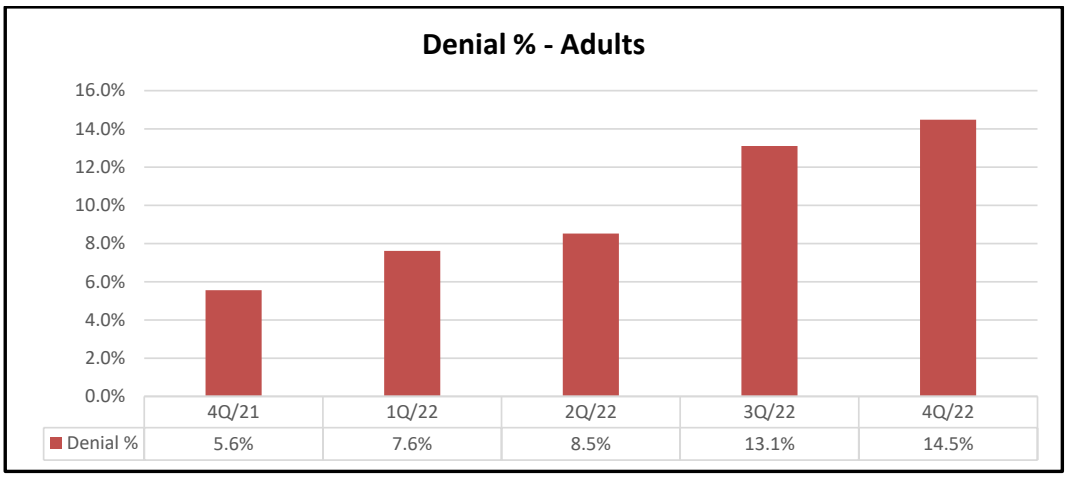

Daily Census - PEDS-Admission/Days
3000
2500
2000
1500
1000
500
0
4Q/21 1Q/22 2Q/22 3Q/22 4Q/22
Admissions 698 625 615 513 750
Days 2733 2364 2184 2339 2757

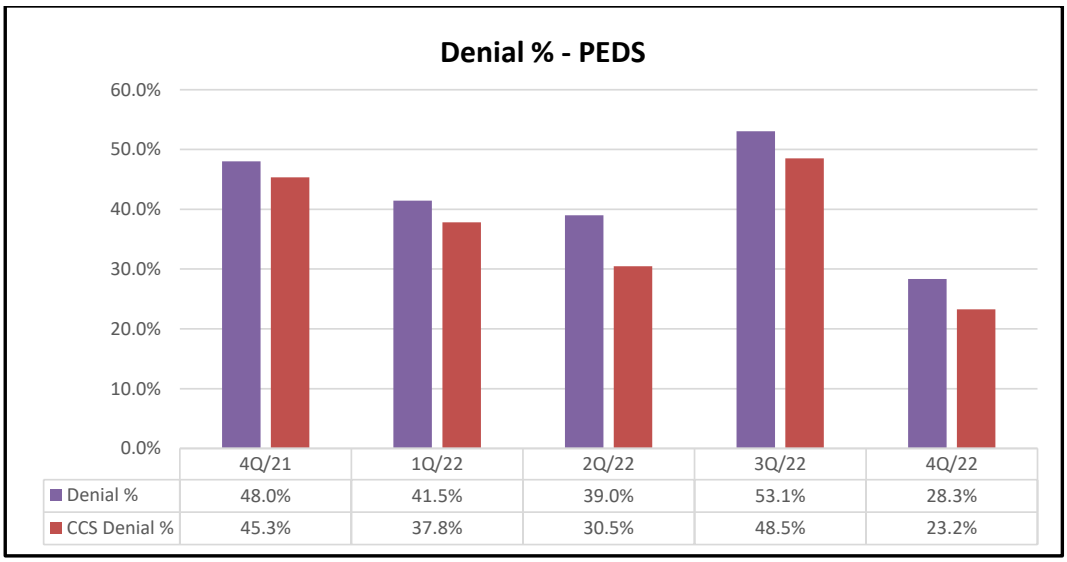

Daily Census - PEDS-Avg LOS/Bed Days
30.00
25.00
20.00
15.00
10.00
5.00
0.00
4Q/21 1Q/22 2Q/22 3Q/22 4Q/22
Average LOS 3.92 3.78 3.55 4.56 3.68
Bed days/1000 26.5 22.5 20.2 21.4 24.7

Utilization Management QI/UM Quarterly Committee Report: Oct. 1, 2022- Dec. 31, 2022

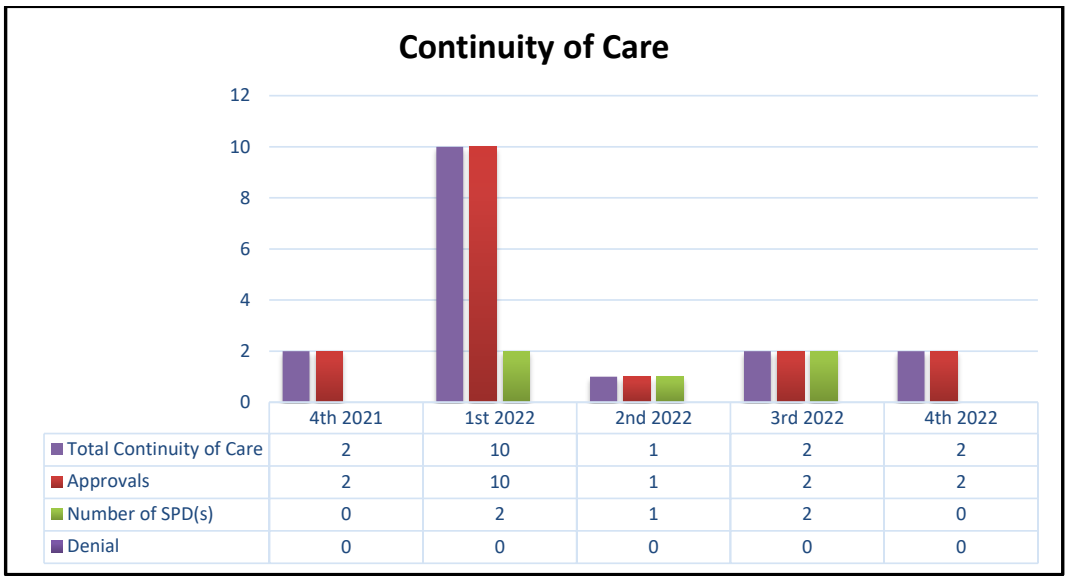




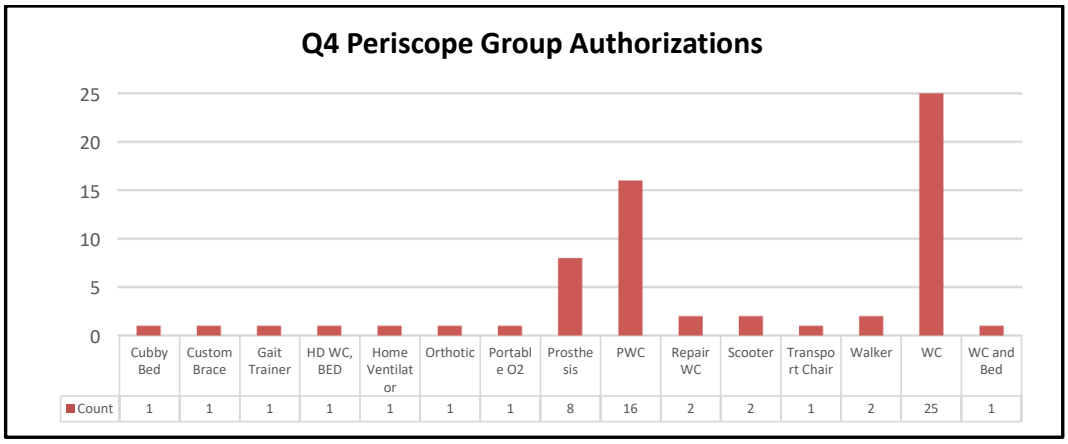

Denial % - Adults
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
4Q/21
1Q/22
2Q/22
3Q/22
4Q/22
Denial %
5.6%
7.6%
8.5%
13.1%
14.5%


Denial % - PEDS
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
4Q/21
1Q/22
2Q/22
3Q/22
4Q/22
Denial %
48.0%
41.5%
39.0%
53.1%
28.3%
CCS Denial %
45.3%
37.8%
30.5%
48.5%
23.2%

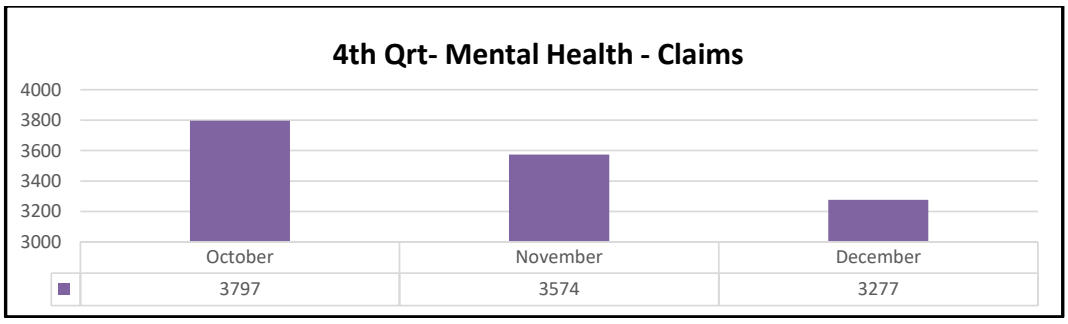
Utilization Management QI/UM Quarterly Committee Report: Oct. 1, 2022- Dec. 31, 2022



	4th 2021	1st 2022	2nd 2022	3rd 2022	4th 2022
Total Continuity of Care	2	10	1	2	2
Approvals	2	10	1	2	2
Number of SPD(s)	0	2	1	2	0
Denial	0	0	0	0	0



	Cubby Bed	Custom Brace	Gait Trainer	HD WC, BED	Home Ventilator	Orthotic	Portable O2	Prosthesis	PWC	Repair WC	Scooter	Transport Chair	Walker	WC	WC and Bed
Count	1	1	1	1	1	1	1	8	16	2	2	1	2	25	1



	October	November	December
	3797	3574	3277

ABA Services

UNIQUE CASES		Total
MEMBER COUNT		211

SEVERITY	Oct	Nov	Dec	Total
Approved FBA	150	123	123	396
Approved Treatment	69	79	63	211
	Oct	Nov	Dec	Total
AGE 7 OR LESS	47	59	46	152
AGE 8 OR GREATER	22	20	17	59
TOTAL	69	79	63	211
% < 7	68.12%	74.68%	73.02%	72.04%
% > 8	31.88%	25.32%	26.98%	27.96%

Initial Health Assessment (IHA) Letters to Members

Letters to the member's PCP with a count of their assigned members who still need an IHA.
These letters direct the PCP to the Provider Portal to review their list and perform outreach.
Letters are also mailed to the PCP regarding members who have open authorizations.
Open authorizations are defined as any auth that has not expired and has no claim attached to it.
The auth does not need to be fulfilled to no longer be considered open.
Letters are mailed out to each PCP at each location where they have members assigned.

October
- IHA Letters Mailed – 306
- Open Authorization letters mailed – 118

November
- IHA Letters Mailed – 311
- Open Authorization letters mailed – 118

December
- IHA Letters Mailed – 315
- Open Authorization letters mailed – 121

UM Internal Auditing Results

Delayed Referral Audit:

Completed by: Kalpna Patel, UM Clinical Trainer & Auditor, RN
Report Date: January 20, 2023
Audit Period: October 1, 2022, to December 31, 2022
Sample Size: 10% or 10 per month (whichever is greater)

Purpose: Quarterly audits of referrals that have been delayed by the UM Department is done to monitor compliance with the Kern Health Systems' Policy and Procedure 3.22 Referral and Authorization Process, Section 4.2.1 Deferrals, Section 4.2.1.1 Extended Deferral.

Policy and Procedures 3.22, Section 4.2.1 Deferrals states – Authorization requested needing additional medical records may be deferred, not denied, until the requested information is obtained. If deferred, the Case Manager follows-up with the referring practitioner/provider within 14 calendar days from the receipt of the request f additional information is not received. Every effort is made at that time to obtain the information. Practitioners/providers are allowed 14 calendar days to provide additional information. On the 14th calendar day from receipt of the original request is approved or denied as appropriate.

Section 4.2.1.1 Extended Deferral states – The time limit may be extended an additional 14 calendar days if the member or the member's provider requests and extension, or KHS UM Department can provider justification for the need for additional information and how it is in the Member's interest. In cases of extension, the request is approved or denied as appropriate no later than the 28 the calendar day from the receipt of the original authorization request.

Month	October	November	December
Total Referrals Processed	22,360	20,256	20,327
Total Referrals Delayed	43	29	30
Percent of Delays	<1%	<1%	<1%
Percent of Audit **(10 percent or 10 referrals whichever is larger)**	10 referrals	10 referrals	10 referrals
Number of Referrals in Audit	10	10	10

1

Indicators:

1. Referral Turn-around Time
    a. Delays being done on day 5 of original referral – Final decision no later than 14 days for delays and 28 days for extend delays.

   b. Provider and member notification within 24 hours of decision - Stamp dates on Referral and NOA letter, closed out within compliance.
2. Notice of Action Letter
   a. Spelling/Grammar, Verbiage, and Format
   b. 6th grade reading level
   c. Medi-Cal Criteria applied
   d. Reason for delay clear and concise
   e. Expected due date listed
3. Medical Director / Case Manager Name and Signatures
4. Processing of Referral.

October Findings: Out of the **10** delayed referrals reviewed, the following is a breakdown of the findings.

- One (1) referral was found **without** errors from the above indicator
- Seven (7) errors were found within the Processing of Referral with selection of reason for decision, denied / approved vs previously delayed
- One (1) error was found within the Referral Turn-around Time indicator
- Zero (0) errors were found within the Notice of Action Letter
- Zero (0) errors found with 6th grade reading level
- Zero (0) error was found within the Medical Director / Case Manager Name and Signatures

November Findings: Out of the **10** delayed referrals reviewed, the following is a breakdown of the findings.

- Zero (0) referrals were found **without** errors from the above indicator
- Ten (10) error was found within the Processing of Referral with incorrect reason for decision on final process: denied / approved vs previously delayed.
- One (1) error was found within the Referral Turn-around Time indicator
- Zero (0) error were found within the Notice of Action Letter
- Six (6) errors found with 6th grade reading level
- Zero (0) error was found withing the Medical Director / Case Manager Name and Signatures

December Findings: Out of the **10** delayed referrals reviewed, the following is a breakdown of the findings.

- Nine (9) referrals were found **without** errors from the above indicator
- Zero (0) errors were found within the Processing of Referral

- Zero (0) errors were found within the Referral Turn-around Time indicator
- Zero (0) error was found within the Notice of Action Letter
- Three (3) errors found with above 6th grade reading level

- Zero (0) error was found withing the Medical Director / Case Manager Name and Signatures

UM Trainer Action: Notice of Action/ Process of Referrals indicator errors have been discussed with individual staff as appropriate and refresher pieces of training have been provided as needed.

Denied Referral Audit:

Completed by: Kalpna Patel, UM Clinical Auditor & Trainer, RN
Report Date: January 20, 2023
Audit Period: October 1, 2022, to December 31, 2022
Sample Size: 10%

Purpose: Quarterly audits of referrals that have been denied by the UM Department is done to monitor compliance with the Kern Health Systems' Policy and Procedure 3.22 Referral and Authorization Process, Section 4.2.3 Denials.

Policy and Procedures 3.22, Section 4.2.3 Denials states – If initial review determines that an authorization request does not meet established utilization criteria, denial is recommended. Only the Associate Medical Director may deny an authorization request. Reasons for possible denial include:

A. Not a covered benefit
B. Not medically necessary
C. Member not eligible
D. Continue conservative management
E. Services should be provided by a PCP
F. Experimental or investigational treatment (See KHS Policy #3.44)
G. Member made unauthorized self-referral to practitioner/provider
H. Services covered by CCS
I. Inappropriate setting
J. Covered by hospice

Month	October	November	December
Total Referrals Processed	22,630	20,256	20,327
Total Referrals Denied	1936	1717	1477
Percent of Denials	9%	8%	7%
Percent of Audit	10%	10%	10%
Number of Referrals in Audit **(Not Included: Search and Serve, or Mental Health Referrals)**	132	154	130

Indicators:

5. Referral Turn-around Time
    a. Decision completed within 3 business days for Urgent referrals and 5 business days for routine referrals,
    b. Provider and member notification within 24 hours of decision - Stamp dates on Referral and NOA letter, closed out within compliance.
6. Notice of Action Letter
    a. Spelling/Grammar, Verbiage, and Format
    b. 6th grade reading level
    c. Medi-Cal Criteria applied
    d. Criteria indicated and attached
    e. Recommendations indicated
7. Medical Director / Case Manager Name and Signatures
8. Processing of Referral

October Findings: Out of the **172** Denied referrals reviewed, the following is a breakdown of the findings.

- One hundred forty-one (141) referrals were found **without** errors from the above indicator
- Twenty -eight (28) errors were found within the Referral Turn-around Time indicator- no processed in timely manner
- Two (Two) error were found within the Notice of Action Letter indicator
    - Two (2) error found with verbiage- denied as follow up request was for injections and NOA language not added to template.
    - Twenty-one (21) errors found with above 6th grade reading level
    - Three (3) error found with Criteria indicated on letter or attached with partial or no criteria attached.
    - Zero (0) error found with recommendations to MD.
- Zero (0) error was found within the Medical Director / Case Manager Name and Signatures- Medical director signature not attached to NOA letter and OP notification on a denied auth
- Zero (0) errors were found within the Processing of the Referrals

- All referrals reviewed for medical necessity

  Guidelines Applied and attached:

    - Ten(10) referrals with Medi -Cal guidelines were used.
    - Five (5) referrals with Up-to-Date guidelines were used.
    - Seventy-three (73) referrals with KHS policy and KHS specialty guidelines used.

- Seventy-two (72) referrals with MCG guidelines used
- Nine (9) referrals with UpToDate guidelines used
- Eight (8) referral with Administrative Denials with KHS policy 3.22

November Findings: Out **154** of the Denied referrals reviewed, the following is a breakdown of the findings.

- One Hundred Thirty-nine (139) referrals were found **without** errors from the above indicator
- Eight (8) errors were found within the Referral Turn-around Time indicator with not processed in timely manner.
- Thirty- one (31) error was found within the Notice of Action Letter indicator
  - Zero (0) error found with verbiage
  - Thirty-one (31) error found with above 6th grade reading level
  - Four (4) error found with no Criteria indicated on letter or attached with no criteria attached
  - Zero (0) error found with recommendations to MD.

- Zero (0) error was found within the Medical Director / Case Manager Name and Signatures
- Zero (0) error were found within the Processing of the Referrals with

- All referrals reviewed for medical necessity

Guidelines Applied and Attached:

- Twelve (12) referrals with Medi -Cal guidelines were used.
- Nine (9) referrals with Up-to-Date guidelines were used.
- Sixty-five (65) referrals with KHS policy and KHS specialty guidelines used.
- Forty-one (41) referrals with MCG guidelines used
- Six (6) UpToDate guidelines used
- Four (4) referrals with Administrative Denials which no criteria are required.

Some referrals have applied more than one criterion per MD review**

December Findings: Out of **130** the Denied referrals reviewed; the following is a breakdown of the findings.

- One Hundred fourteen (114) referrals were found **without** errors from the above indicator
- Six (6) errors were found within the Referral Turn-around Time indicator
- One () error were found within the Notice of Action Letter indicator
  - One (1) error found within letter format NOA-language was denied for acne vs alopecia.
  - Twenty- seven (27) error found with above 6th grade reading level
  - Eight (8) error found with Criteria
    - Two (2) referrals with criteria review but not attached
    - Five (5) referrals with no criteria reviewed or attached with partial or no criteria attached
  - Zero (0) error found with no recommendations to MD

- Zero (0) error was found within the Medical Director / Case Manager Name and Signatures

- One (1) error was found within the Processing of the Referrals with selected partial approval vs approved only.

- All referrals reviewed for medical necessity

Guidelines Applied and Attached:

- Twelve (12) referrals with Medi -Cal guidelines were used.
- Five (5) referrals with Up-to-Date guidelines were used.
- Fifty-Two (52) referrals with KHS policy and KHS specialty guidelines used.
- Fifty-seven (57) referrals with MCG guidelines used
- Eleven (11) referrals with Administrative Denials which no criteria are required.

Some referrals have applied more than one criterion per MD review**

UM Trainer Action: Notice of Action/ Process of Referrals indicator errors have been discussed with individual staff as appropriate and refresher pieces of training have been provided as needed.

Modified Referral Audit:

Performed by: Kalpna Patel, UM Clinical Trainer and Auditor, RN
Report Date: January 20, 2023
Audit Period: October 1, 2022, to December 31, 2022
Sample Size: 10% or 10 per month (whichever is greater)

Purpose: Quarterly audits of referrals that have been modified by the UM Department is done to monitor compliance with the Kern Health Systems' Policy and Procedure 3.22 Referral and Authorization Process, Section 4.2.2 Modifications

Policy and Procedures 3.22, Section 4.2.2 Modifications states – There may be occasions when recommendations are made to modify an authorization request in order to provide members with the most appropriate care. Recommendations to modify a request are first reviewed by the KHS Chief Medical Officer, or their designee(s).

The referrals that qualify for a modification are:

A. Change in place of service
B. Change of specialty
C. Change of provider or
D. Reduction of service

Under KHS's Knox Keene license and Health and Safety Code §1300.67.2.2 , KHS, as a plan operating in a service area that has a shortage of one or more types of providers is required to ensure timely access to covered health care services, including applicable time-elapsed standards, by referring enrollees to, or, ***in the case of a preferred provider network***, by assisting enrollees to locate, available and accessible contracted providers in neighboring service areas consistent with patterns of practice for obtaining health care services in a timely manner appropriate for the enrollee's health needs. KHS will arrange for the provision of specialty services from specialists outside the plan's contracted network if unavailable within the network, when medically necessary for the enrollee's condition.

KHS's Knox Keene license permits KHS to arrange for the provision of specialty services, which implies that the clause "if either the member or requesting provider disagrees, KHS does not require approval to authorize the modified services.

Month	October	November	December
Total Referrals Processed	22,360	20,256	20,327
Total Referrals Modified	310	254	378
Percent of Modifies	1%	1%	2%
Percent of Audit **(10 percent or 10 referrals whichever is larger)**	10%	10%	10%

Number of Referrals in Audit	31	26	38

Indicators:

9. Referral Turn-around Time
    a. Decision completed within 3 business days for Urgent referrals and 5 business days for routine referrals
    b. Provider and member notification within 24 hours of decision - Stamp dates on Referral and NOA letter, closed out within compliance.
10. Notice of Action Letter
    a. Spelling/Grammar, Verbiage, and Format
    b. 6th grade reading level
    c. Medi-Cal Criteria applied
    d. Approved provider information (name/phone)

11. Medical Director / Case Manager Name and Signatures
12. Processing of Referral

October Findings: Out of the **31** Modified referrals reviewed, the following is a breakdown of the findings.

- Twenty-two (22) referrals were found **without** errors from the above indicator
- Five (5) errors were found within the Referral Turn-around Time indicator not completed in timely manner
- Two (2) error was found within the Processing of Referral selected modification in error was to be a denial and approval created in error.
- Two (2) errors was found within the Notice of Action Letter with missing “service requested” and NOA letter was not completed.
- Zero (0) error was found within the Medical Director / Case Manager Name and Signatures

November Findings: Out of **26** the Modified referrals reviewed; the following is a breakdown of the findings.

- Twenty -Two (22) referrals were found **without** errors from the above indicator
- Four (4) errors were found within the Referral Turn-around Time indicator-not mailed out in timely manner.
- Zero (0) error were found within the Processing of Referral indicator
- Zero (0) errors was found within the Notice of Action Letter
- Zero (0) error was found within the Medical Director / Case Manager Name and Signatures

December Findings: Out of the **38** Modified referrals reviewed, the following is a breakdown of the findings.

- Thirty-one (31) referrals were found **without** errors from the above indicators
- Six (6) errors were found within the Referral Turn-around Time indicator
- Two (2) errors were found within the Processing of Referral indicator with commentary verbiage incorrect specialty noted and selected modification vs void in error
- Zero (0) error was found within the Notice of Action Letter indicator
- Zero (0) error was found within the Medical Director / Case Manager Name and Signatures

UM Trainer Action: Notice of Action/ Process of Referrals indicator errors have been discussed with individual staff as appropriate and refresher pieces of training have been provided as needed.

NAR/ Appeal Audit

Performed by: Kalpna Patel, RN, UM Clinical Auditor &Trainer

Team: Donna Nyack, Gilrose Tuddao, Prerna Patel- Appeal Review Team
Report Date: January 29, 2023
Audit Period: October 1, 2022, to December 31, 2022
I reviewed **NARs** processed by Donna, Gilrose and Prerna from October 2022 through December 2022 and following are my findings:

Indicators:

a. Spelling/Grammar, Verbiage, and Format
b. 6th grade level readability
c. Medi-Cal Criteria applied-
d. Criteria indicated and attached
e. Recommendations indicated
f. Medical Director / Case Manager Name and Signatures

October's Findings: Out of the **10 NARs** reviewed, the following is a breakdown of the findings:

- **Spelling/Grammar, Verbiage, and Format** -No error found
- **6th grade readability-** Eight (8) errors found with above 6th grade reading level
- **Criteria indicated and attached**- No error found
- **Recommendations indicated –** No error found
- **Medical Director / Case Manager Name and Signatures-** No error found

Guidelines Applied:

- One (1) referral with Medi -Cal guidelines were used.
- One (1) referral with UTD guidelines was used.
- Eight (8) referrals with KHS policy and KHS specialty guidelines used.
- One (1) referral with MCG guidelines used

November's Finding: Out of the **10 NARs** reviewed, the following is a breakdown of the findings:

- **Spelling/Grammar, Verbiage, and Format-** No Error found
- **6th grade readability –** Eight (8) errors found with above 6th reading level
- **Criteria indicated and attached**- No error found
- **Recommendations indicated –** No error found
- **Medical Director / Case Manager Name and Signatures-** No error found

Guidelines Applied:

- Zero (0) referrals with Medi -Cal guidelines were used.
- One (1) referral with Up-to-Date guidelines were used.
- Five (5) referrals with KHS policy and KHS specialty guidelines used.
- Four (4) referrals with MCG guidelines used

December's Finding: Out of the **10 NARs** reviewed, the following is a breakdown of the findings:

- **Spelling/Grammar, Verbiage, and Format- No** error found
- **6th grade readability –** Nine (9) errors found with above 6th grade reading level.
- **Criteria indicated and attached**- No error found
- **Recommendations indicated –** No error found
- **Medical Director / Case Manager Name and Signatures-** No issue found

Guidelines Applied:

- Zero (0) referrals with Medi -Cal guidelines were used.
- One (1) referral with Up-to-Date guidelines were used.
- Six (6) referrals with KHS policy and KHS specialty guidelines used.
- Three (3) referrals with MCG guidelines used

Action: The errors findings listed above has been discussed with the team.

NOA Audit:

Performed by: Kalpna Patel, RN, UM Clinical Auditor &Trainer
NOA team -4th Quarter- 2022
Report Date: January 29, 2023
Audit Period: October 1, 2022, to December 31, 2022

I reviewed NOA processed from October 2022 to December 2022
and following are my findings:

Indicators:

g. Spelling/Grammar, Verbiage, Format
h. 6th grade reading level
i. Criteria indicated and attached
j. Recommendations indicated
k. Medical Director / Case Manager Name and Signatures

October Finding: Out of the **10 NOAs** reviewed, the following is a breakdown of the findings:

- **Spelling/Grammar, Verbiage, Format** – One (1) error found with NOA language not completed in the template
- **6th grade reading level** -No error found
- **Criteria indicated and attached**- One (1) error found with Partial criteria attached.
- **Recommendations indicated –** No error found
- **Medical Director / Case Manager Name and Signatures-** No errors found

November Finding: Out of the **10 NOAs** reviewed, the following is a breakdown of t findings:

- **Spelling/Grammar, Verbiage, Format** -No error found
- **6th grade reading level** -No error found
- **Criteria indicated and attached**- One (1) error found with Partial, or no criteria attached
- **Recommendations indicated –** No error found
- **Medical Director / Case Manager Name and Signatures-** No error found

December Finding: Out of the **10 NOAs** reviewed, the following is a breakdown of the findings:

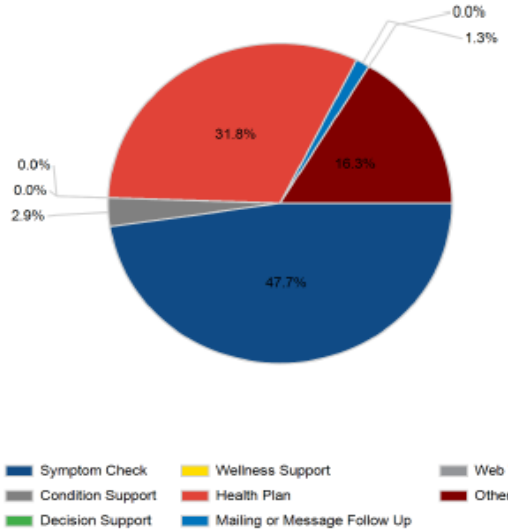
- **Spelling/Grammar, Verbiage, Format** -No error found

- **6th grade reading level -** No error found
- **Criteria indicated and attached**- No error found
- **Recommendations indicated –** No error found
- **Medical Director / Case Manager Name and Signatures-** No error found

Action: The errors findings listed above has been discussed with the team and refresher pieces of training have been provided as needed.

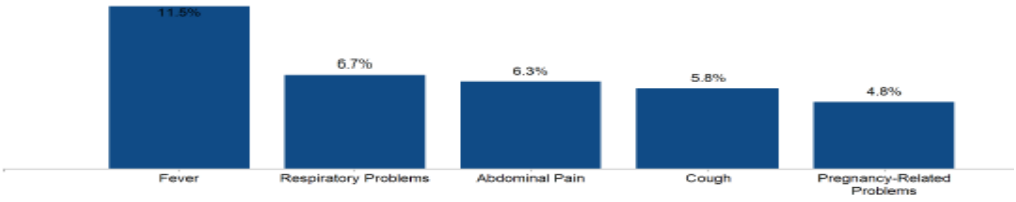
Health Dialog Report

Member Inbound Call Reasons (Oct-2022)

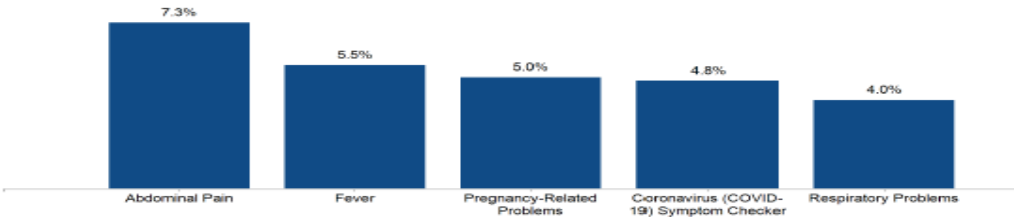


REASON	NUMBER
Symptom Check	216
Condition Support	13
Decision Support	0
Wellness Support	0
Health Plan	144
Mailing or Message Follow Up	6
Web Tools	0
Other	74

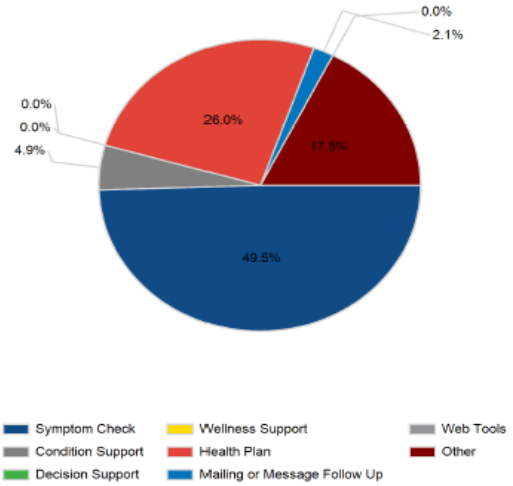
Most Frequent Symptoms - Inbound Symptom Check Calls (Oct-2022)



Most Frequent Symptoms - Inbound Symptom Check Calls (Rolling Twelve Months)

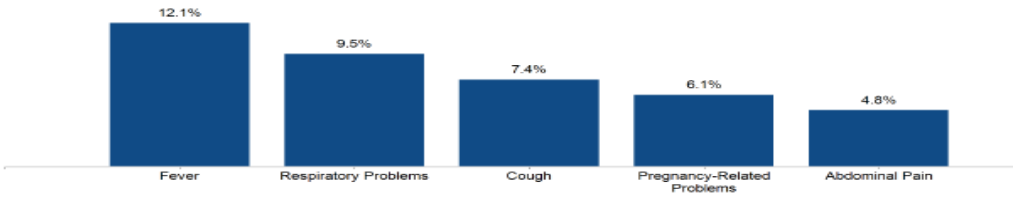


Member Inbound Call Reasons (Nov-2022)

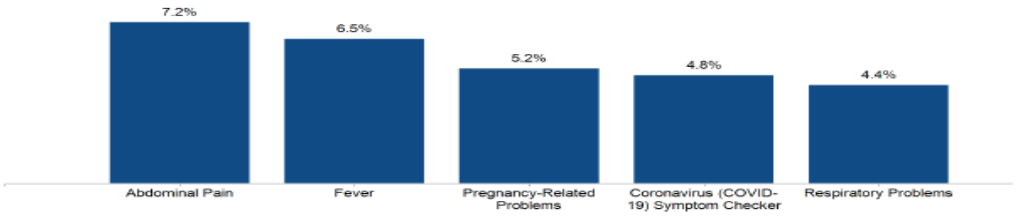


REASON	NUMBER
Symptom Check	240
Condition Support	24
Decision Support	0
Wellness Support	0
Health Plan	126
Mailing or Message Follow Up	10
Web Tools	0
Other	85

Most Frequent Symptoms - Inbound Symptom Check Calls (Nov-2022)

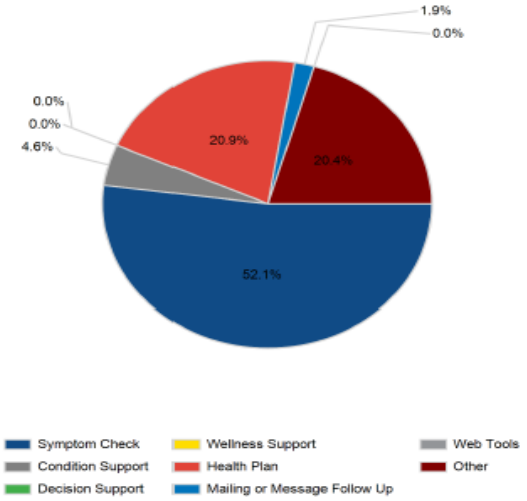


Most Frequent Symptoms - Inbound Symptom Check Calls (Rolling Twelve Months)



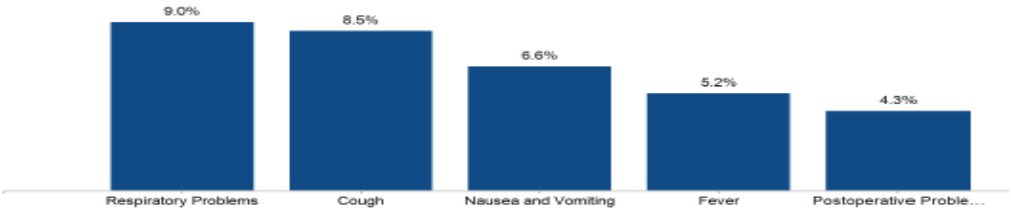
Utilization Management QI/UM Quarterly Committee Report: Oct. 1, 2022- Dec. 31, 2022

Member Inbound Call Reasons (Dec-2022)

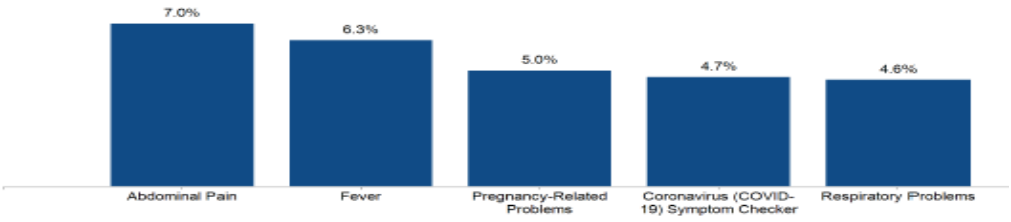


REASON	NUMBER
Symptom Check	214
Condition Support	19
Decision Support	0
Wellness Support	0
Health Plan	86
Mailing or Message Follow Up	8
Web Tools	0
Other	84

Most Frequent Symptoms - Inbound Symptom Check Calls (Dec-2022)



Most Frequent Symptoms - Inbound Symptom Check Calls (Rolling Twelve Months)



vsp vision care

Diabetic Exam Reminder Effectiveness Report

Client: - 12049397

Reminder Year:	Reminder Month:	Reminders Sent	Received Exam Within 0-90 Days	Received Exam Within 91-180 Days	Total Exams Within 180 Days
2022	January	2,120	93	76	169
	February	231	22	11	33
	March	1,357	57	47	104
	April	448	24	19	43
	May	8,494	267	261	528
	June	6,845	178	141	319
	July	374	10	9	19
	August	1,416	45	15	60
	September	711	29	3	32
	October	502	17	0	17
	November	3,264	44	0	44
	December	290	0	0	0
Totals		**26,052**	**786**	**582**	**1,368**

LTM Effectiveness* : 5 %

12-Month Effectiveness (Jul 2021 - Jun 2022) : 6 %

* This figure does not include an estimate of those patients who will return within 90 or 180 days.
It solely calculates based upon the patients who have returned to date for letters sent within the last twelve months.

vsp vision care

Medical Data Collection Summary Report

Period Covered: January, 2022 through December, 2022
Prepared for: KERN HEALTH SYSTEMS - (12049397)

Overview

This report shows an aggregate view of your members who have received an eye exam during the reporting period. It also shows the number and percentage of your members that have one or more of the health conditions listed below, as reported by VSP doctors. VSP focuses on the six conditions listed below because they represent some of the most frequent and costly health conditions for which early detection and treatment can reduce or prevent vision loss as well as potentially avoid more costly treatment. VSP can work with your health plan or disease management company by providing them with patient-specific information upon request.

Summary of Findings

The left section below shows how many of your members received an eye exam during the reporting period as well as how many of them had each of the conditions listed (as reported by VSP doctors). The percentages represent the number of people with the respective conditions divided by the total number that received an eye exam. The right section below shows the estimated number of cases in your member population. We use health and demographic statistics provided by the Centers for Disease Control and the US Census. Also, because prevalence rates vary by age, we incorporate patient age data from your VSP eye exam claims for the reporting period.

The estimates for diabetes and hypertension are expected to be higher than the reported rates because approximately 30% of people with diabetes and 50% of people with hypertension are unaware of their condition and would not report it to their VSP doctor. The percentages represent the estimated number of people with the conditions divided by your total membership. Note that diabetes and hypertension are self-reported while the other conditions are reported based on the VSP doctor's findings. This report does not indicate if cases are newly diagnosed or existing.

Reported Cases

	Members	
Received Eye Exam:	23,282	
Diabetes[1]:	1,253	5.4%
Diabetic Retinopathy:	233	1.0%
Glaucoma:	510	2.2%
Hypertension:	562	2.4%
High Cholesterol	244	1.0%
Macular Degeneration:	73	.3%

Estimated Number of Cases

Total Members:	333,432	
Diabetes[1]:	8,664	2.6%
Diabetic Retinopathy:	778	.2%
Glaucoma:	1,447	.4%
Hypertension:	37,039	11.1%
High Cholesterol	51,380	15.4%
Macular Degeneration:	509	.2%

[1] Patients managing their diabetes can avoid medical costs from $2,000 to over $4,000 annually versus those not managing it.

MD

KERN HEALTH SYSTEMS

To: KHS QI-UM Committee

From: Michelle Curioso, Director of Population Health Management

Date: 3/16/2023

Re: Population Health Management Q4 Report

Background

Effective January 1st, 2023, Department of Health Care Services (DHCS) requires Medi-Cal Plans to launch Population Health Management (PHM). As such, the Case Management Department is shifting to Population Health Management (PHM). PHM is an initiative led by DHCS, which is a cornerstone of the California Advancing and Innovating Medi-Cal (also known as CalAIM). The DHCS developed a framework that broaden delivery systems, program, and payment reform across the Medi-Cal Program.

Discussion:

The purpose of this report is to provide updates on PHM's progress and successes on its activities. The report identifies the following:

- Demographics of members
- Level of acuity of care management
- Reasons of closure or exiting from Care Management Program
- Resources to address gaps in care and social determinants of health
- Total number of Seniors and Persons with Disabilities (SPDs)
- Action items and opportunities for improvement

The data is generated through KHS' electronic health record, JIVA system The reporting period is Quarter 4 from October 1st, 2022 through December 31st, 2022.

Fiscal Impact:

N/A

Requested Action

Request to approve and file PHM Q4 2022 report.

KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS
POPULATION HEALTH MANAGEMENT QUARTERLY REPORT

Background

Effective January 1st, 2023, Department of Health Care Services (DHCS) requires Medi-Cal Plans to launch Population Health Management (PHM). As such, the Case Management Department is shifting to Population Health Management (PHM). PHM is an initiative led by DHCS, which is a cornerstone of the California Advancing and Innovating Medi-Cal (also known as CalAIM). The DHCS developed a framework that broaden delivery systems, program, and payment reform across the Medi-Cal Program.

PHM focuses on improving health equity and quality of care for all Medi-Cal members by expanding access to coordinated and whole person care and address social determinants of health. Furthermore, the key to PHM is to engage members with their health care and address social determinants of health and gaps in care while reducing costs. The primary care physician is the quarterback who catches problems early with screening and refers patients to specialists, if needed.

Introduction

The Kern Health System, (KHS) PHM Department provides a comprehensive integrated process that evaluates and manages the utilization of health care services and resource delivery to members. The program identifies members' health care and social needs which supports improved health outcomes for individuals. When a KHS member enrolls in PHM, they receive:

- Health care support from registered nurse
- A care plan based on recommended treatment
- Assistance from a social worker and certified medical assistants, as needed
- Help coordinating services among providers
- Assistance in finding community service

In collaboration with medical providers and partnering agencies, the department helps members access resources and preventative services and ensures that members stay healthy. The team is comprised of Registered Nurse Case Managers, Social Workers, and Certified Medical Assistants.

Purpose

The purpose of this report is to provide updates on PHM's progress and successes on its activities. The report identifies the following:

- Demographics of members
- Level of acuity of care management
- Reasons of closure or exiting from Care Management Program
- Resources to address gaps in care and social determinants of health
- Total number of Seniors and Persons with Disabilities (SPDs)
- Action items and opportunities for improvement

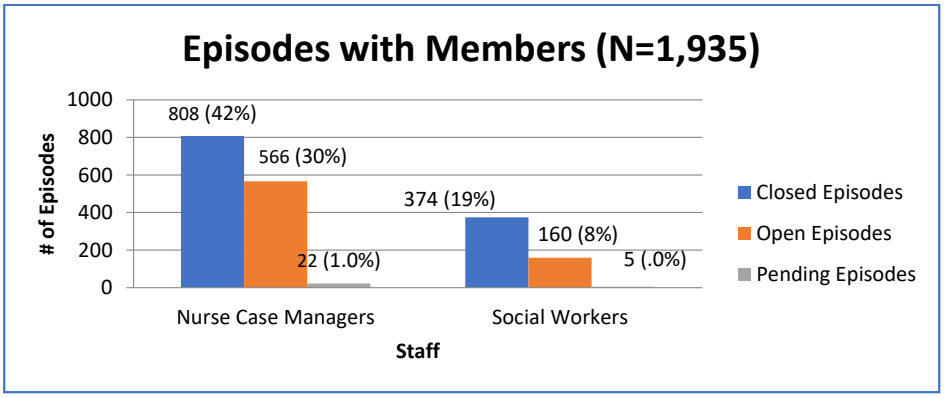
The data is generated through KHS' electronic health record, JIVA system The reporting period is Quarter 4 from October 1st, 2022 through December 31st, 2022.

KERN HEALTH SYSTEMS

Data

Graph 1: Episodes with Members

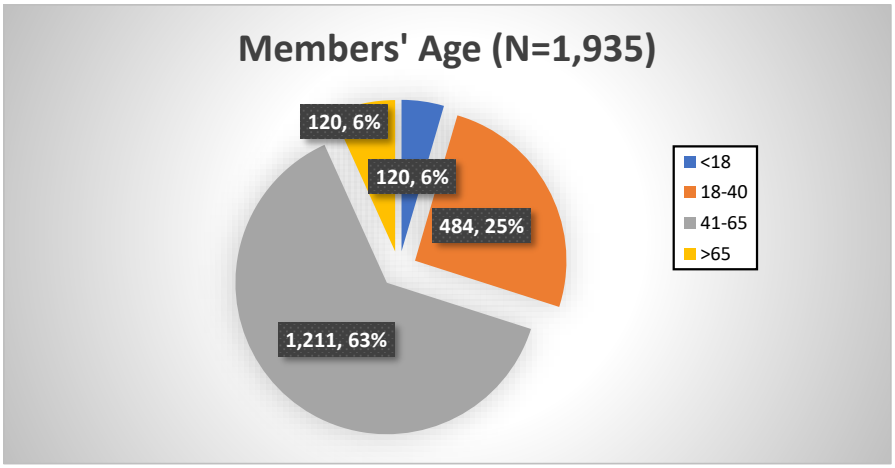
During the months of October thru December, a total of 1,935 members were managed by the Population Health Management Department.



The Nurses provide medical coordination of care and services to members and help navigate the healthcare system to facilitate the appropriate delivery of care and services. The Social Workers plan and implement social service delivery programs, promote coordination, continuity of care, and quality management in support of KHS members. Both Nurses and Social Workers ensure member's case is appropriately closed. Reasons for closures include successful completion of goals in the care plans, lost to follow up and declined program services.

Graph 2: Member's Age

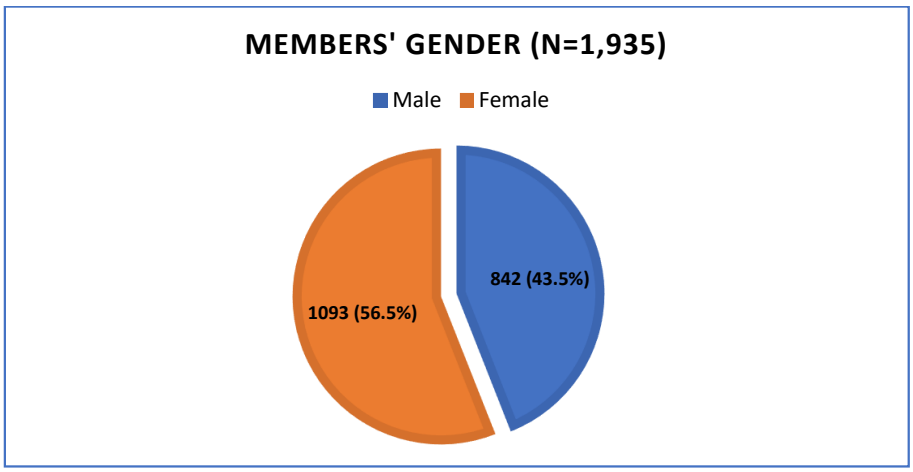
During the months of October thru December, of the 1,935 members, there were 63% members who were 41-65 of age, and 25% members were 18-40 of age.



KERN HEALTH SYSTEMS

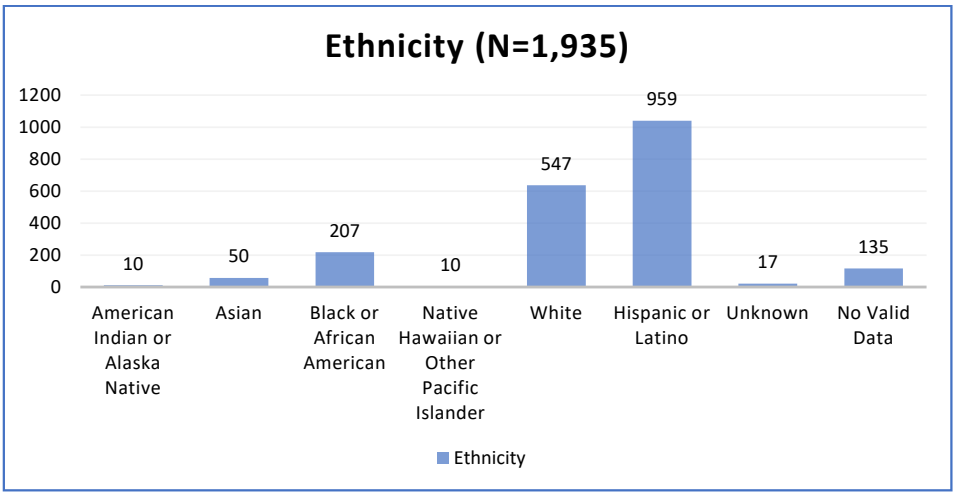
Graph 3: Gender

Of the 1,935 members managed during the months of October thru December, there were 56.5% members who were female and 43.5% members who were male.



Graph 4: Ethnicity

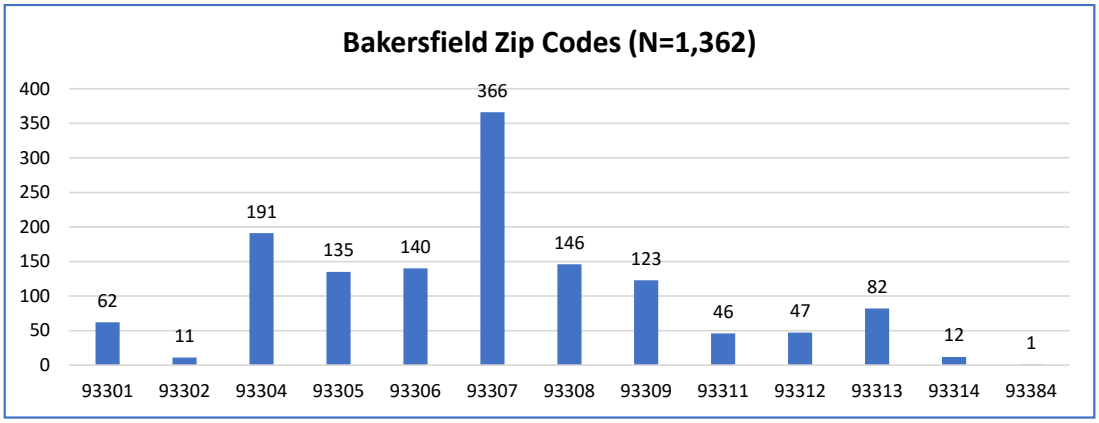
KHS members are diverse with most members (50%) identifying as Hispanic and small proportion are American Indian or Alaskan Native, Asian, and Native Hawaiian or Other specific Islander. Spanish-language education, documents, and services will continue to be needed as the Hispanic population continues to grow.



KERN HEALTH SYSTEMS

Graph 5: Member's by Zip Codes

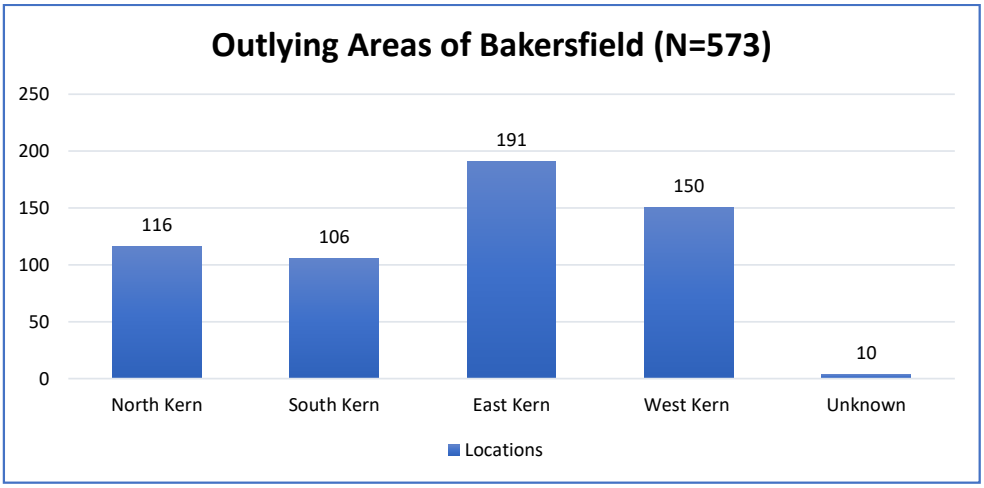
The top 3 zip codes where members reside are in 93307, 93304 and 93308. These were also the top 3 zip codes in Quarter 3. Even when members have health insurance coverage, these individuals with limited funds, mobility issues, or lack of transportation options still may not be able to get the care they need, especially those that live in the outskirts of Bakersfield.



Graph 6: Members Residing in Outlying Areas

The data illustrate the total number of members who reside in the outlying areas. Outlying areas is defined as any areas outside of greater Bakersfield. This is the dividing boundaries:

- Any areas situated south of 58 = South Kern (e.g. Arvin, Lamont, and Lebec)
- Any areas situated north of 46 = North Kern (e.g. Delano, McFarland, and Wasco)
- Any areas situated east of 99/5 = East Kern (e.g. Lake Isabella, Ridgecrest, and Mojave)
- Any areas situated west of 99/5 = West Kern (e.g. Buttonwillow, Taft, and Maricopa)

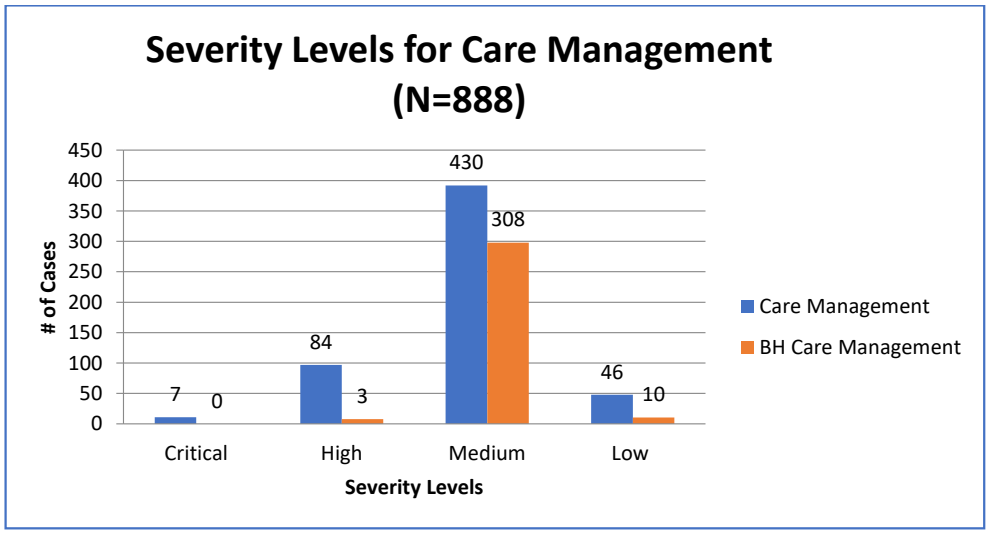


KERN HEALTH SYSTEMS

Graph 7: Severity Levels for Case Management

PHM assign members to risk tiers that are critical, high, medium, and low risk levels, with the goal of determining appropriate care management programs or other specific services. These members are assigned to appropriate staff.

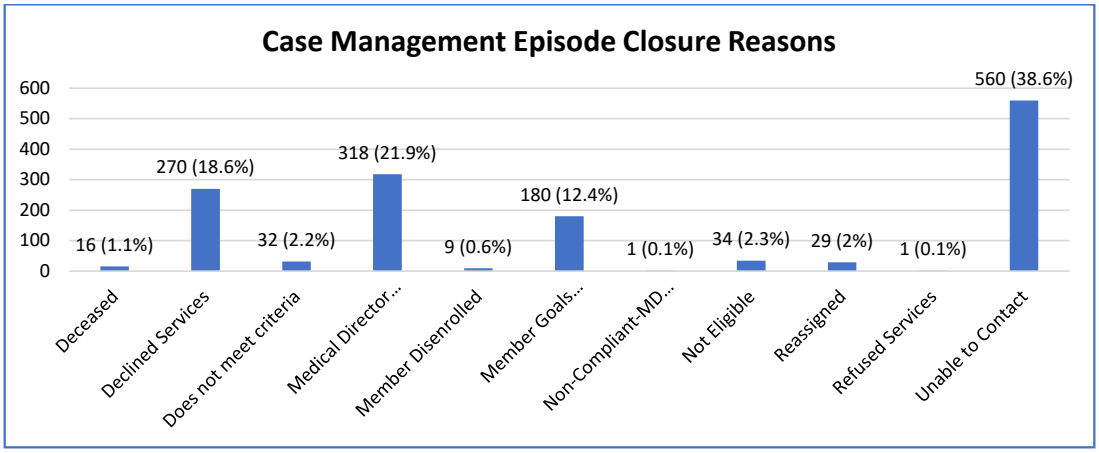
1. Critical-Requires minimum of weekly contact and significant care coordination assistance with acute needs.
    - Examples include frequent admits with ER visits, Falls, limited adherence to provider instructions, care plan, caregiver, or unstable social situation, including lack of support or caregiver burnout.
2. High-Requires minimum contact every two-four week and has active care coordination needs.
    - Examples include an admit or ER visit within 6 months or fall with injury within the last 6 months, SNF admission within last year, questionable adherence with medications and/or care plan, or social issues.
3. Medium- Minimum contact every 30 days. Member in process of change and requires minimum support and follow up with care coordination.
    - Examples include no admits or ER visits in the past year, no mechanical falls, adherent with medications and care plan, no outstanding social issues, significant provider engagement/control.
4. Low-Case Management not required. Provide educational materials and recommendations as needed, confirm care coordination is in effect and plan for closure.



KERN HEALTH SYSTEMS

Graph 8: Case Management Episode Closure Reasons

A total of 1,450 Episodes were closed during the months of October thru December 2022.

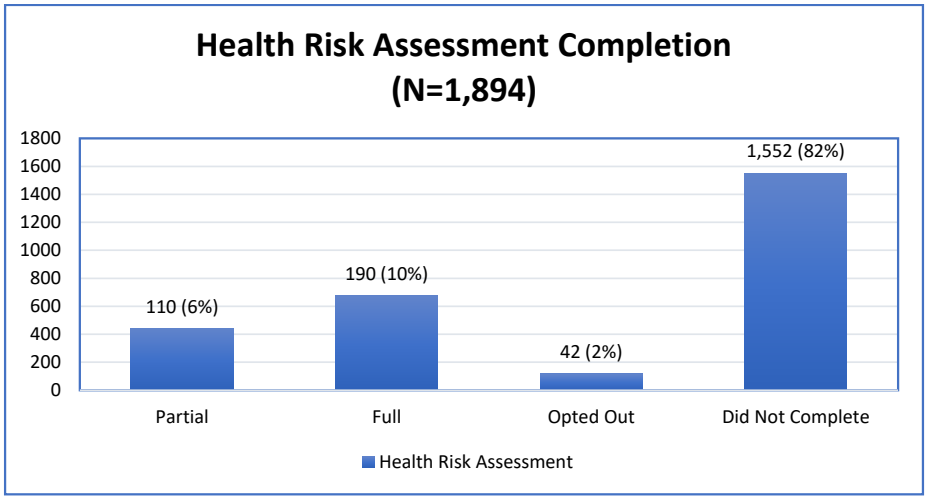


There are opportunities to increase the number of completions with member goals (12.4%). One strategy is to conduct a random chart audit to review member's goals and ensure goals are simple and realistic. About 38.6% of members were closed due to unable to contact. Members who are receiving services This also includes members who are engaged and actively participating with their plans of care and receiving services but suddenly, these members are unable to contact for various reasons. There are opportunities to clearly define this category, and separate members who are receiving services. PHM will work toward decreasing the percentage of members to decline (18.6%) KHS services/programs. PHM will obtain feedback from members on reasons why they declined services.

#	Reasons for Closure	Definition
1	Declined services	Contacted members but declined KHS services
2	Does not meet criteria	individuals are enrolled in hospice, possess Medicare benefits (e.g. Kaiser), and reside in long term care facility for >30 days
3	Duplicate	Duplicate referrals
4	Medical director decision	Transferred to another KHS program/services
5	Member disenrolled	Members dropped from the KHS, moved out of county, have secondary insurance
6	Member goals completed	Successfully achieved goals in the plan of care
7	Non-compliant—MD approval obtained	Members who are noncompliant with care, exhausted all resources and reviewed by medical director
8	Not eligible	members who are not eligible for KHS services
9	Reassigned	Reassigned members to another staff
10	Refused services	Currently receiving case management services but no longer desire to continue with services
11	Unable to contact	Lost to follow up, exhausted all resources to contact members. This also includes members who are engaged, actively participates with care but all the sudden unable to contact members for whatever reasons.

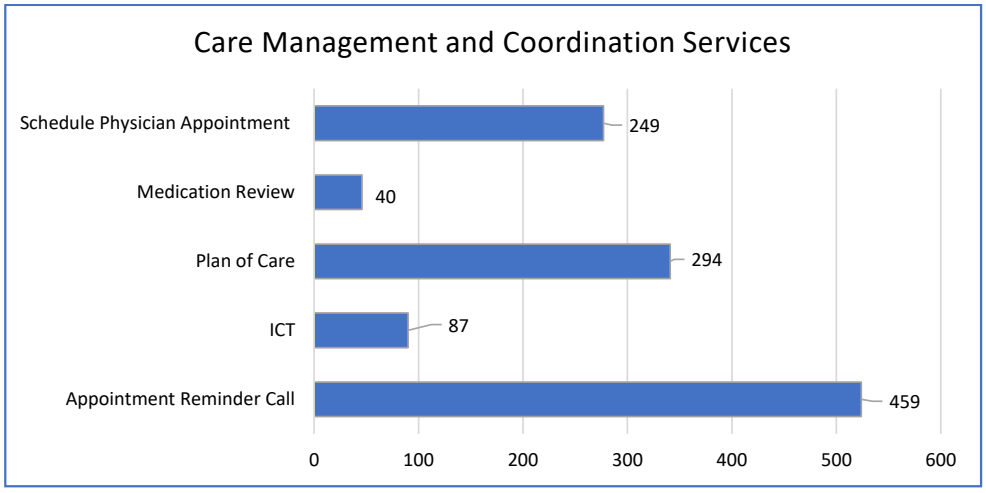
Graph 9: SPD Health Risk Assessment Information

During October thru December, a total of 1,894 (100%) members were identified for an outside vendor to contact for completion of a Health Risk Assessment (HRA). About 1,552 (82%) members received at least 2 phone calls but did not complete the HRA.



Graph 10: Care Management and Coordination Services

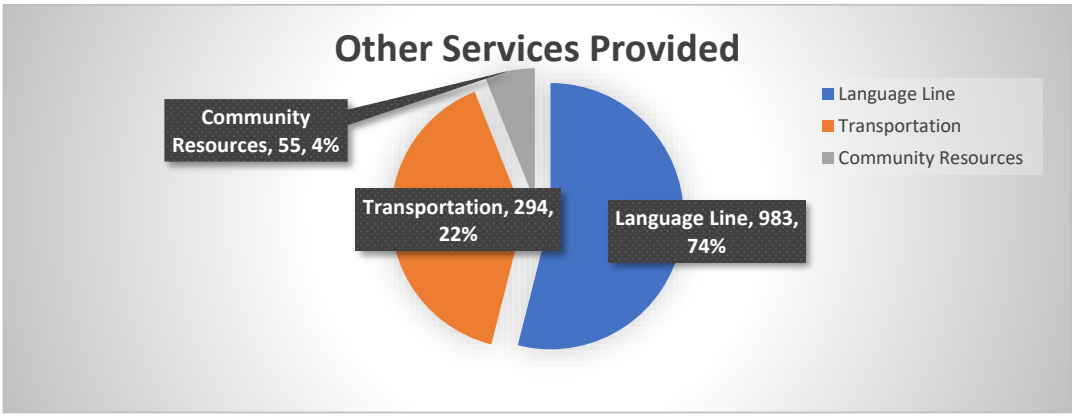
The graph illustrates the various types of care management and coordination services provided to members. These services include schedule physician appointments, appointment reminder calls, medication reviews, and develop plans of care. The member's challenges/barriers with their care are presented in the interdisciplinary care team (ICT) to obtain guidance from the team.



KERN HEALTH SYSTEMS

Graph 11: Other Services Provided to Members

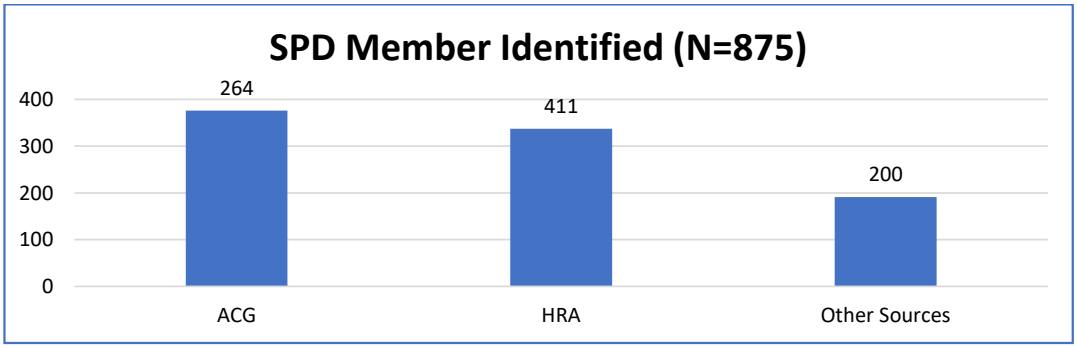
Other services that are available to the members include language line for language interpreting and translation service; transportation services to get to their medical appointments; and referral to various community resources (e.g., Food Bank, Housing Authority, and In Home Supportive Services, etc.).



Graph 12: Seniors and Persons with Disabilities (SPDs)

SPD Members are identified for Complex Case Management using the John Hopkins Adjusted Clinical Groups (ACG) Predictive Modeler, Health Risk Assessments and other sources including member requests and outside and internal requests. This allows KHS to identify populations with similar characteristics and develop targeted interventions. The ACG Modeler is run monthly to identify members at risk of hospitalizations in six (6) months and members with the greatest need for health intervention or care management. These members are enrolled in complex care management. Members with multiple co-morbidities are identified and referred to KHS specialty programs and services.

The SPD population represents a total of 45 percent (875) of the Complex Group in October thru December 2022. The John Hopkins Predictive Modeler identified SPD's represent 30.2% percent of the SPD's identified in the Complex Group in October thru December 2022. HRA identified SPD members represent 47% and other sources of SPD members represent 22.9%.



Updates: Quarter 3 Action Items

#	Activities	Status
1	PHM are exploring strategies in improving member enrollment to KHS services/programs.	Developed a referral for providers to access via Provider Portal Developed pamphlet for members and providers
2	Provide staff development training to enhance their knowledge and skills in care management.	PHM nurses received training on Care Management. Trainings for Social Workers and Certified Medical Assistants are scheduled in March 2023.
3	Explore on how staff can have a stronger engagement/participation with existing members	Pending
4	Leverage existing resources with community partners	Met with Kern Aging and Adult Services and Libertana to enhance partnership.
5	Review and streamline process and procedure on data collection and analysis	Pending
6	Highlight key priorities in quarterly report	Ongoing
7	Continue to expand partnership with various community agencies/organizations	Met with Kern Aging and Adult Services and Libertana to enhance partnership.

Actions Items for Quarter 4

1. Review and streamline process and procedure on data collection and analysis of quarterly report *(Carry Over)*
2. Explore on how staff can have a stronger engagement/participation with existing members *(Carry Over)*
3. Launched PHM on January 1, 2023 *(New)*
4. Develop and implement multichannel approach (i.e., text messaging) to reach out to all members *(New)*
5. Explore feasibility of alternative methods to administer (i.e., iPads) HRA to members *(New)*
6. Hire Community Health Workers to conduct home visits and provide care coordination and connection to resources *(New)*

Conclusions

As KHS prepare to launch PHM, we will need to continue to gather data from multiple sources, apply analytics to the data, and manage the care for the population. This will help identify populations in need of care, measure the care provided to those populations, and deliver care to the members at the right time and right place. Through PHM and data analytics, providers can improve patient outcomes, enhance care management, and address social determinants of health. We will continue to strengthen our partnership and work collaboratively with contracted network providers and community partners to address the needs of KHS members. Lastly, we will continue to improve this report by adding more measures, comparison of previous quarters and benchmarks that will be useful to the Committee and providers.

KERN HEALTH SYSTEMS

To: KHS QI-UM Committee

From: Nate Scott

Date: March 16, 2023

Re: Executive Summary for 4th Quarter 2022 Operational Board Update - Grievance Report

---

Background

Executive Summary for 4th Quarter 2022 Operational Board Update - Grievance Report: When compared to the previous four quarters, we have identified the following trends as they relate to the Grievances and Appeals received during the 3rd Quarter, 2022.

- The Plan historically sees a lower volume of Grievance and Appeals in the fourth quarter of the year.
- Where we saw fewer Exempt grievances, we saw a rise in Quality of Care and Quality of Service issues.
- Of the 1,353 Standard Grievance and Appeal cases, 743 were closed in favor of the Plan and 544 closed in favor of the Enrollee. At the time of reporting, 66 cases were still open for review.

Requested Action

Receive and File

KERN HEALTH SYSTEMS

4th Quarter 2022 Operational Report

Alan Avery
Chief Operating Officer

4th Quarter 2022 Grievance Report

Category	4th Quarter 2022	Status	Issue	Q3 2022	Q2 2022	Q1 2022	Q4 2021
Access to Care	108		Appointment Availability	132	117	169	131
Coverage Dispute	0		Authorizations and Pharmacy	0	0	0	0
Medical Necessity	335		Questioning denial of service	346	259	138	266
Other Issues	38		Miscellaneous	30	20	41	36
Potential Inappropriate Care	670		Questioning services provided. All cases forwarded to Quality Dept.	514	415	479	256
Quality of Service	156		Questioning the professionalism, courtesy and attitude of the office staff. All cases forwarded to PR Department	86	120	125	55
Discrimination (New Category)	46		Alleging discrimination based on the protected characteristics	73	34	15	0
Total Formal Grievances	1353			1181	965	967	744
Exempt	1816		Exempt Grievances-	2328	2087	1404	1431
Total Grievances (Formal & Exempt)	3169			3509	3052	2371	2175

KERN HEALTH SYSTEMS
kernhealthsystems.com

KHS Formal Grievances and Appeals per 10,000 members = 12.84/month

2

Additional Insights-Formal Grievance Detail

Issue	2022 4th Quarter Grievances	Upheld Plan Decision	Further Review by Quality	Overturned Ruled for Member	Still Under Review
Access to Care	59	27	0	25	7
Coverage Dispute	0	0	0	0	0
Specialist Access	49	25	0	18	6
Medical Necessity	335	146	0	181	8
Other Issues	38	22	0	11	5
Potential Inappropriate Care	670	381	26	263	
Quality of Service	156	103	0	44	9
Discrimination	46	39	0	2	5
Total	1353	743	26	544	40

KERN HEALTH SYSTEMS
kernhealthsystems.com

KERN HEALTH SYSTEMS

To: KHS QI-UM Committee

From: Nate Scott

Date: March 16, 2023

Re: Executive Summary for 4th Quarter 2022 Grievance Summary Report

---

Background

Executive Summary for the 4th 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.

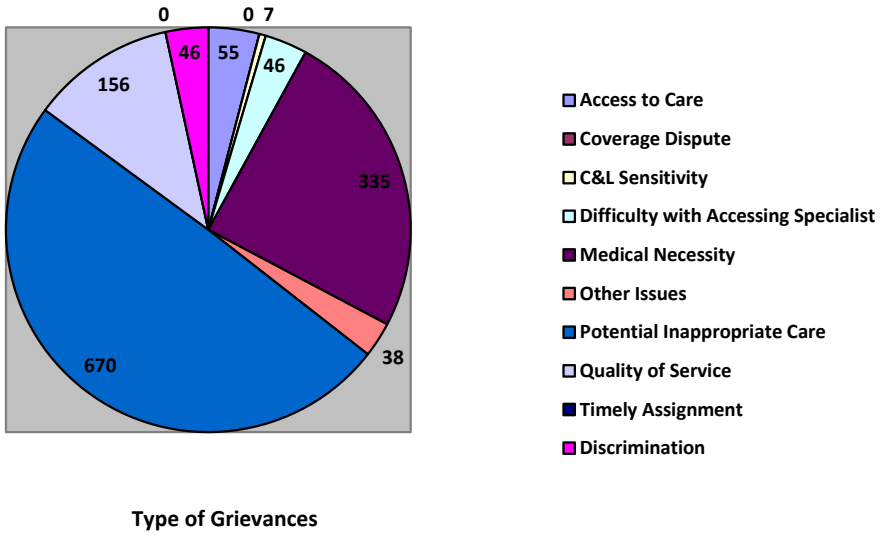
Kaiser Permanente Grievances and Appeals
During the fourth quarter of 2022, there were one hundred and forty-four grievances and appeals received by KFHC members assigned to Kaiser Permanente. Sixteen cases closed in favor of the Plan. Eighty-Seven closed in favor of the Enrollee. At the time of reporting, twenty-six cases were still open for review.

Requested Action

Receive and File

4th Quarter 2022 Grievance Summary

Issue	Number	In Favor of Health Plan	Under Review by Q.I	In favor of Enrollee	Still under review
Access to care	55	24	0	24	7
Coverage dispute	0	0	0	0	0
Cultural and Linguistic Sensitivity	7	5	0	1	1
Difficulty with accessing specialists	46	23	0	18	5
Medical necessity	335	146	0	181	8
Other issues	38	22	0	11	5
Potential Inappropriate care	670	381	26	263	0
Quality of service	156	103	0	44	9
Timely assignment to provider	0	0	0	0	0
Discrimination	46	39	0	2	5



Type of Grievances

KHS Grievances per 10,000 members = 13.40/month

During the fourth quarter of 2022, there were one thousand, three hundred and fifty-three standard grievances and appeals received. Five hundred and forty-four cases were closed in favor of the Enrollee. Seven hundred and forty-three cases were closed in favor of the Plan. Twenty-six cases are under review by the KHS Quality Improvement Department. Forty cases are still under review. Of the one thousand, three hundred and fifty-three standard grievances and appeals received, one thousand two hundred and seventy cases closed within thirty days; eighty-three cases were pended and closed after thirty days.

4th Quarter 2022 Grievance Summary

Access to Care

There were fifty-five grievances pertaining to access to care. Twenty-four closed in favor of the Plan. Twenty-four cases closed in favor of the Enrollee. Seven cases are still under review. The following is a summary of these issues:

Ten members complained about the lack of available appointments with their Primary Care Provider (PCP). Three 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. Seven 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.

Twenty-five members complained about the wait time to be seen for a Primary Care Provider (PCP) appointment. Ten 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. Ten 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. Five cases are still pending review.

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

Nine members complained about a provider not submitting a referral authorization request in a timely manner. Five cases closed in favor of the Plan after it was determined the referral authorization request had been submitted in a timely manner. Three cases closed in favor of the Enrollee after it was determined the referral authorization request may not have been submitted in a timely manner. One case is still pending review.

Coverage Dispute

There were no grievances pertaining to a Coverage Dispute issue.

Cultural and Linguistic Sensitivity

Seven members complained about the lack of available interpreting services to assist during their appointments. One case closed in favor of the Enrollee after the response from the provider indicated the member may not have been provided with the appropriate access to interpreting services. Five cases closed in favor of the Plan after the responses from the providers indicated the members were provided with the appropriate access to interpreting services. One case is still pending review.

Difficulty with Accessing a Specialist

4th Quarter 2022 Grievance Summary

There were forty-six grievances pertaining to Difficulty Accessing a Specialist. Twenty-three cases closed in favor of the Plan. Eighteen cases closed in favor of the Enrollee. Five cases are still under review. The following is a summary of these issues:

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

Thirteen members complained about the wait time to be seen for a specialist appointment. Seven 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. Five 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. One case is still under review.

Twelve members complained about the telephone access availability with a specialist office. Five cases closed in favor of the Plan after the response indicated the member was provided with the appropriate telephone access availability. Five cases closed in favor of the Enrollee after the response indicated the member may have not been provided with the appropriate telephone access availability. Two cases are still under review.

Nine members complained about a provider not submitting a referral authorization request in a timely manner. Six cases closed in favor of the Plan after it was determined the referral authorization request had been submitted in a timely manner. Three cases closed in favor of the Enrollee after it was determined the referral authorization request may not have been submitted in a timely manner.

Two members complained about the availability with scheduling Non-Emergency Medical Transportation. Two of the cases closed in favor of the Plan after the responses determined the member received the appropriate scheduling from the transportation vendor.

Two members complained about Physical Access with a specialist. Two cases closed in favor of the Enrollee after it was determined the member may not have been provided with the appropriate service.

Medical Necessity

There were three hundred and thirty-five appeals pertaining to Medical Necessity. One hundred and forty-six cases were closed in favor of the Plan. One hundred and eighty-one cases closed in favor of the Enrollee. Eight cases are still under review. The following is a summary of these issues:

Three hundred and thirty-five members complained about the denial or modification of a referral authorization request. One hundred and thirty-four of the cases were closed in

4th Quarter 2022 Grievance Summary

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. Twelve of the cases were closed in favor of the Plan and partially overturned. One hundred and eighty-one cases were closed in favor of the Enrollee as it was determined medical necessity was met and the denials were overturned and approved. Eight cases are still under review.

Other Issues

There were thirty-eight grievances pertaining to Other Issues that are not otherwise classified in the other categories. Twenty-two cases were closed in favor of the Plan after the responses indicated appropriate service were provided. Eleven cases closed in favor of the Enrollee after the responses indicated appropriate service may not have been provided. Five cases are under review.

Potential Inappropriate Care

There were six hundred and seventy grievances involving Potential Inappropriate Care issues. These cases were forwarded to the Quality Improvement (QI) Department for their due process. Upon review, three hundred and eighty-one cases were closed in favor of the Plan, as it was determined a quality-of-care issue could not be identified. Two hundred and sixty-three 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. Twenty-six cases are still pending further review with QI.

Quality of Service

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

Timely Assignment to Provider

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

Discrimination

There were forty-six grievances pertaining to Discrimination. Thirty-nine cases closed in favor of the Plan as there was no discrimination found. Two cases closed in favor of the Enrollee after the response determined the member may not have received the appropriate service. Five cases are still open, pending investigation and resolution. All grievances related to Discrimination, are forwarded to the DHCS Office of Civil Rights upon closure.

4th Quarter 2022 Grievance Summary

Kaiser Permanente Grievances and Appeals

Kaiser Grievances per 10,000 members = 32.80/month

During the fourth quarter of 2022, there were one hundred and forty-four grievances and appeals received by KFHC members assigned to Kaiser Permanente. Sixteen cases closed in favor of the Plan. Eighty-Seven closed in favor of the Enrollee. Forty-one cases are still pending.

Access to Care

There were thirty-four grievances pertaining to Access to Care. Twenty cases closed in favor of Enrollee. Three cases are closed in favor of Plan. Eleven cases are still pending review.

Medical Necessity

There were seven appeals pertaining to Medical Necessity. Six cases closed in favor of Plan. One case is still under review.

Other Issues

There were seventy-one grievances pertaining to Other Issues. Forty-seven cases closed in favor of Enrollee. Four cases closed in favor of Plan. Twenty cases are still under review.

Quality of Care

There were nine grievances pertaining to Quality of Care. Six cases closed in favor of Enrollee. Two cases closed in favor of Plan. One case is still under review.

Quality of Service

There were twenty-three grievances pertaining to a Quality of Service. Fourteen cases closed in favor of Enrollee. One case closed in favor of Plan. Eight cases are still under review.

KERN HEALTH SYSTEMS

To: **KHS QI-UM Committee**

From: **Yolanda Herrera, CPMSM, CPCS**
Credentialing Manager

Date: **March 1, 2023**

Re: **4th Quarter 2022 – PNM Credentialing Statistics**

Background

During the monitoring/reporting period October 1, 2022 through December 31, 2023 there were a total of 118 Initially Credentialed Providers and 152 Recredentialed Providers.

35 New Contracts were approved:
1-Anesthesiology (Hosp Based)
1-FQHC
1-Behavioral Health
2-CSS / Recuperative/Medical Respite
1-CSS / Sobering Center
3-CSS / Medically Tailored Meals
1-DME
2-Laboratory
1-Mental Health
3-Pharmacy/DME
1-Rehabilitation Hospital
6- SNF/CLF
1-Pain Management
1-Pulmonary Disease
1-Transportation Vendor

Discussion

- All credentialing and recredentialing files were approved.
- All New Contracts were approved.

Fiscal Impact
N/A

Requested Action
N/A

KERN HEALTH SYSTEMS
Board Approved Effective 10/1/2022

NAME	LEGAL NAME/ADDRESS	SPECIALTY	PROVIDER PRV	VENDOR PRV	PAC APPROVED - EFFECTIVE DATE
Brookdale Riverwalk SNF (CA)	BLC Glenwood-Gardens SNF-LH LLC dba: Brookdale Riverwalk SNF (CA) 350 Calloway Drive Bldg C Bakersfield CA 93312	SNF	PRV033446	PRV033446	Yes Eff 10/1/22
California Hearing Center	California Hearing Center 4900 California Ave. Ste. 210 Tower B Bakersfield CA 93309	Hearing Aid	PRV082157	PRV082157	Yes Eff 10/1/22
Clinica Pharmacy	OmGanesh Corporation dba: Clinica Pharmacy 355 Dover Parkway Ste. C Delano CA 93215	Pharmacy & DME	PRV082158	PRV082158	Yes Eff 10/1/22
Eastside Medical Supply, Inc	Eastside Medical Supply, Inc 2728 E Palmdale Blvd. Ste 107 Palmdale CA 93550	DME	PRV082159	PRV082159	Yes Eff 10/1/22
Solace Home Health Care	Solace Healthcare Inc dba: Solace Home Health Care 1701 Westwind Drive Ste 122 Bakersfield CA 93301	Home Health	PRV074650	PRV074650	Yes Eff 10/1/22
Solace Hospice Care	Solace Healthcare Inc dba: Solace Hospice Care 1701 Westwind Drive Ste 121 Bakersfield CA 93301	Hospice	PRV082160	PRV082160	Yes Eff 10/1/22
The Orchards Post Acute	Malibu Beach Holdings LLC dba: The Orchards Post Acute 730 34th Street Bakersfield CA 93301	SNF	PRV076520	PRV076520	Yes Eff 10/1/22
Your Hearing Connection	Your Hearing Connection an Audiology Corporation dba: Your Hearing Connection 5500 Ming Avenue Ste 100 Bakersfield CA 93309	Hearing Aid	PRV082161	PRV082161	Yes Eff 10/1/22
Abuhamad, Ghassan MD	Kern County Hospital Authority 3551 Q Street Bakersfield CA 93301	Vascular Surgery	PRV081081	ALL SITES	Yes Eff 10/1/22
Adventist Health Delano D/P SNF	Adventist Health Delano dba: Adventist Health Delano D/P SNF 1401 Garces Hwy Delano CA 93215	SNF	PRV038444	PRV038444	Yes Retro - Eff 9/1/22
Bradley, Maria Elizabeth PA-C	Radhey S. Bansal MD Inc dba: Comprehensive Medical Group 1230 Jefferson Street Delano CA 93215	Internal Medicine	PRV002769	PRV000258	Yes Eff 10/1/22
Bryan, Matthew DO	Infusion & Clinical Services dba: Premier Valley Medical Group 4043 Stockdale Hwy Bakersfield CA 5401 White Lane Bakersfield CA 611 Airport Drive Bakersfield CA	Psychiatry	PRV077489	PRV047600 PRV000404 PRV055842 PRV057093	Yes Eff 10/1/22

KERN HEALTH SYSTEMS
Board Approved Effective 10/1/2022

NAME	LEGAL NAME/ADDRESS	SPECIALTY	PROVIDER PRV	VENDOR PRV	PAC APPROVED - EFFECTIVE DATE
Bryant, Tiffany NP-C	Clinica Sierra Vista 425 Del Sol Parkway (Walk-In) Delano CA 93215	Family Practice	PRV081516	PRV000002	Yes Eff 10/1/22
Cayabyab-Garcia, Valerie MD	Coastal Kids, A Prof Med Corp dba: Riverwalk Pediatrics 9508 Stockdale Hwy Ste. 150 Bakersfield CA 93311	Pediatrics	PRV000628	PRV077048	Yes Eff 10/1/22
Colon, Aryana BCBA	Autism Behavior Services Inc 4900 California Ave Tower B, 2nd Floor Bakersfield CA 93309	Qualified Autism Provider / Behavioral Analyst	PRV082162	PRV062872	Yes Eff 10/1/22
Craig, Lizel NP-C	Emergency Physicians Urgent Care, Inc. dba: Accelerated Urgent Care *All Locations 212 Coffee Road Ste. 101 Bakersfield CA 93309	Family Practice/Urgent Care	PRV082163	ALL SITES	Yes Eff 10/1/22
Crosby, Joshua MD	Kern County Hospital Authority 1700 Mt Vernon Avenue Bakersfield CA 93306	General Surgery	PRV081763	ALL SITES	Yes Eff 10/1/22
De Jesus, Joseph NP-C	Kern Rural Wellness Center, Inc dba: Arvin Medical Clinic 146 N. Hill Street Arvin CA 93203	Family Practice	PRV082047	PRV000264	Yes Eff 10/1/22
Dhaliwal, Gulshanjit PA-C	Emergency Physicians Urgent Care, Inc. dba: Accelerated Urgent Care *All Locations 212 Coffee Road Ste. 101 Bakersfield CA 93309	Family Practice/Urgent Care	PRV082164	ALL SITES	Yes Eff 10/1/22
Encarnacion, Marilou NP	Onyinye Okezie, MD 500 Old River Road Ste. 110 Bakersfield CA 93311	Pediatrics	PRV040464	PRV029412	Yes Eff 10/1/22
Faizy, Rubina MD	Infusion & Clinical Services dba: Premier Valley Medical Group 4043 Stockdale Hwy Bakersfield CA 5401 White Lane Bakersfield CA 611 Airport Drive Bakersfield CA	Psychiatry	PRV070461	PRV047600 PRV057093	Yes Eff 10/1/22
Flores, Michael DPM	Stockdale Podiatry Group Inc. 110 New Stine Road Bakersfield CA 93309	Podiatry	PRV081254	PRV000332	Yes Eff 10/1/22
Gonzales, Novie MD	Hospitalist Medicine Phys of Calif Inc dba: Sound Hospitalist of California 2615 Chester Avenue Bakersfield CA 93301	Internal Medicine / Hospitalist	PRV055933	PRV014433	Yes Eff 10/1/22
Gonzalez-Mora, Deyanira LCSW	Omni Family Health 1014 Calloway Drive Bakersfield CA 1022 Calloway Drive Bakersfield CA	Clinical Social Worker	PRV081520	PRV000019	Yes Eff 10/1/22

KERN HEALTH SYSTEMS
Board Approved Effective 10/1/2022

NAME	LEGAL NAME/ADDRESS	SPECIALTY	PROVIDER PRV	VENDOR PRV	PAC APPROVED - EFFECTIVE DATE
Hayostek, Olivia MD	Clinica Sierra Vista 67 Evans Road Wofford Heights CA 93285	Family Practice	PRV081517	PRV000002	Yes Eff 10/1/22
Hernandez, Ulisses DO	Omni Family Health 2101 7th Street Wasco CA 93280	Family Practice	PRV080713	PRV000019	Yes Eff 10/1/22
Jensen, McKenna BCBA	Autism Behavior Services Inc 4900 California Ave Tower B, 2nd Floor Bakersfield CA 93309	Qualified Autism Provider / Behavioral Analyst	PRV082165	PRV062872	Yes Eff 10/1/22
Karuman, Philip MD	Kern County Hospital Authority 3551 Q Street Bakersfield CA 93301	General Surgery	PRV081080	ALL SITES	Yes Eff 10/1/22
Krishan, Sonam NP-C	Clinica La Victoria A Medical Corp 2303 S Union Avenue Ste. C2 Bakersfield CA 93307	General Practice	PRV080490	PRV000408	Yes Eff 10/1/22
LeBeau, Jacob DO	**Hospitalist Medicine Phys of Calif Inc dba: Sound Hospitalist of California 2615 Chester Avenue Bakersfield CA 93301**	**Internal Medicine / Hospitalist**	PRV071546	PRV014433	Yes Eff 10/1/22
Lorenzo-Quintero, Anabell MD	Clinica Sierra Vista 7800 Niles Street Bakersfield CA 93306	Family Practice	PRV081521	PRV000002	Yes Eff 10/1/22
Machado, Frederick PsyD	Omni Family Health 912 Fremont Street Delano CA 93215	Psychology	PRV008044	PRV000019	Yes Eff 10/1/22
Maddela, Vincent MD	Sendas Northwest Urgent Care 9450 Ming Avenue Bakersfield CA 93311	Family Practice	PRV006207	PRV005648	Yes Eff 10/1/22
Manrriquez, Erica MD	Pacific Central Coast Health Center 500 Old River Road Ste. 200 Bakersfield CA 93311	Gyn Oncology	PRV082166	PRV073607	Yes Eff 10/1/22
Manzo, Uriel MD	Sendas Northwest Urgent Care 9450 Ming Avenue Bakersfield CA 93311	Emergency Medicine	PRV041925	PRV005648	Yes Eff 10/1/22
Martinez, Yosbel MD	Clinica Sierra Vista 7800 Niles Street Bakersfield CA 93306	Family Practice	PRV080586	PRV000002	Yes Eff 10/1/22
McGee, Rachel BCBA	Shih Applied Behavior Analysis 8723 Winlock Street Bakersfield CA 93312	Qualified Autism Provider / Behavioral Analyst	PRV082167	PRV011225	Yes Eff 10/1/22
Moon, Wong MD	Kern County Hospital Authority 3551 Q Street Bakersfield CA 9300 Stockdale Hwy Ste. 100 Bakersfield	Plastic Surgery	PRV081890	ALL SITES	Yes Eff 10/1/22
Moran, Angel MD	Comprehensive Blood & Cancer Center 6501 Truxtun Avenue Bakersfield CA 93309	Radiation Oncology	PRV081519	PRV013881	Yes Eff 10/1/22

KERN HEALTH SYSTEMS
Board Approved Effective 10/1/2022

NAME	LEGAL NAME/ADDRESS	SPECIALTY	PROVIDER PRV	VENDOR PRV	PAC APPROVED - EFFECTIVE DATE
Nguyen, Dinh-Chi DPM	**Oak Hills Medical Corporation 5020 Commerce Drive Bakersfield CA 93309**	**Podiatry**	**PRV004897**	**PRV000310**	**Yes Eff 10/1/22**
Nguyen, Vicky BCBA	Prism Behavioral Solutions 4900 California Avenue Ste. 210B-1009 Bakersfield CA 93309	Qualified Autism Provider / Behavioral Analyst	**PRV082168**	**PRV069746**	**Yes Eff 10/1/22**
Patterson, Janet NP-C	Omni Family Health 161 N Mill Street Tehachapi CA 93561	Family Practice	**PRV081891**	**PRV000019**	**Yes Eff 10/1/22**
Perez, Gerardo DO	Infusion & Clinical Services dba: Premier Valley Medical Group 4043 Stockdale Hwy Bakersfield CA Additional Affiliation: Good Samaritan Health Center Wasco	Psychiatry	**PRV081514**	**PRV057093 PRV068674**	**Yes Eff 10/1/22**
Rager, Vincent PsyD	Omni Family Health 1022 Calloway Drive Bakersfield CA 93312	Psychology	**PRV081522**	**PRV000019**	**Yes Eff 10/1/22**
Refugio, Oliver MD	Bartz-Altadonna Comm Health Center 9300 N. Loop Blvd Ste. C California City CA 93505	Internal Medicine / HIV/AIDS Specialist	**PRV081332**	**PRV029961**	**Yes Eff 10/1/22**
Romero, Liliana BCBA	Prism Behavioral Solutions 4900 California Avenue Ste. 210B-1009 Bakersfield CA 93309	Qualified Autism Provider / Behavioral Analyst	**PRV082169**	**PRV069746**	**Yes Eff 10/1/22**
Sanchez, Rogelio MD	Omni Family Health 912 Fremont Street Delano CA 93215	Family Practice	**PRV081888**	**PRV000019**	**Yes Eff 10/1/22**
Sanders, Janira BCBA	Prism Behavioral Solutions 4900 California Avenue Ste. 210B-1009 Bakersfield CA 93309	Qualified Autism Provider / Behavioral Analyst	**PRV080853**	**PRV069746**	**Yes Eff 10/1/22**
Shergill, Avninder NP	Priority Urgent Care 4821 Panama Lane Bakersfield CA 2509 Mt Vernon Ave Bakersfield CA	General Practice	**PRV010805**	**PRV044694 PRV038192**	**Yes Eff 10/1/22**
Sikavi, Cameron MD	Kern County Hospital Authority 1700 Mt Vernon Avenue Bakersfield CA 93306	Gastroenterology	**PRV080881**	**ALL SITES**	**Yes Eff 10/1/22**
Tabba, Laraib MD	Bartz-Altadonna Comm Health Center 9300 N. Loop Blvd Ste. C California City CA 93505	Pediatrics	**PRV082170**	**PRV029961**	**Yes Eff 10/1/22**
Torres-Dahm, Joanna BCBA	Holdsambeck Behavioral Health 1200 21st Street Ste. A Bakersfield CA 93301	Qualified Autism Provider / Behavioral Analyst	**PRV082170**	**PRV031922**	**Yes Eff 10/1/22**
Tracy, Haylee PA-C	Komin Medical Group 1150 Lerdo Highway Ste. C Shafter CA 93263	Family Practice	**PRV081184**	**PRV013620**	**Yes Eff 10/1/22**

KERN HEALTH SYSTEMS
Board Approved Effective 10/1/2022

NAME	LEGAL NAME/ADDRESS	SPECIALTY	PROVIDER PRV	VENDOR PRV	PAC APPROVED - EFFECTIVE DATE
Truong, Dorian PA-C	Emergency Physicians Urgent Care, Inc. dba: Accelerated Urgent Care *All Locations 212 Coffee Road Ste. 101 Bakersfield CA 93309	Family Practice/Urgent Care	PRV082172	ALL SITES	Yes Eff 10/1/22
Valenzuela, Celina NP-C	Sumeet Bhinder, MD, Inc. 6001-A Truxtun Avenue Ste. 160 Bakersfield CA 93309	Rheumatology	PRV073948	PRV000285	Yes Eff 10/1/22
Walia, Abhinay MD	Omni Family Health 3800 Mall View Road Bakersfield CA 2811 H Street Bakersfield CA	Family Practice	PRV081515	PRV000019	Yes Eff 10/1/22
Wang, Jing MD	CHA Medical and Surgical Group 8501 Brimhall Road Ste. 402 Bakersfield CA 93312	Ophthalmology	PRV081128	PRV054267	Yes Eff 10/1/22
Wu, Chris MD	California Retina Consultants 5555 Business Park S Ste. 100 Bakersfield CA 93309	Ophthalmology	PRV081899	PRV000243	Yes Eff 10/1/22

KERN HEALTH SYSTEMS
Board Approved Effective 10/1/2022

VENDOR PRV	Legal Name DBA	Specialty	Address	Contract Effective Date	Contract Effective Date
PRV033446	BLC Glenwood-Gardens SNF-LH LLC dba: Brookdale Riverwalk SNF (CA)	SNF	350 Calloway Drive Bldg C Bakersfield CA 93312 P - 661-587-0182 F - 661-587-8053	10/1/2022	10/1/2022
PRV082157	California Hearing Center	Hearing Aid Dispenser	4900 California Ave Ste 210 Tower B Bakersfield CA 93309 P - 310-554-5615 F - 888-507-1925	10/1/2022	10/1/2022
PRV082159	Eastside Medical Supply Inc	DME	2728 E. Palmdale Blvd Ste. 107 Palmdale CA 93550 P - 661-272-0004 F - 661-272-0006	10/1/2022	10/1/2022
PRV076520	Malibu Beach Holdings LLC dba: The Orchards Post Acute	SNF	730 34th Street Bakersfield CA 93301 P - 661-327-7687 F - 661-437-3975	10/1/2022	10/1/2022
PRV082158	OmGanesh Corporation dba: Clinica Pharmacy	Pharmacy/DME	355 Dover Pkwy Ste. C Delano CA 93215 P - 661-545-2500 F - 661-545-2501	10/1/2022	10/1/2022
PRV072006	Regional Imaging PC	Hospital Based Radiology	6412 Laurel Ave Mountain Mesa CA 93240	10/1/2022	10/1/2022
PRV074650	Solace Healthcare Inc dba: Solace Home Health Care	Home Health	1701 Westwind Drive Ste. 122 Bakersfield CA 93301 P - 661-843-7787 F - 661-843-7932	10/1/2022	10/1/2022
PRV082160	Solace Healthcare Inc dba: Solace Hospice	Hospice	1701 Westwind Drive Ste. 121 Bakersfield CA 93301 P - 661-843-7787 F - 661-843-7932	10/1/2022	10/1/2022
PRV082161	Your Hearing Connection an Audiology Corporation dba: Your Hearing Connection	Hearing Aid Dispenser	5500 Ming Ave Ste. 100 Bakersfield CA 93309 P - 661-218-4766 F - 661-498-0606	10/1/2022	10/1/2022

KERN HEALTH SYSTEMS
Board Approved Effective 11/01/2022

NAME	DBA/ADDRESS	SPECIALTY	PROVIDER PRV	VENDOR PRV	PAC APPROVED - EFFECTIVE DATE
BillionToOne Laboratory	BillionToOne Laboratory 1035 O'Brien Drive Menlo Park CA 94025 P - 650-460-2551 F - 650-434-3940	Laboratory	PRV062056	PRV062056	**Yes** **Eff 11/1/22**
Height Street Skilled Care, LLC	Height Street Skilled Care, LLC 1611 Height Street Bakersfield CA 93305 P - 661-748-1300 F - 661-871-4414	SNF	PRV040518	PRV040518	**Yes** **Eff 11/1/22**
PMDCA LLC	PDMCA LLC dba: 100 Plaza Clinical Laboratory Premier Lab Solutions - Bakersfield 2012 17th St Bakersfield **(Draw Station)** **P - 602-441-2808** **F - 602-441-5481** 100 Plaza Clinical Laboratory **(LAB)** 23297 S Pointe Drive Laguna Hills CA	Laboratory	PRV066112	PRV066112	**Yes** **Eff 11/1/22**
Bajracharya, Monalisha NP-C	Bartz-Altadonna Comm Health Center 9300 N. Loop Blvd California City CA 93505	Internal Medicine	PRV082975	PRV029961	**Yes** **Eff 11/1/22**
Bermudez, Krystal NP-C	Clinica Sierra Vista 1611 1st Street Bakersfield CA 93304	Family Practice	PRV082969	PRV000002	**Yes** **Eff 11/1/22**
Costello, Alanna NP-C	Clinica Sierra Vista 67 Evans Road Wofford Heights CA 93285	Family Practice	PRV082967	PRV000002	**Yes** **Eff 11/1/22**
Crisostomo, Christine NP-C	Universal Urg Care & Occup. Med Inc. *All Locations 8325 Brimhall Road Ste. 100 Bakersfield CA 93312	Family Practice	PRV061020	ALL SITES	**Yes** **Eff 11/1/22**

KERN HEALTH SYSTEMS
Board Approved Effective 11/01/2022

DeLeon, Linda LCSW	Reedley Community Hospital dba: AH Community Care - Hanford 1025 N. Douty Street Hanford CA	Clinical Social Worker	PRV082981	PRV040784	**Yes** **Eff 11/1/22**
Essenberg, Samantha NP-C	Universal Urg Care & Occup. Med Inc. *All Locations 8325 Brimhall Road Ste. 100 Bakersfield CA 93312	Family Practice	PRV079249	ALL SITES	**Yes** **Eff 11/1/22**
Ferrer, Maria MD	Omni Family Health 2101 7th Street Wasco CA 93280 912 Fremont St Delano CA 93215	Pediatrics	PRV006418	PRV000019	**Yes** **Eff 11/1/22**
Frost-Morgan, Sarah PsyD	Omni Family Health 4600 Panama Lane Ste. 102B Bakersfield CA 93313	Psychology	PRV082426	PRV000019	**Yes** **Eff 11/1/22**
Gill, Jasdeep PA-C	Clinica Sierra Vista 625 34th Street Ste. 100 & 200 Bakersfield CA 93301	Family Practice	PRV082429	PRV000002	**Yes** **Eff 11/1/22**
Jose, Marissa NP-C	Emergency Physicians Urgent Care, Inc. dba: Accelerated Urgent Care *All Locations 212 Coffee Road Ste. 101 Bakersfield CA 93309	Family Practice	PRV054048	ALL SITES	**Yes** **Eff 11/1/22**
Kouchouk, Amr MD	Golden State Eye Medical Group 6000 Physicians Blvd Bldg D Ste. 205 Bakersfield CA 93301	Ophthalmology	PRV049022	PRV000333	**Yes** **Eff 11/1/22**
Lakey, Drew PA-C	LA Laser Center PC *All Locations 5600 California Avenue Ste. 101 & 103 Bakersfield CA 93309	Dermatology	PRV080823	ALL SITES	**Yes** **Eff 11/1/22**
Louie, Matthew MD	Kern County Hospital Authority 1700 Mt Vernon Avenue Bakersfield CA 93306	Psychiatry	PRV082176	ALL SITES	**Yes** **Eff 11/1/22**

KERN HEALTH SYSTEMS
Board Approved Effective 11/01/2022

Maala, Justine NP-C	Universal Urg Care & Occup. Med Inc. *All Locations 8325 Brimhall Road Ste. 100 Bakersfield CA 93312	Family Practice	PRV036727	ALL SITES	**Yes** **Eff 11/1/22**
Maese, Pablo PA-C	Emergency Physicians Urgent Care, Inc. dba: Accelerated Urgent Care *All Locations 212 Coffee Road Ste. 101 Bakersfield CA 93309	General Practice	PRV075581	ALL SITES	**Yes** **Eff 11/1/22**
Mercado, Zaydee-Anne NP-C	Clinica Sierra Vista 625 34th Street Ste. 100 & 200 Bakersfield CA 93301	Psychiatry	PRV050704	PRV000002	**Yes** **Eff 11/1/22**
Moreno, Gladys NP-C	Tonny Tanus MD Med Corp Inc dba: Kern Allergy Medical Clinic 1921 18th Street Bakersfield CA 93301	Allergy & Immunology	PRV068747	PRV065628	**Yes** **Eff 11/1/22**
Piercy, Amber NP-C	Tonny Tanus MD Med Corp Inc dba: Kern Allergy Medical Clinic 1921 18th Street Bakersfield CA 93301	Allergy & Immunology	PRV065628	PRV065628	**Yes** **Eff 11/1/22**
Ranin, Oliver NP-C	Omni Family Health 1014 Calloway Drive 1022 Calloway Drive Bakersfield CA 93312	Family Practice	PRV057941	PRV000019	**Yes** **Eff 11/1/22**
Shafer, Janele NP-C	Universal Urg Care & Occup. Med Inc. *All Locations 8325 Brimhall Road Ste. 100 Bakersfield CA 93312	Family Practice	PRV081679	ALL SITES	**Yes** **Eff 11/1/22**
Smith, Jacqueline LMFT	Clinica Sierra Vista 1611 1st Street Bakersfield CA 93304	Marriage & Family Therapy	PRV082984	PRV000002	**Yes** **Eff 11/1/22**

KERN HEALTH SYSTEMS
Board Approved Effective 11/01/2022

Singhavong, Austin PA-C	Adventist Health Physicians Network 2701 Chester Avenue Ste. 102 Bakersfield CA 93301	Orthopedic Surgery	PRV076792	PRV036742	**Yes** **Eff 11/1/22**
Susman, Kenneth DPM	Oak Hills Medical Corporation dba: Heart Vascular and Leg Center 5020 Commerce Drive Bakersfield CA 93309	Podiatry	PRV082927	PRV000310	**Yes** **Eff 11/1/22**
Talamantez, Juan NP-C	Adventist Health Delano Delano Urgent Care (Primary Care) 1201 Jefferson Street Delano CA Wasco Medical Plaza 2300 7th Street Wasco CA	Internal Medicine	PRV082523	ALL SITES	**Yes** **Eff 11/1/22**
Tang, Nikki MD	LA Laser Center PC *All Locations 5600 California Avenue Ste. 101 & 103 Bakersfield CA 93309	Dermatology	PRV081021	ALL SITES	**Yes** **Eff 11/1/22**
Tawa, Timothy MD	Clinica Sierra Vista 7800 Niles Street Bakersfield CA 93306	Psychiatry	PRV082428	PRV000002	**Yes** **Eff 11/1/22**
Tran, Minh MD	Kern County Hospital Authority 3551 Q Street Ste. 100 Bakersfield CA 93301	Neurological Surgery	PRV082430	ALL SITES	**Yes** **Eff 11/1/22**
Trujillo, Johanna NP-C	Kern County Hospital Authority 9330 Stockdale Hwy Ste. 400 Bakersfield CA 93311	Family Practice	PRV068529	ALL SITES	**Yes** **Eff 11/1/22**
Uong, Tony NP-C	Clinica Sierra Vista 625 34th Street Ste. 100 & 200 Bakersfield CA 93301	Family Practice	PRV082968	PRV000002	**Yes** **Eff 11/1/22**
Ussef, Najib MD	Kern County Hospital Authority 3551 Q Street Ste. 100 9330 Stockdale Hwy Ste. 100 Bakersfield CA	Orthopedic Surgery	PRV081889	ALL SITES	**Yes** **Eff 11/1/22**

KERN HEALTH SYSTEMS
Board Approved Effective 11/01/2022

Verduzco, Noelle BCBA	Behavioral Momentum Services, LLC 221 S Montclair Street Bakersfield CA 93309	Qualified Autism Provider / Behavioral Analyst	PRV082985	PRV047917	**Yes** **Eff 11/1/22**
Wallace, Laurie RD	Dignity Health Medical Foundation 3737 San Dimas Street Ste 101 ECM Bakersfield CA 93301	Registered Dietician	PRV082986	PRV012886	**Yes** **Eff 11/1/22**
Washington, Deirdre MD	Kern Neurosurgical Institute, Inc. 5329 Office Center Court Ste. 110 Bakersfield CA 93309	Pain Medicine	PRV005369	PRV012900	**Yes** **Eff 11/1/22**
Yakoub, Ereny PA-C	Omni Family Health 4600 Panama Lane Ste. 102B Bakersfield CA 93313	Family Practice	PRV082427	PRV000019	**Yes** **Eff 11/1/22**

KERN HEALTH SYSTEMS
Board Approved Effective 11/01/2022

Legal Name DBA	Specialty	Address	VENDOR PRV	Contract Effective Date
BillionToOne, Inc.	Specialty Laboratory	1035 O'Brien Drive Menlo Park CA 94025	PRV062056	11/1/2022
Height Street Skilled Care, LLC	SNF	1611 Height St Bakersfield CA 93305	PRV040518	11/1/2022
PMDCA, LLC dba: 100 Plaza	Laboratory & Pt Center Site	23297 S. Pointe Dr Laguna Hills CA 2012 17th Street Bakersfield CA	PRV066112	11/1/2022
Sunshine Behavioral Health Services Inc	Mental Health	2020 Eye Street Bakersfield CA 93301 P - 661-241-8251 F - n/a per application	PRV080095	11/1/2022
Shah MD Inc	Anesthesiology	901 Olive Dr (GSH) Bakersfield CA 93308 P - 661-215-7500 F - n/a per application	PRV078587	11/1/2022

KERN HEALTH SYSTEMS
Board Approved Effective 12/01/2022

NAME	DBA/ADDRESS	SPECIALTY	PROVIDER PRV	VENDOR PRV	CONTRACT TYPE	PAC APPROVED - EFFECTIVE DATE
Best Non-Emergency Medical Transport Service, Inc.	David H. Bonilla DBA: Best Non-Emergency Medical Transport Service, Inc. 5001 California Avenue Ste 107 Bakersfield CA 93309	Transportation	PRV083531	PRV083531	New Contract	Yes Eff 12/1/22
Hina's Mercy Southwest Pharmacy	James' Mercy Southwest Pharmacy Inc dba: Hina's Mercy Southwest Pharmacy 500 Old River Road Ste. 125 Bakersfield CA 93311	Pharmacy & DME	PRV006017	PRV006017	New Contract	Yes Eff 12/1/22
Valley Pharmacy - Lamont Healthcare	Lamont Healthcare Inc. dba: Valley Pharmacy 10400 Main Street Ste D Lamont CA 93241	Pharmacy & DME	PRV083491	PRV083491	New Contract	Yes Eff 12/1/22
Ahmad, Ammar MD	Kern County Hospital Authority 1700 Mt Vernon Ave Bakersfield CA 93307	Psychiatry	PRV082488	ALL SITES	Existing	Yes Eff 12/1/22
Barrios, Shawna BCBA	Behavior Frontiers, LLC 5060 California Avenue Ste. 610 Bakersfield CA 93309	Qualified Autism Provider / Behavioral Analyst	PRV083532	PRV046025	Existing	Yes Eff 12/1/22
Cavan, Kristine NP-C	Ridgecrest Regional Hospital 1111 N China Lake Blvd Ste. 190 Ridgecrest CA 93555	General Practice	PRV082659	PRV000279 PRV029495	Existing	Yes Eff 12/1/22
Clarke, Matthew MD	Kern County Hospital Authority 9330 Stockdale Hwy Ste. 400 1111 Columbus St Bakersfield CA	Endocrinology	PRV074906	ALL SITES	Existing	Yes Eff 12/1/22
Daquioag, Roceliza NP-C	Kern County Hospital Authority 2222 19th Street Bakersfield CA 93301	Otolaryngology	PRV041707	ALL SITES	Existing	Yes Eff 12/1/22
Elrod, Bryan CNRA	Regional Anesthesia Associates 1700 Mt Vernon Avenue Bakersfield CA 93306	Anesthesiology	PRV061579	PRV037540	Existing	Yes Eff 12/1/22
Fernandez, Gregory MD	Clinica Sierra Vista (Walk-In) 2400 Wible Rd Ste 14 Bakersfield CA 93304	Family Practice	PRV070343	PRV000002	Existing	Yes Eff 12/1/22
Gibson, Joshua BCBA	Behavioral Momentum Services, LLC 221 S Montclair Street 4545 Stockdale Hwy Ste. A Bakersfield CA 93309	Qualified Autism Provider / Behavioral Analyst	PRV083545	PRV047917	Existing	Yes Eff 12/1/22
Grandeno-Quintanar, Cecilia BCBA	Center for Autism & Related Disorders 8302 Espresso Drive Ste. 100 Bakersfield CA 93312	Qualified Autism Provider / Behavioral Analyst	PRV083546	PRV032083	Existing	Yes Eff 12/1/22
Her, Txong PA-C	Clinica Sierra Vista (Walk-In) 2400 Wible Rd Ste 14 Bakersfield CA 93304	Family Practice	PRV082796	PRV000002	Existing	Yes Eff 12/1/22

KERN HEALTH SYSTEMS
Board Approved Effective 12/01/2022

Hudson, Linda PA-C	Emergency Physicians Urgent Care, Inc. dba: Accelerated Urgent Care *All Locations 212 Coffee Road Ste. 101 Bakersfield CA 93309	Internal Med/UC	PRV048062	ALL SITES	Existing	**Yes** **Eff 12/1/22**
Jorgensen, Aubrey NP-C	Coastal Kids, A Prof Med Corp dba: Bakersfield Pediatrics 1215 34th Street 300 Old River Road Ste. 105 Bakersfield CA	Pediatrics	PRV083547	PRV077048	Existing	**Yes** **Eff 12/1/22**
Karamyan, Nune MD	Hospitalist Medicine Phys of Calif Inc dba: Sound Hospitalist of California 2615 Chester Avenue Bakersfield CA 93301	Internal Medicine / Hospitalist	PRV068726	PRV068726	Existing	**Yes** **Eff 12/1/22**
Kim, Julian MD	Emergency Physicians Urgent Care, Inc. dba: Accelerated Urgent Care *All Locations 212 Coffee Road Ste. 101 Bakersfield CA 93309	Internal Med/UC	PRV005034	ALL SITES	Existing	**Yes** **Eff 12/1/22**
Leal, Desiree-Jayne NP-C	Emergency Physicians Urgent Care, Inc. dba: Accelerated Urgent Care *All Locations 212 Coffee Road Ste. 101 Bakersfield CA 93309	General Practice/UC	PRV083548	ALL SITES	Existing	**Yes** **Eff 12/1/22**
Martinez, Maria NP-C	Bartz-Altadonna Comm Health Center 9300 N. Loop Blvd California City CA 93505	Internal Medicine	PRV083549	PRV029961	Existing	**Yes** **Eff 12/1/22**
Meo, Garret RD	Bartz-Altadonna Comm Health Center 9300 N. Loop Blvd California City CA 93505	Dietician	PRV083550	PRV029961	Existing	**Yes** **Eff 12/1/22**
Miranda, Raydel NP-C	Clinica Sierra Vista 2400 Wible Rd Ste 14 Bakersfield CA 93304	Family Practice	PRV082965	PRV000002	Existing	**Yes** **Eff 12/1/22**
Myren, Jarred BCBA	Center for Autism & Related Disorders 8302 Espresso Drive Ste. 100 Bakersfield CA 93312	Qualified Autism Provider / Behavioral Analyst	PRV083551	PRV032083	Existing	**Yes** **Eff 12/1/22**
Ouma, Kevin MD	Clinica Sierra Vista 625 34th Street Ste. 100 & 200 2000 Physicians Blvd Bakersfield CA 93301	IM/HIV Coverage	PRV082793	PRV000002	Existing	**Yes** **Eff 12/1/22**
Petersen, Lucille CRNA	Regional Anesthesia Associates 1700 Mt Vernon Avenue Bakersfield CA 93306	Anesthesiology	PRV069122	PRV037540	Existing	**Yes** **Eff 12/1/22**
Priority Urgent Care - Allen	Priority Urgent Care dba: Priority Urgent Care - Allen 1345 Allen Road Ste 300 Bakersfield CA 93314	Urgent Care Clinic	PRV038192	PRV038192	Existing	**Yes** **Eff 12/1/22**

KERN HEALTH SYSTEMS
Board Approved Effective 12/01/2022

Priority Urgent Care - Calloway	Priority Urgent Care dba: Priority Urgent Care - Calloway 3409 Calloway Drive Ste 101 Bakersfield CA 93312	Urgent Care Clinic	PRV038192	PRV038192	Existing	**Yes** **Eff 12/1/22**
Priority Urgent Care - Stockdale	Priority Urgent Care dba: Priority Urgent Care - Stockdale 9900 Stockdale Hwy Suite 105 Bakersfield CA 93311	Urgent Care Clinic	PRV038192	PRV038192	Existing	**Yes** **Eff 12/1/22**
Quier, Ernest CRNA	Coffee Surgery Center dba: All Kids Denal Center 2525 Eye Street Ste. 100 Bakersfield CA 93301	Anesthesiology	PRV032763	PRV000369	Existing	**Yes** **Eff 12/1/22**
Rowland, Leslie NP-C	Ridgecrest Regional Hospital 1111 N China Lake Blvd Ste. 190 Ridgecrest CA 93555	Internal Medicine & Pediatrics	PRV082966	PRV029495	Existing	**Yes** **Eff 12/1/22**
Severns, Ronald LCSW	Reedley Community Hospital dba: Adventist Health Reedley - Selma 2141 High Street Reedley CA 93662	Clinical Social Worker	PRV083552	PRV077724	Existing	**Yes** **Eff 12/1/22**
Simeon, Francis-Marlo MD	Hospitalist Medicine Phys of Calif Inc dba: Sound Hospitalist of California 2615 Chester Avenue Bakersfield CA 93301	Internal Medicine / Hospitalist	PRV082073	PRV068726	Existing	**Yes** **Eff 12/1/22**
Tran, Jessica NP-C	Clinica Sierra Vista (Walk-In) 2400 Wible Rd Ste 14 Bakersfield CA 93304	Family Practice	PRV082795	PRV000002	Existing	**Yes** **Eff 12/1/22**
Vue, Wa PA-C	Clinica Sierra Vista (Walk-In) 2400 Wible Rd Ste 14 Bakersfield CA 93304	Family Practice	PRV082508	PRV000002	Existing	**Yes** **Eff 12/1/22**
Yalamanchili, Venkat MD	Kern County Hospital Authority 3551 Q Street Ste. 100 Bakersfield CA 93301	Vascular Surgery	PRV082794	ALL SITES	Existing	**Yes** **Eff 12/1/22**

KERN HEALTH SYSTEMS
Board Approved Effective 12/01/2022

Legal Name DBA	Specialty	Address	VENDOR PRV	Contract Effective Date
Community Health Centers of America	**Primary Care**	733 3rd Street McFarland CA 93250 Phone - 661-792-3097 Fax - 661-792-3095	PRV083530	12/1/2022
David H. Bonilla dba: Best Non-Emergency Medical Transport Service, Inc.	**Transportation**	5001 California Ave Ste 107 Bakersfield CA 93309 Phone -661-412-2208 Fax - 661-412-7117	PRV083531	12/1/2022
James' Mercy Southwest Pharmacy Inc dba: Hina's Mercy Southwest Pharmacy	Pharmacy & DME	500 Old River Road Ste. 125 Bakersfield CA 93311 Phone - 661-663-0977 Fax - 661-663-0911	PRV006017	12/1/2022
Lamont Healthcare Inc. dba: Valley Pharmacy - Lamont Healthcare	Pharmacy & DME	10400 Main Street Ste D Lamont CA 93241 Phone - 661-735-7077 Fax - 661-735-7407	PRV083491	12/1/2022

KERN HEALTH SYSTEMS
4th Quarter 2022
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

Report Date: January 6, 2023

Department: Provider Network Management

Monitoring Period: October 1, 2022 through December 31, 2022

Population:

Providers	Credentialed	Recredentialed
MD's	25	89
DO's	0	3
AU's	0	0
DC's	0	0
AC's	0	0
PA's	13	8
NP's	32	20
CRNA's	3	1
DPM's	3	2
OD's	0	2
ND's	0	0
RD's	2	0
BCBA's	11	0
LM's	0	0
Mental Health	6	5
Ocularist	0	0
OT	0	0
Ancillary	17	22
CSS	6	0
TOTAL	**118**	**152**

Specialty	Providers Credentialed	Providers Recredentialed	Providers Sent to PAC	Providers Not Approved
Acupuncture	0	0	0	0
Addtiction Medicine	0	0	0	0
Allergy & Immunology	2	0	2	0
Anesthesiology / CRNA	3	3	6	0
Audiology	0	0	0	0
Autism / Behavioral Analyst	11	0	11	0
Cardiology	0	7	7	0
Chiropractor	0	0	0	0
Colon & Rectal Surgery	0	0	0	0
Critical Care	0	1	1	0
Dermatology	3	3	6	0
Emergency Medicine	0	3	3	0
Endocrinology	2	3	5	0
Family Practice	24	12	36	0
Gastroenterology	0	5	5	0
General Practice	4	2	6	0

KERN HEALTH SYSTEMS
4th Quarter 2022
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

Specialty	Providers Credentialed	Providers Recredentialed	Providers Sent to PAC	Providers Not Approved
General Surgery	2	4	6	0
Genetics	0	0	0	0
Gynecology	0	0	0	0
Gynecology/Oncology	0	1	1	0
Hematology/Oncology	0	4	4	0
Hospitalist	4	2	6	0
Infectious Disease	0	3	3	0
Internal Medicine	11	21	32	0
Mental Health	6	5	11	0
MidWife (Certified)	0	0	0	0
MidWife (Licensed)	0	0	0	0
Naturopathic Medicine	0	1	1	0
Neonatology	0	0	0	0
Nephrology	0	3	3	0
Neurological Surgery	2	1	3	0
Neurology	1	2	3	0
Obstetrics & Gynecology	0	8	8	0
Ocularist	0	0	0	0
Occupational Therapy	0	0	0	0
Ophthalmology	1	0	1	0
Optometry	0	2	2	0
Orthopedic Surgery / Hand Surg	2	4	6	0
Otolaryngology	1	2	3	0
Pain Management	1	2	3	0
Pathology	0	1	1	0
Pediatrics	6	15	21	0
Physical Medicine & Rehab	0	1	1	0
Plastic Sugery	0	1	1	0
Podiatry	3	2	5	0
Psychiatry	7	6	13	0
Pulmonary	0	1	1	0
Radiation Oncology	0	2	2	0
Radiology	1	4	5	0
Registered Dieticians	2	0	2	0
Rheumatology	0	2	2	0
Sleep Medicine	0	0	0	0
Thoracic Surgery	0	1	1	0
Urology	0	1	1	0
Vascular Medicine	0	0	0	0
Vascular Surgery	1	0	1	0
KHS Medical Directors	0	0	0	0
TOTAL	**100**	**141**	**241**	**0**

KERN HEALTH SYSTEMS
4th Quarter 2022
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

ANCILLARY	Providers Credentialed	Providers Recredentialed	Providers Sent to PAC	Providers Not Approved
Ambulance	0	0	0	0
Cancer Center	0	0	0	0
Cardiac Sonography	0	0	0	0
Comm. Based Adult Services	0	1	1	0
Dialysis Center	0	1	1	0
DME	1	3	4	0
Hearing Aid Dispenser	0	0	0	0
Home Health	0	0	0	0
Home Infusion/Compounding	0	0	0	0
Hospice	0	1	1	0
Hospital / Tertiary Hospital	1	2	3	0
Laboratory	2	0	2	0
Lactation Consultant	0	0	0	0
MRI	0	0	0	0
Ocular Prosthetics	0	0	0	0
Pharmacy	0	5	5	0
Pharmacy/DME	3	1	4	0
Physical / Speech Therapy	0	0	0	0
Prosthetics & Orthotics	0	0	0	0
Radiology	0	1	1	0
Skilled Nursing	6	0	6	0
Sleep Lab	0	1	1	0
Surgery Center	0	4	4	0
Transportation	1	1	2	0
Urgent Care	3	1	4	0
Community Support Services	6	0	6	0
TOTAL	**23**	**22**	**45**	**0**

Defer = 0 **Denied = 0**

KERN HEALTH SYSTEMS
4th Quarter 2022
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

KERN HEALTH SYSTEMS
4th Quarter 2022
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

KERN HEALTH SYSTEMS

To: KHS QI-UM Committee

From: Provider Network Management Department

Date: 3/16/2023

Re: Provider Network Management - Network Review Q4, 2022

Background:
The Department of Managed Health Care (DMHC) and the Department of Health Care Services (DHCS) maintain accessibility, availability, and adequacy standards the Plan is required to meet. The Plan's standards and monitoring activities are outlined in policy and procedure 4.30-P accessibility standards. The Plan utilizes the Provider Network Management Network Review to monitor accessibility, availability, and adequacy standards.

Discussion:
The Provider Network Management Network Review provides the overview and results for the Plan's After-Hours Survey, Appointment Availability Survey, Accessibility Grievance Review, Geographic Accessibility and DHCS Network Certification, Network Adequacy and Provider Counts, and DHCS Quarterly Monitoring Report Template Review**.**

Fiscal Impact: N/A

Requested Action: Request to approve and file PNM Q4 2022 report.

KERN HEALTH SYSTEMS

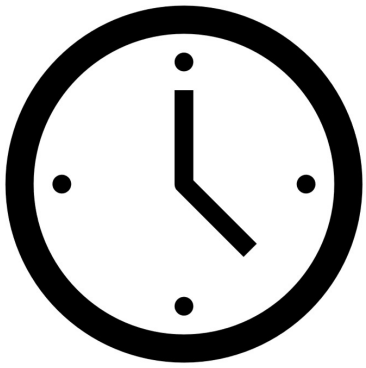
Provider Network Management
Network Review
Quarter 4, 2022

- **After-Hours Survey Report**
- **Appointment Availability Survey Report**
- **Grievance Review (Q2 2022 Review Period)**
- **Geographic Accessibility & Network Certification**
- **Network Adequacy & Provider Counts**
- **DHCS Quarterly Monitoring Report/Response Template (QMRT) (Q3 2022 Review Period)**
- **VSP Appointment Availability Survey Report**

KERN HEALTH SYSTEMS

After-Hours Calls

Quarter 4, 2022



Provider Network Management

AFTER-HOURS CALLS

Q4, 2022

Introduction

As required by the Department of Managed Health Care (DMHC) Health & Safety Code 1348.8, Kern Health Systems (KHS) uses an after-hours caller program to assess compliance with access standards for Kern Family Health Care (KFHC) Members. KHS policy requires that:

1.) Provider's answering machine or answering service must instruct the member to call 911 if the purpose of the call is a medical emergency.

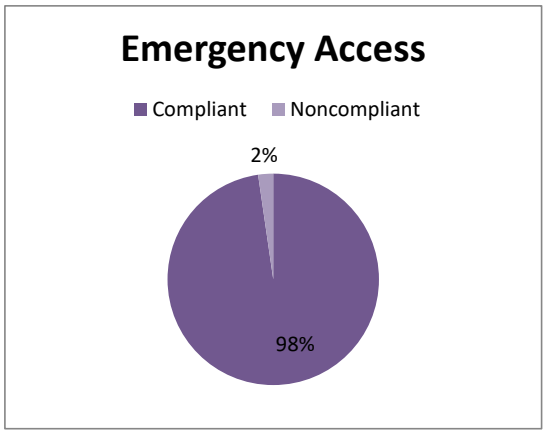
2.) For urgent matters, Provider's answering machine must provide an on-call number. If an answering service is used, the member must receive a call back from an on-call member of your office within 30 minutes of call.

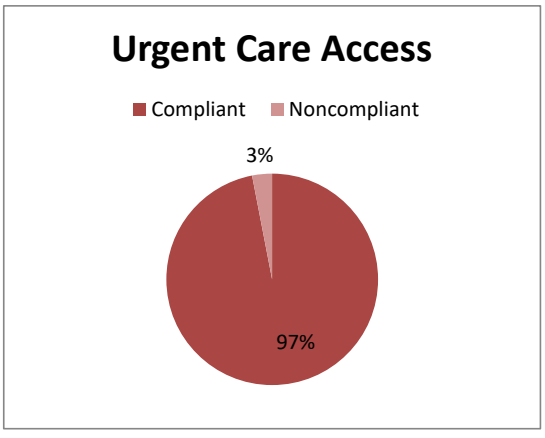
An initial survey is conducted by Health Dialog; the results are forwarded to the Plan's Provider Network Analyst Team who make additional follow up calls based on compliant/noncompliant data received from the survey vendor.

Providers who are found noncompliant with either/both standard(s) are notified via mailed letter and contacted by their Plan-assigned Provider Relations Representative. Providers who are found to be noncompliant for a second consecutive quarter are be notified by mailed letter and contacted by the Deputy Director of Provider Network or designee. Providers who are found noncompliant for a third consecutive quarter will be engaged via a Corrective Action Plan (CAP).

Results

During Q4 2022 131 provider offices were contacted. Of those offices, 128 were compliant with the Emergency Access Standards and 127 were compliant with the Urgent Care Access Standards.





AFTER-HOURS CALLS

Q4, 2022

Tracking, Trending, and Provider Outreach

The Plan utilizes the after-hours survey calls to monitor compliance at a network-wide level. The Plan was found compliant with Emergency Access and Urgent Access remaining in line with prior quarters, with percentages in Q4 2022 above 90%.

Compliance with after-hours standard	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Emergency Access	94%	98%	99%	94%	95%	98%
Urgent Care Access	89%	96%	92%	81%	92%	97%

The Plan reviews results of provider groups against prior quarters. The Plan conducts provider outreach as appropriate and maintains ongoing quarterly tracking/trending.

During Q4 2022, the Plan identified one office which was noncompliant for two consecutive quarters. The Plan's Provider Relations Representatives and Deputy Directory of Provider Network conducted targeted education with the identified provider groups regarding their contractual obligation to meet regulatory access standards.

For all other offices identified with a single instance of noncompliance during Q4 2022, the Plan's Provider Relations Representatives conducted targeted education and sent letters notifying the provider groups of the survey results and Plan policy (template attached).

Upon review, the Plan has found that the outreach and education conducted via both letter and the Provider Relations Representatives/Deputy Director of Provider Network has seen success, as twelve previously noncompliant provider groups in Q3 2022 were found to be compliant during Q4 2022.

KERN HEALTH SYSTEMS

[DATE]

[OFFICE NAME]
Attn: Office Manager
[ADDRESS]
[CITY], [STATE] [ZIP]

As required by DMHC Health & Safety Code 1348.8, Kern Health Systems (KHS) uses an after-hours caller program to assess compliance with access standards for Kern Family Health Care (KFHC) Members. KHS policy requires that:

1.) Provider's answering machine or answering service must instruct the member to call 911 if the purpose of the call is a medical **emergency**.

2.) For **urgent** matters, Provider's answering machine must provide an on-call number. If an answering service is used, the member must receive a call back from an on-call member of your office within 30 minutes of call.

The purpose of this letter is to notify you of the identified non-compliance issues.

During [QUARTER, YEAR], a call was placed to your office at [PHONE]. The results of that call found that your office was non-compliant with the [STANDARD] after-hours access standard(s) as set forth in the KHS standards in our policy and outlined above.

For your convenience, I have attached a copy of our Policy related to access standards. Please review this policy with your staff to ensure compliance. Your office will remain on the list of providers to be surveyed for compliance with KHS access standards. In order to ensure member access, it is imperative these standards are regularly evaluated.

Please call me if you have any questions or concerns related to this policy. KHS will assist in any way possible to ensure compliance with these standards.

Sincerely,

Melissa Lopez
Deputy Director Provider Network
661-617-2642

661-664-5000
661-664-5151
kernhealthsystems.com
2900 Buck Owens Boulevard, Bakersfield, CA 93308-6316

3.9 Facility Hours

Type of Service	Standard
Emergency Care	24 hours per day, 7 days per week
After Hours Urgent and Emergency Care	Primary and specialty care providers must provide or arrange after hours access for treatment of urgent and emergency conditions by telephone and/or personal contact.

Each contracted provider shall offer their KHS Medi-Cal members hours of operation that are no less than the hours of operation offered by the contracted provider to other patients. If the contracted provider only serves Medi-Cal beneficiaries, the hours of operation should be comparable to the hours offered to Medi-Call FFS.

Office hours, including after hours availability, should be posted on the outside entrance of the office with the office daytime and after hours phone numbers.

3.10 Telephone Accessibility

Providers and administrative personnel must maintain a reasonable level of telephone accessibility to KHS members. At minimum, the following response times are required:

Nature of Telephone Call	Response Time
Emergency medical or Kern County Mental Health Crisis Unit	Member should be instructed to call 9-1-1 or 661-868-8000
Urgent medical	30 Minutes
Non-urgent medical	By close of following business day
Non-Urgent Mental Health	By close of following business day
Administrative	By close of following business day

Provider offices must provide procedures to enable patient access to emergency services 24 hours per day, seven days per week. Patients must be able to call the office number for information regarding physician availability, on call provisions or emergency services. An answering machine or service must be made available after normal business hours with direction in non-emergency and emergency situations.

Contracted providers must answer or design phone systems that answer phone calls within six rings. Providers should address each telephone call regarding medical advice or issues promptly and efficiently and must ensure that non-medical personnel do not give medical advice. Only PAs, NPs, RNs and MDs may provide medical advice. A sample policy that providers may incorporate into their own body of policies is included as Attachment A.

KHS provides or arranges for the provision of 24/7 triage screening services by telephone. KHS ensures that telephone triage or screening are provided in a timely manner appropriate for the member's condition, and the triage or screening wait time does not exceed 30 minutes. KHS provides triage or screening services through medical advice lines pursuant to §1348.8 of the Health & Safety Code. Refer to *KHS Policy and Procedure 3.15-I 24-hour Telephone Triage Service*.

3.11 Full-time equivalent (FTE) Provider to Member Ratios

KHS shall maintain a provider network capacity of the following full-time equivalent provider to member ratios:

Primary Care Physicians	1:2,000
Total Physicians	1:1,200

4.0 MONITORING

The Provider Relations Department shall be responsible for monitoring Plan compliance with access standards.

4.1 Quarterly Access Review

On a quarterly basis KHS will conduct a review of Plan's compliance with after hours and appointment availability access standards. This will include, but is not limited to after hours survey calls, appointment availability survey, a review of access grievances, and a review of data received from the 24-Hour Telephone Triage Service employed by KHS (as outlined in *KHS Policy and Procedure 3.15-I 24-hour Telephone Triage Service).* Based on this review, KHS will take action as applicable including appropriate provider education; if a provider continues to be found out of compliance based on the results of the quarterly review, the provider may be issued a corrective action plan (CAP) as described in *KHS Policy and Procedure #4.40-P Corrective Actions Plans*

The appointment availability survey will consist of quarterly calls made to a sample of contracted primary care and specialist providers (included mental health providers) to assess the provider's and the Plan's level of compliance with appointment availability standards.

The after hours survey calls will consist of quarterly calls made to all contracted primary care provider offices to assess the provider's and the Plan's level of compliance with after-hours standards.

As appropriate, results of the annual Member (§4.3) and Provider (§4.4) Satisfaction surveys will be incorporated into KHS' quarterly access review for additional tracking and trending.

Results of the KHS's quarterly access review will be reported to the QI/UM Committee as outlined in §5.0 - Reporting.

KERN HEALTH SYSTEMS

Appointment Availability Survey

Quarter 4, 2022

Provider Network Management

Appointment Availability Survey

Q4, 2022

Introduction

As required by the Department of Health Care Services (DHCS) and Title 28 CCR Section 1300.67.2.2, Kern Health Systems (KHS) uses an appointment availability survey to assess compliance with access standards for Kern Family Health Care (KFHC) Members.

In line with KHS policies and procedures and Department regulation, the quarterly appointment availability survey monitors:

Type of Appointment	Time Standard
Urgent primary care appointment	Within 48 hours of a request
Non-urgent primary care appointment	Within 10 business days of a request
Urgent appointment with a specialist	Within 96 hours of a request
Non-urgent appointment with a specialist	Within 15 business days of a request
Non-urgent appointments with a non-physician mental health care provider	Must offer the appointment within 10 business days of request
Non-urgent appointment for ancillary services	Within 15 business days of a request
First prenatal OB/GYN visit	The lesser of 10 business days or within 2 weeks upon request

When it is necessary for a provider or enrollee to reschedule an appointment, the appointment shall be promptly rescheduled in a manner that is appropriate for the enrollee's health care needs and ensures continuity of care consistent with good professional practice and consistent with the objectives of KHS *Policy 4.30-P Accessibility Standards*. The standard and monitoring process for the availability of a rescheduled appointment shall be equal to the availability of the initial appointment, such that the measure of compliance shall be shared.

The survey was conducted internally by KHS staff; compliance is determined using the methodology utilized by the DHCS during the 2017 Medical Audit in which they conducted a similar appointment availability survey.

KHS also utilizes the quarterly survey calls to monitor contracted provider's **Phone Answering Timeliness.** KHS *Policy 4.30-P Accessibility Standards,* requires "contracted providers must answer or design phone systems that answer phone calls within six rings." In conducting the quarterly appointment availability survey, KHS staff count the rings prior to a provider answering to gauge compliance.

Appointment Availability Survey

Q4, 2022

Appointment Availability Survey Results

A random sample of 15 primary care provider offices, 15 specialist offices, 5 non-physician mental health offices, 5 ancillary offices, and 5 OBGYN offices were contacted during Q4 2022.

Of the primary care providers surveyed, the Plan compiled the wait time in hours to determine the Plan's average wait time for an urgent primary care appointment. The Plan compiled the wait time in days to determine the Plan's average wait time for a non-urgent primary care appointment. The average wait time for an urgent primary care appointment was **26.1 hours** for Q4 2022. The average wait time for a non-urgent primary care appointment was **2.8 days** for Q4 2022. **Based on these results, the Plan was determined to be compliant in both the urgent and non-urgent time standards for primary care appointments in Q4 2022.**

Of the specialist providers surveyed, the Plan compiled the wait time in hours to determine the Plan's average wait time for an urgent specialist appointment. The Plan compiled the wait time in days to determine the Plan's average wait time for a non-urgent specialist appointment. The average wait time for an urgent specialist appointment was **44.9 hours** for Q4 2022. The average wait time for a non-urgent specialist appointment was **6.9 days** for Q4 2022. **Based on these results, the Plan was determined to be compliant in both the urgent and non-urgent time standards for specialist appointments in Q4 2022.**

Of the non-physician mental health providers surveyed, the Plan compiled the wait time in days to determine the Plan's average wait time for an appointment with a non-physician mental health provider. The Plan's average wait time for a non-physician mental health provider appointment was **4.4 days** for Q4 2022. **Based on these results, the Plan was determined to be compliant with the time standard for a mental health appointment in Q4 2022.**

Of the ancillary providers surveyed, the Plan compiled the wait time in days to determine the Plan's average wait time for an appointment with the ancillary provider. The Plan's average wait time for an ancillary appointment was **2 days** for Q4 2022, as each ancillary provider surveyed had a same-day appointment. **Based on these results, the Plan was determined to be compliant with the time standard for an ancillary appointment in Q4 2022.**

Of OB/GYN providers surveyed, the Plan compiled the wait time in days to determine the Plan's average wait time for a first prenatal appointment with an OB/GYN. The Plan's average wait time for a first prenatal appointment with an OB/GYN was **6.2 days** for Q4 2022. **Based on these results, the Plan was determined to be compliant with the time standard for an OB/GYN first prenatal appointment in Q4 2022.**

Appointment Availability Survey

Q4, 2022

Tracking, Trending, and Provider Outreach

The Plan utilizes the quarterly appointment availability survey to monitor compliance at a network-wide level. The Plan reviewed the results of the Q4 2022 appointment availability survey against the results of prior quarters. The Plan recognized minor increases in wait time for Non-Physician Mental Health, Ancillary, and OB/GYN appointments. The Plan does not consider this increase as a trend at this time as the results are in line with prior quarters. The Plan's average wait time remains well within regulatory standards for all appointment types.

Average urgent wait time in hours	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Primary Care	28.5	32.9	20.6	16.2	38.2	26.1
Specialist	49.6	54.5	90.5	67.0	76.6	44.9

Average wait time in days	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Primary Care	4	2.5	4.3	6.5	4.3	2.8
Specialist	6	6.3	11.9	9.5	12.2	6.9
Non-Physician Mental Health	4.2	2.4	2.4	3.0	2.7	4.4
Ancillary	1	1	10.8	0.8	0	2
OB/GYN	4.4	3.8	3.2	4.6	4.0	6.2

The Plan reviews individual provider/group results against prior quarters. The Plan conducts provider outreach as appropriate and maintains ongoing quarterly tracking/trending.

For all providers identified as newly noncompliant during Q4 2022, the Plan sent letters notifying the providers of the survey results and Plan policy (template attached).

Phone Answering Timeliness Results

Utilizing the methodology outlined above, KHS conducts a phone answering timeliness survey in conjunction with the appointment availability survey. During Q3 2022 calls were answered within an average of 2.9 rings.

	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Average rings to answer	3.0	1.8	1.6	1.9	2.9	2.4

Follow-up Survey and Best Practices

In Q4 2022, the Plan conducted a follow-up appointment availability survey, resurveying all providers found to be previously noncompliant in Q3 2022. The previously noncompliant providers consisted of 3 primary care and 4 specialist providers.

Appointment Availability Survey

Q4, 2022

Based on the results of this follow-up survey, the Plan identified the 3 primary care providers continue to be noncompliant along with 1 specialist provider. All of these providers are contracted with the same provider group. The Deputy Director of Provider Network has reached out directly to the group to remind them of the appointment availability standards and requested an action plan from them. The Plan will continue to work with the group and offer any assistance in order for the group to become compliant.

KERN HEALTH SYSTEMS

[DATE]

[OFFICE NAME]
Attn: Office Manager
[ADDRESS]
[CITY], [STATE] [ZIP]

Kern Health Systems (KHS) uses an appointment availability survey program to assess compliance with access standards for Kern Family Health Care (KFHC) Members. The Department of Health Care Services (DHCS), and KHS policy 4.30-P *Accessibility Standards* requires that patients be able to call an office for information regarding physician and appointment availability, on call provisions, or emergency services.

During [Quarter, Year] KHS contacted your office and conducted an appointment availability survey in regards to scheduling [STANDARD/SPECIALTY] appointment. Based on the results of the survey, we found your office was not complaint with KHS availability standards. With this letter, I have included a copy of KHS policy that outlines required appointment availability standards.

The purpose of this letter is to notify you of the identified non-compliance and to remind you of your contractual obligations related to access standards. Please call me if you have any questions or concerns related to this policy. KHS will assist in any way possible to ensure compliance with these standards.

Sincerely,

Melissa Lopez
Deputy Director of Provider Network
661-617-2642

661-664-5000
661-664-5151
kernhealthsystems.com
2900 Buck Owens Boulevard, Bakersfield, CA 93308-6316

Additionally, KHS shall ensure its network of providers meets compliance with time and distance standards as required by the Department Health Care Services' (DHCS) annual network certification.

For geographic service areas (zip codes) found to not meet the above standards, KHS shall maintain alternative access standards, to be filed and approved with the DHCS and DMHC.

3.6 **Appointment Waiting Time and Scheduling:**
The "appointment waiting time" means the time from the initial request for health care services by a Member or the Member's treating provider to the earliest date offered for the appointment for services inclusive of the time for obtaining authorization from the plan, and completing any other condition or requirement of the plan or its contracting providers. KHS shall ensure that Members are offered appointments for covered health care services within a time period appropriate for their condition. Members must be offered appointments within the following timeframes:

Type of Appointment	Time Standard
Urgent care appointment for services that do not require prior authorization[1]	Within 48 hours of a request
Urgent appointment for services that require prior authorization	Within 96 hours of a request
Non-urgent primary care appointment	Within 10 business days of a request
Non-urgent appointment with a specialist	Within 15 business days of a request
Non-urgent appointments with a physician mental health care provider	Must offer the appointment within 10 business days of request
Non-urgent appointments with a non-physician mental health care provider	Must offer the appointment within 10 business days of request
Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness, or other health condition	Within 15 business days of a request
Pediatric CHDP Physicals	Within 2 weeks upon request
First pre-natal OB/GYN visit	The lesser of 10 business days or within 2 weeks upon request

Exceptions to Appointment Waiting Time and Scheduling:

KERN HEALTH SYSTEMS

Access Grievance Review

Quarter 4, 2022

(Q2 2022 Review Period)

Provider Network Management

Access Grievance Review

Q4, 2022 (Q2 2022 Review Period)

Introduction and KHS Policy and Procedure

As outlined in KHS policy 5.01-P, *Member Grievance*, member grievances are documented, investigated, and resolved within thirty (30) calendar days by the KHS Member Services Department. On a quarterly basis, KHS' Provider Network Management Department reviews all access grievances from the previous quarter, in order to identify any potential access issues or trends within the Plan's network or amongst the Plan's contracted providers. The time standards for access to a primary care appointment, specialist appointment, in-office wait time, and provider telephone are outlined in KHS policy *4.30-P Accessibility Standards.*

Categorization

As of Q2 2020, the Member Service Department uses twenty-three DHCS recognized Grievance Types (or "dispositions") to categorize grievances. Grievances categorized as *Geographic Access*, *Provider Availability*, *Technology/Telephone*, or *Timely Access* are considered access grievances for the purposes of this review. The Plan reviews these grievance types against prior quarters, and the graphs utilized within this review only includes data that is in line with these grievance types.

Grievance Totals

There were **sixty-one (61)** access-related grievances in Q2 2022. In **forty-one (41)** of the cases in Q2 2022, no issues were identified and were closed in favor of the Plan. The remaining **twenty (20)** cases in Q2 2022 were closed in favor of the enrollee; the KHS Grievance Department sent letters to the providers involved in these cases, notifying them of the outcome.

The **twenty (20)** grievances in Q2 2022 that were closed in favor of the enrollee were forwarded to the Plan's Provider Network Management Department. For each of these grievances, the members initial complaint, the provider's response, the Members Service Department's investigation, and the Grievance Committee's decision are reviewed by the Provider Network Management Department.

The access grievances found in favor of the enrollee for Q2 2022 categorized by the KHS Grievance Department as follows:

Timely Access	**10**
Provider Availability	**4**
Technology / Telephone	**6**

Access Grievance Review

Q4, 2022 (Q2 2022 Review Period)

Tracking and Trending

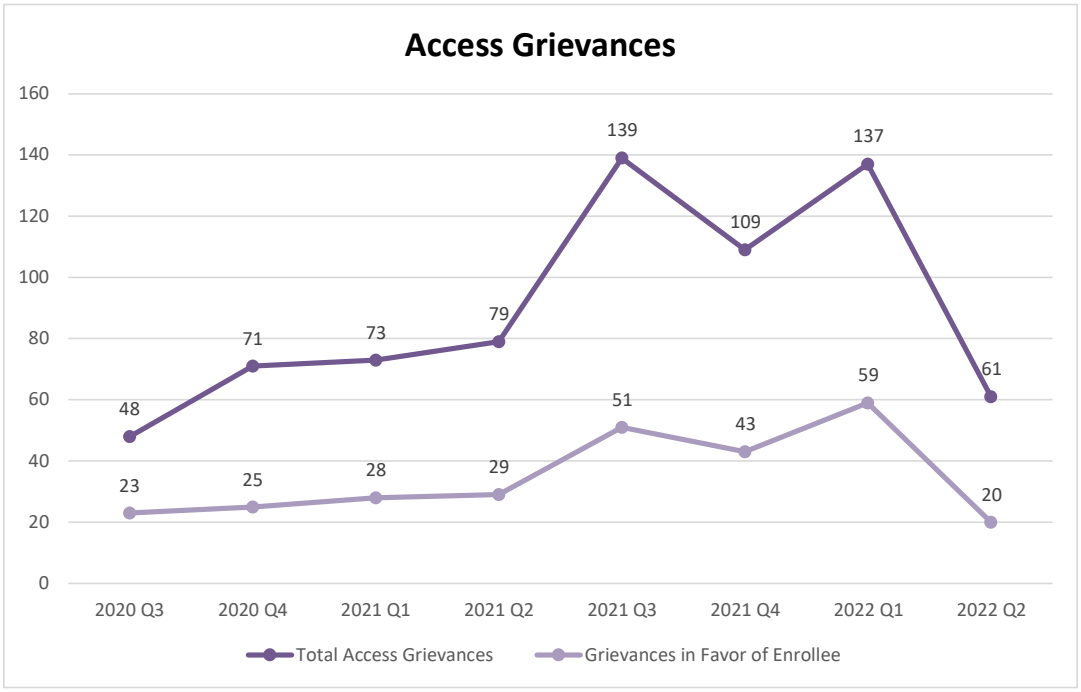
The Provider Network Management Department reviewed all access grievances found in favor of the enrollee received in Q2 2022 to identify any potential access issues or trends within the Plan's network or amongst the Plan's contracted providers. In addition to a review conducted against prior quarters, the Plan reviews Access Grievances against outcomes of other monitoring conducted as part of the quarterly *Provider Network Management, Network Review* (e.g. Appointment Availability Survey, DHCS' QMRT review, Network Adequacy).

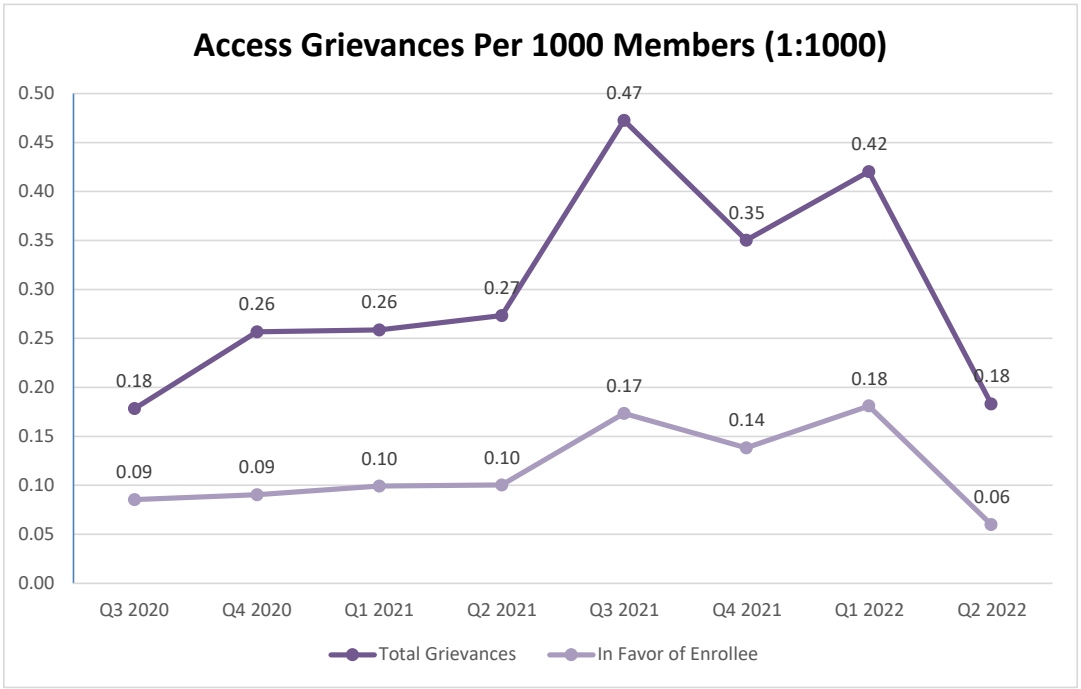
Upon review of Q2 2022 access grievances, the Plan identified a decrease in grievances when compared from Q1 2022. The Plan believes the decrease is due to provider offices being able to revert back to pre-pandemic conditions and staffing. Additionally, the Plan's Access Grievances Per 1000 members for grievances found in favor of the enrollee decreased to 0.06 in Q2 2022

The Plan reviews grievances across a four-quarter rolling review period. Trends that are identified are reviewed with the Provider Relations Manager on a case-by-case basis to develop a target-based strategy to address. During Q4 2021 and Q1 2022, the Plan recognized a provider availability trend with Adventist Health Community Care Clinic – Taft due to it losing its PCP providers. During Q2 2022, the Plan did not have any additional grievances related to the issues identified in Q4 2021 and Q1 2022. The Plan will continue to monitor access grievances for potential trends via the quarterly access grievance review.

Access Grievance Review

Q4, 2022 (Q2 2022 Review Period)

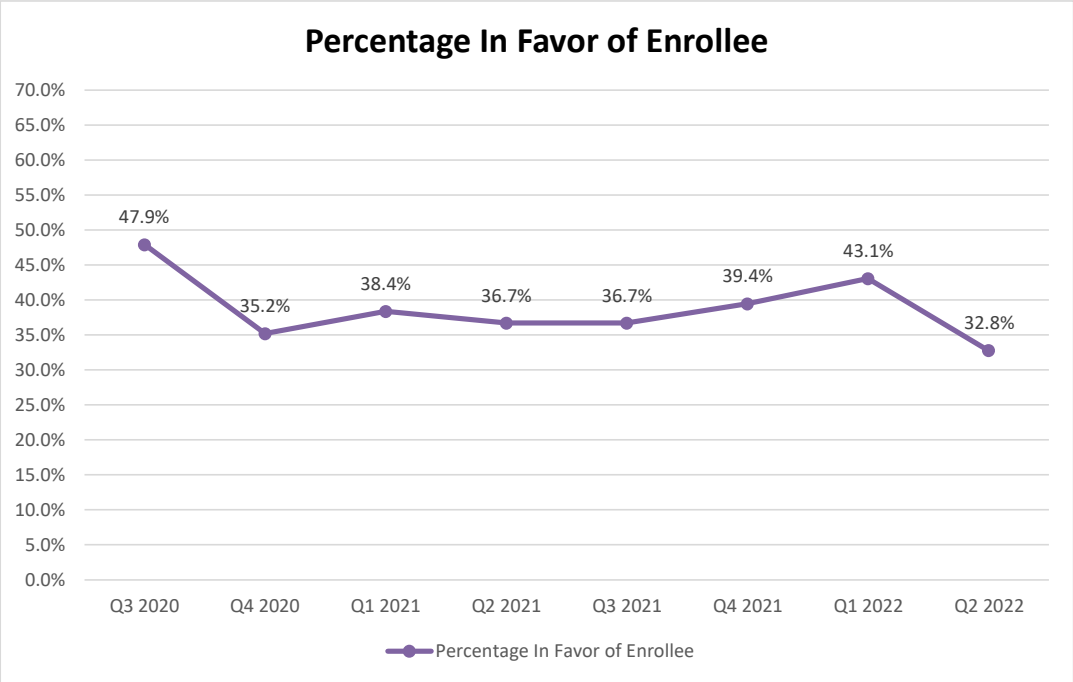


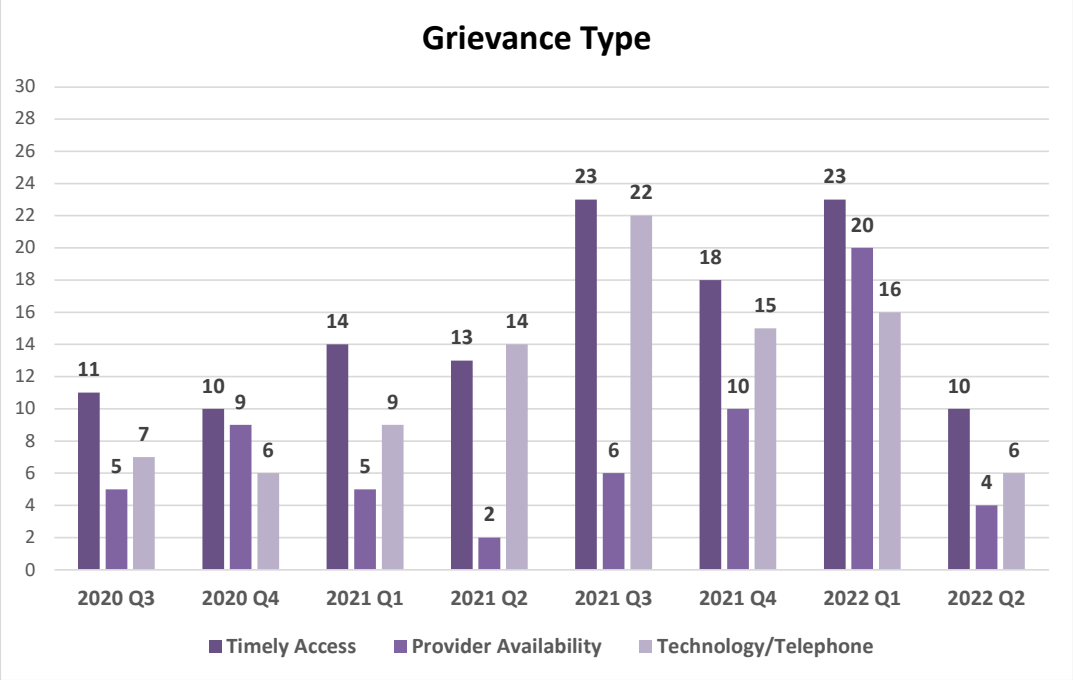


Access Grievance Review

Q4, 2022 (Q2 2022 Review Period)

KERN HEALTH SYSTEMS





Access Grievance Review

Q4, 2022 (Q2 2022 Review Period)

Exempt Grievances

On a quarterly basis, the Plan's Provider Network Management Department reviews all exempt grievances to identify potential trends amongst the provider network. For Q2 2022, there were a total of **2,256** exempt grievances.

Grievance Type	Q4 Count	Q4% of Total	Q1 Count	Q1% of Total	Q2 Count	Q2% of Total
Assault/Harassment	0	0.00%	0	0.00%	1	0.04%
Authorization	73	5.08%	57	3.56%	114	5.05%
Billing	13	0.91%	9	0.56%	19	0.84%
Case Management/Care Coordination	2	0.14%	4	0.25%	12	0.53%
Continuity of Care	2	0.14%	2	0.13%	24	1.06%
Disability Discrimination	0	0.00%	0	0.00%	1	0.04%
Eligibility	0	0.00%	1	0.06%	9	0.40%
Enrollment	8	0.56%	0	0.00%	6	0.27%
Fraud/Waste/Abuse	1	0.07%	0	0.00%	2	0.09%
Injury	0	0.00%	1	0.06%	2	0.09%
Language Access	7	0.49%	6	0.38%	8	0.35%
Member Informing Materials	0	0.00%	0	0.00%	1	0.04%
Out-of-Network	1	0.07%	2	0.13%	4	0.18%
PHI/Confidentiality/HIPAA	0	0.00%	0	0.00%	7	0.31%
Physical Access	2	0.14%	1	0.06%	5	0.22%
Provider/Staff Attitude	728	50.70%	708	44.28%	931	41.27%
Provider Availability	121	8.43%	191	11.94%	173	7.67%
Referral	32	2.23%	24	1.50%	31	1.37%
Scheduling	0	0.00%	82	5.13%	83	3.68%
Technology/Telephone	59	4.11%	103	6.44%	166	7.36%
Timely Response to Auth/Appeal Request	0	0.00%	2	0.12%	0	0.00%
Timely Access	227	15.81%	351	21.95%	626	27.75%
Transportation (Driver Punctuality/Vehicle)	155	10.79%	56	3.50%	31	1.37%
Grand Total	**1436**		**1599**		**2256**	

In reviewing these totals against prior quarters, the Plan recognized an increase in exempt grievances from Q1 2022 to Q2 2022. The Plan identified an increase in the percentage of Timely Access exempt grievances in Q2 2022. The increase in exempt grievances is due to process changes within the Member Services department when notified of member dissatisfaction. The Plan will continue to monitor exempt grievances for potential trends via the quarterly access grievance review.

Valid Values	The first three characters shall be the plan code, the rest of the characters will be a unique value for each record submitted (not just unique within this submission, but unique across time).
Edits	• First three characters must equal planCode • No duplicates with historical data

2.1.20 Grievance Received Date

File Layout Name	grievanceReceivedDate			
Data Format	Date			
Description	The date the plan received the grievance.			
Usage	**Grievances:**	**Required**	**Appeals:**	Not used
	COC:	Not used	**OON:**	Not used
Valid Values	CCYYMMDD			
Edits	• Must represent a date prior to the current month			

2.1.21 Grievance Type

File Layout Name	grievanceType			
Data Format	Array (May have multiple occurrences) X(36)			
Description	Define the type or types of grievance. Must have at least one value, but may have multiple values.			
Usage	**Grievances:**	**Required (one or more)**	**Appeals:**	Not used
	COC:	Not used	**OON:**	Not used
Valid Values	**Value**	**Definition**		
	Continuity Of Care	Grievance related to continuity of care review standard. Member's perception that their request for continuity of care is being rejected or not considered.		

	Geographic Access	Grievance related to geographic access to a state plan approved provider, pharmacy or hospital within the geographic requirements based on type of appointment and condition of member's health.
	Language Access	Grievance related to the inability to access or concerns with linguistic and interpreter services at the providers office.
	Out-of-Network	Grievance related to inability to obtain services from a non-contracted provider.
	Physical Access	Grievance related to the inability to physically access a provider or health plan due to office closure, not having wheelchair access, inadequate ramp, elevators, inadequate parking, or other requirements under the American with Disabilities Act.
	Provider Availability	Grievance related to the inability to see providers during normal hours of operation or concerns with the providers' hours of operation.
	Timely Access	Grievance related to timely access to a state plan approved provider within the timeframe requirements based on type of appointment and condition of member's health.
	Transportation	Grievance related to inability to access or concerns with transportation services.

	Discrimination	Grievance regarding alleged discrimination by the health plan, provider, or provider's staff based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental or physical disability, medical condition, genetic information, marital status, gender, gender identity, gender expression, or sexual orientation. May also include complaints where the member is treated differently after filing a grievance.
	Disability Discrimination	Grievance regarding alleged discrimination by the health plan, provider, or provider's staff based on disability. Include allegations of failure to provide auxiliary aids, or to make reasonable accommodations in policies and procedures, when necessary to ensure equal access for persons with disabilities.
	Fraud / Waste / Abuse	Grievance related to intentional or unintentional misuse of resources, fraudulent, non-compliant, dishonest or unethical conduct committed by a health network, plan, provider, vendor, consultant, and current or potential member.
	PHI / Confidentiality / HIPAA	Grievance related to the breach of Personal Health Information (PHI) or confidentiality. Privacy rules were not followed. For example, complaints regarding the provider inappropriately accessing, using or disclosing a member's PHI.

	Billing	Grievance related to bills received in error, premium and debt collection notices, reimbursement request, claim adjustment request or bills received after member was told issues were resolved. May include complaints regarding charges for non-covered services, benefits, or drugs not covered, etc.
	Authorization	Grievance related to the timeliness of an authorization or communication regarding the result (approval, denial or modification) of the authorization
	Eligibility	Grievance related to Medi-Cal plan member's eligibility or share of cost requirements.
	Enrollment	Grievance related to Medi-Cal plan enrollment information received, enrollment process, Medi-Cal plan member being disenrolled from plan, providers, or any of its health network, etc.
	Referral	Grievance related to the MCP's processing of referrals to covered services.
	Assault / Harassment	Grievance related to the physical, emotional, or sexual misconduct by a medical professional.
	Case Management / Care Coordination	Grievance related to case management or care coordination.
	Inappropriate Care	Grievance related to the overuse, underuse, or misuse of health care services.

	Member Informing Materials	Grievance regarding written materials provided in alternative formats or translation in threshold languages.
	Provider / Staff Attitude	Grievance related to inappropriate behavior, poor provider/staff attitude (includes non-clinical staff, etc.), rudeness, or mistreatment.
	Technology / Telephone	Grievance related to on-line scheduling systems, health plan system's connectivity, user friendliness, excessive waits, accessibility, via plan's website; or a member's inability to reach a provider or health plan's staff via phone or waiting on the phone too long.
Edits	• Must be in list of valid values • May have multiple values	

2.1.22 MER COC Disposition Date

File Layout Name	merCocDispositionDate			
Data Format	Date			
Description	The date on which The MER COC was determined either Met or Not Met			
Usage	**Grievances:**	Not used	**Appeals:**	Not used
	COC:	**Situational**	**OON:**	Not used
Valid Values	CCYYMMDD			
Edits	• Must be a valid date • Must be a past date • Must be present if cocType = MER Denial • Must be blank if cocType <> MER Denial			

KERN HEALTH SYSTEMS

Geographic Accessibility & DHCS Network Certification

Quarter 4, 2022

Provider Network Management

Geographic Accessibility & Network Certification

Q4, 2022

Geographic Accessibility

As required by the Department of Managed Health Care (DMHC) and the Department of Health Care Services (DHCS), Kern Health Systems (KHS) is required to maintain time and distance standards for certain provider types.

Per Section 1300.51 (d)(H) of the California Code of Regulations, KHS shall ensure, "all enrollees have a residence or workplace within **thirty (30) minutes or fifteen (15) miles** of a contracting or plan-operated **primary care provider**" as well as "**within thirty (30) minutes or fifteen (15) miles** of a contracting or plan-operated **hospital**". Further, per Section 1300.67.2.1(b), if "a plan's standards of accessibility […] are unreasonable restrictive […] the plan may propose alternative access standards of accessibility for that portion of its service area.

Per Exhibit A, Attachment 6 of the KHS contract with the DHCS, KHS, "shall maintain a network of **Primary Care Physicians** which are located **within thirty (30) minutes or ten (10) miles** of a member's residence unless [KHS] has a DHCS-approved alternative time and distance standard."

For all geographic areas in which the Plan does not currently meet the regulatory accessibility standard, The Plan monitors and maintains an alternative access standard that has been reviewed and approved by the DMHC and/or DHCS.

DHCS Annual Network Certification – 2021/2022

DHCS Network Adequacy Standards	
Primary Care (Adult and Pediatric)	10 miles or 30 minutes
Specialty Care (Adult and Pediatric)	45 miles or 75 minutes
OB/GYN Primary Care	10 miles or 30 minutes
OB/GYN Specialty Care	45 miles or 75 minutes
Hospitals	15 miles or 30 minutes
Pharmacy	10 miles or 30 minutes
Mental Health	45 miles or 75 minutes

As a part of the Annual Network Certification requirement, outlined in APL 21-006, the Plan is required to submit geographic access analysis outlining compliance with the above-listed standards. For all zip codes in which the Plan was not compliant with an above-listed standard, the Plan is able to submit an alternative access standard (AAS) request.

As part of its ongoing monitoring the Plan reviews additions/deletions in the provider network against the most recently completed geographic accessibility analysis. As of the end of Q4 2022, the Plan identified two termination affecting the Plan's ability to provide access within required time or distance standards for the terminated provider specialties – oncology and endocrinology. Based on the rural nature of the affected zip codes, the Plan believes alternative access standards were appropriate for the identified specialty/zip codes combination and submitted updated documentation to the DHCS.

KERN HEALTH SYSTEMS

Network Adequacy & Provider Counts

Quarter 4, 2022

Provider Network Management

Network Adequacy & Provider Counts

Q4, 2022

Introduction

Per CCR § 1300.67.2, Kern Health Systems (KHS) shall maintain, "at least one full-time equivalent physician to each one thousand two hundred (1,200) enrollees and […] approximately one full-time equivalent primary care physician for each two thousand (2,000) enrollees."

During Q3/Q4 2018, KHS, in conjunction with guidance from the Department of Managed Health Care (DMHC), developed and adopted an updated methodology for determining full-time equivalency for contracted providers. KHS memorialized this methodology in Policy 4.30-P *Accessibility Standards;* this policy was submitted to the DMHC and received approval on 12/14/2018.

Per KHS policy, 4.30-P *Accessibility Standards, §4.6 Full-time equivalent (FTE) Provider to Member Ratios,* "Full-time equivalency shall be determined via an annual survey of KHS' contracted providers to determine the percentage of time allocated to Plan's beneficiaries. The results of the survey will be used to calculate an average FTE percentage which will be applied to the Plan's network of providers when calculating the physician-to-enrollee compliance ratios. The methodology for the survey, results of the survey, and network capacity review of above ratios, will be reported annually to the KHS QI/UM Committee. Due to a maximum member assignment of 1,000 Mid-level providers serving in the Primary Care capacity will be counted as .5 of a PCP FTE, prior to percentage calculation."

Survey Methodology and Results

In 2020, KHS contracted with SPH Analytics to conduct our annual Provider Satisfaction Survey; as a part of that survey, responding providers were asked, "*What portion of your managed care volume is represented by Kern Health Systems?"* Outreach for the survey was placed to every contracted provider within the Plan's network. Responses received, and FTE calculations based on those responses, do not account for providers who refuse to participate in the survey. KHS used the responses collected from Primary Care Providers to calculate the FTE for Primary Care Providers, and used the responses collected from Primary Care Providers and Specialists to calculate the FTE for Physicians.

KHS utilized SPH Analytics, an NCQA certified survey vendor, to conduct the survey for 2022. SPH's methodology involved two waves of mail and Internet, with a third wave of phone follow up to administer the survey.

Based on the results of 2022 survey, KHS calculated a network-wide FTE percentage of **58.19% for Primary Care Providers** and **47.11% for Physicians.**

Network Adequacy & Provider Counts

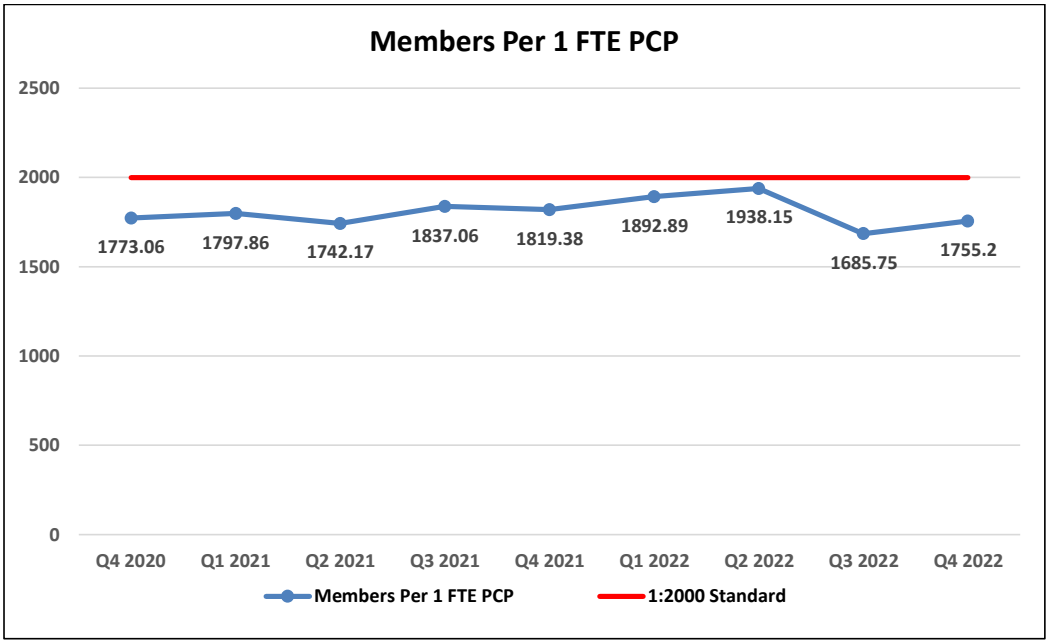
Q4, 2022

Full Time Equivalency Compliance Calculations

Of KHS' 347,613 membership at the close of Q4 2022, 14,640 were assigned and managed by Kaiser and did not access services through KHS' network of contracted providers; due to this, Kaiser managed membership is not considered when calculating FTE compliance.

As of the end of Q4 2022, the plan was contracted with 428 Primary Care Providers, a combination of 224 physicians and 204 mid-levels. Based on the FTE calculation process outlined above, with a 58.19% PCP FTE percentage, KHS maintains a total of **189.71 FTE PCPs**. With a membership enrollment of 332,973 utilizing KHS contracted PCPs, KHS currently maintains a ratio of **1 FTE PCP to every 1755.20 members**; KHS is compliant with state regulations and Plan policy.

PCP to Member Ratio

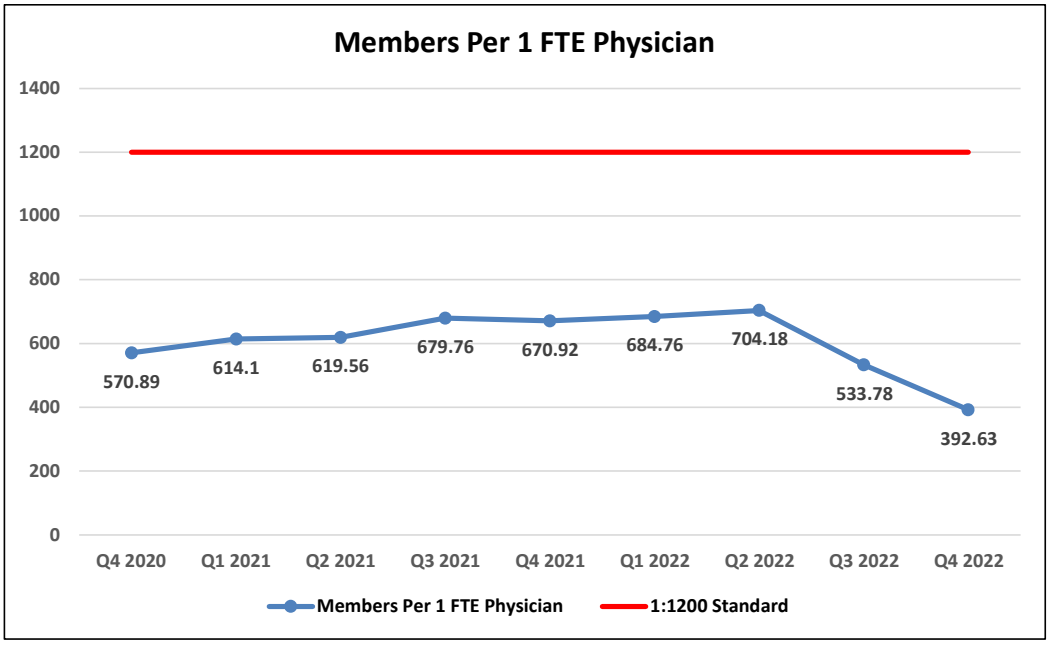


As of the end of Q4 2022, the plan was contracted with 1766 Physicians. Based on the FTE calculation process outlined above, with a 47.11% Physician FTE percentage, KHS maintains a total of **832.01 FTE Physicians**. With a total membership enrollment of 326,671 utilizing KHS contracted Physicians, KHS currently maintains a ratio of **1 FTE Physician to every 392.63 members**; KHS is compliant with state regulations and Plan policy.

Network Adequacy & Provider Counts

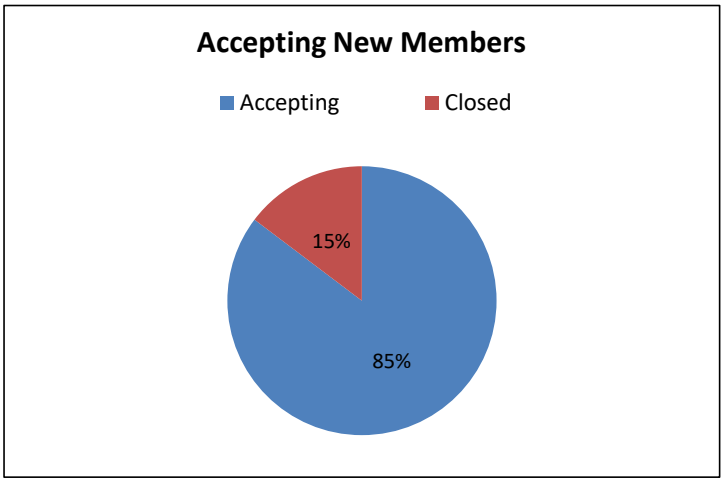
Q4, 2022

Physician to Member Ratio



Accepting New Members

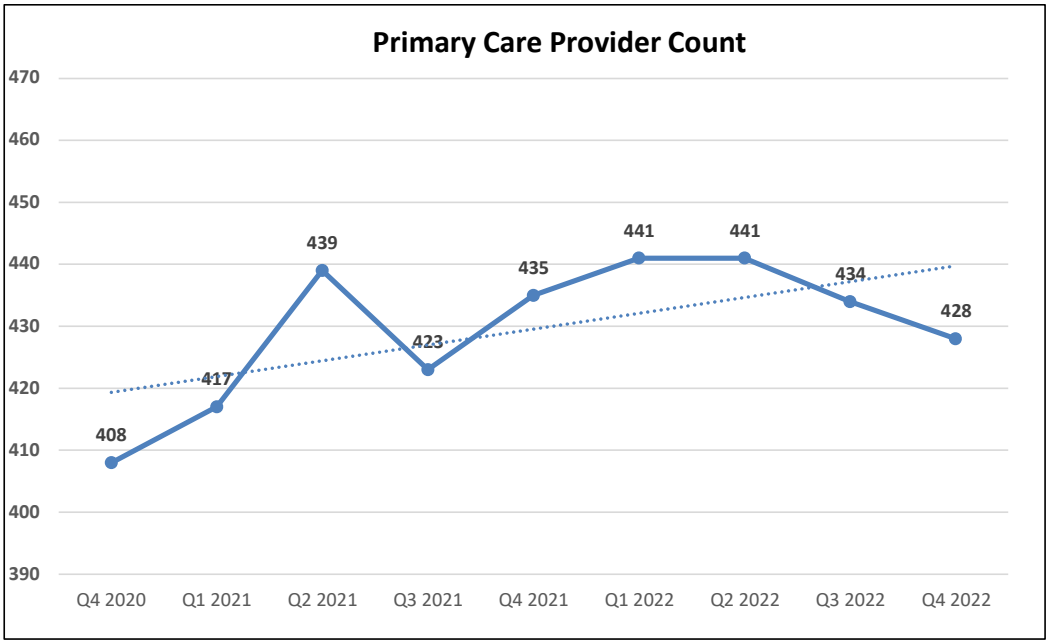
In addition to the Full Time Equivalency Compliance review conducted above, the Plan monitors adequacy of its Primary Care Network by reviewing the count/percentage of Primary Care Providers (PCP) who are accepting new members. **The Plan calculated that 85% of the network of Primary Care Providers is currently accepting new members at a minimum of one location**. The Plan will continue to monitor this percentage quarterly to ensure it maintains an adequate network of Primary Care Providers.

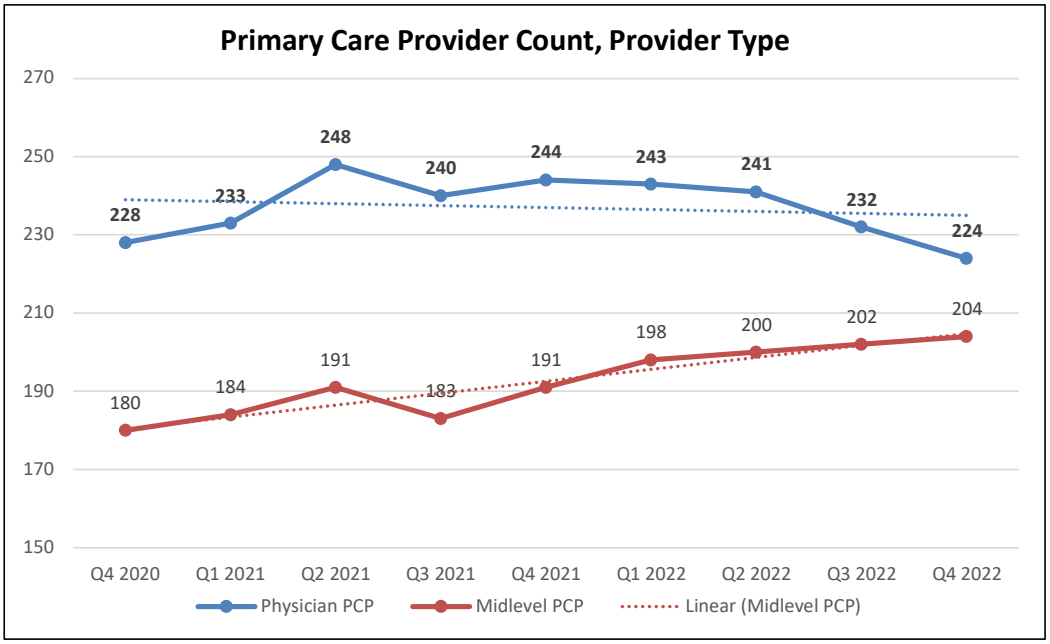


Network Adequacy & Provider Counts

Q4, 2022

Provider Counts – Primary Care Providers

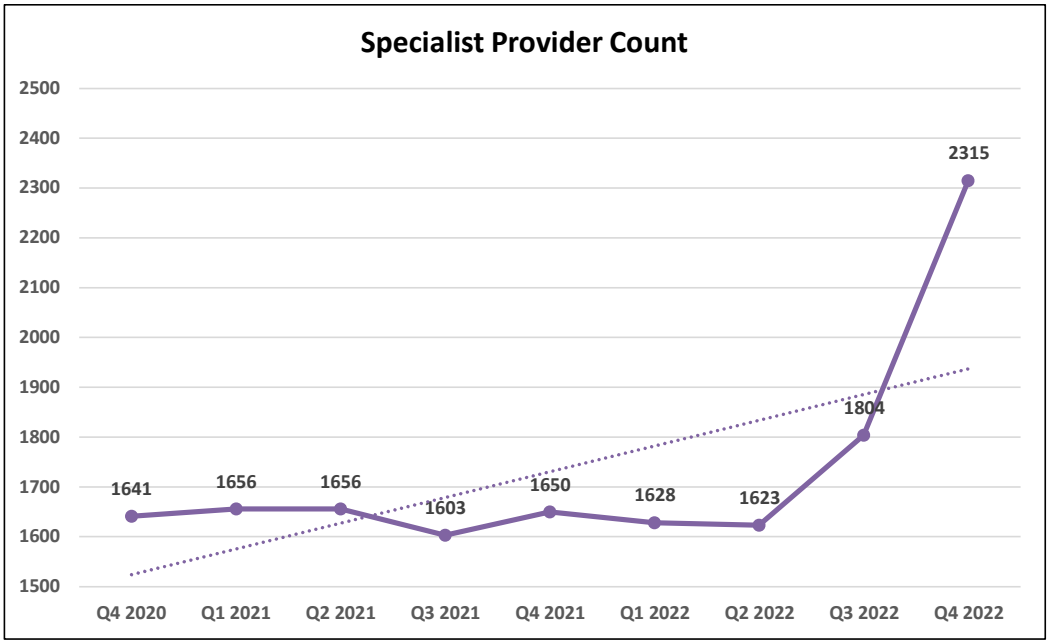




Network Adequacy & Provider Counts

Q4, 2022

Provider Counts – Specialist Providers



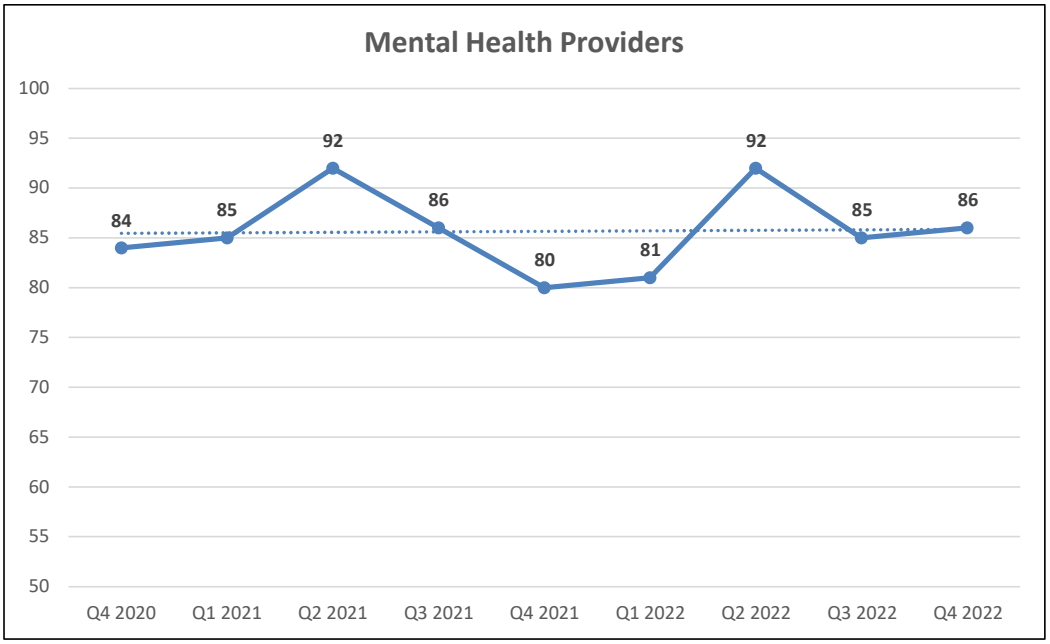
	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Cardiology	44	43	42	46	46	45	45	46	44
Dermatology	36	33	34	35	35	39	39	43	45
Endocrinology	24	22	23	23	24	25	25	26	26
Gastroenterology	22	23	22	21	24	24	26	31	33
General Surgery	68	67	63	59	62	65	60	63	64
Hematology	20	20	21	19	23	20	21	23	23
Infectious Disease	10	11	10	8	8	8	8	12	11
Nephrology	23	23	27	27	28	25	28	36	32
Neurology	25	26	25	25	25	22	26	29	29
Oncology	26	26	27	25	27	26	26	27	26
Ophthalmology	29	30	30	29	28	27	26	30	32
Orthopedic Surgery	20	20	21	21	22	23	26	29	32
Otolaryngology	10	8	8	9	9	9	9	13	14
Physical Med & Rehab	24	24	11	10	10	10	10	9	8
Psychiatry	47	47	45	48	53	54	53	57	65
Pulmonary Disease	19	18	17	17	20	20	20	21	21

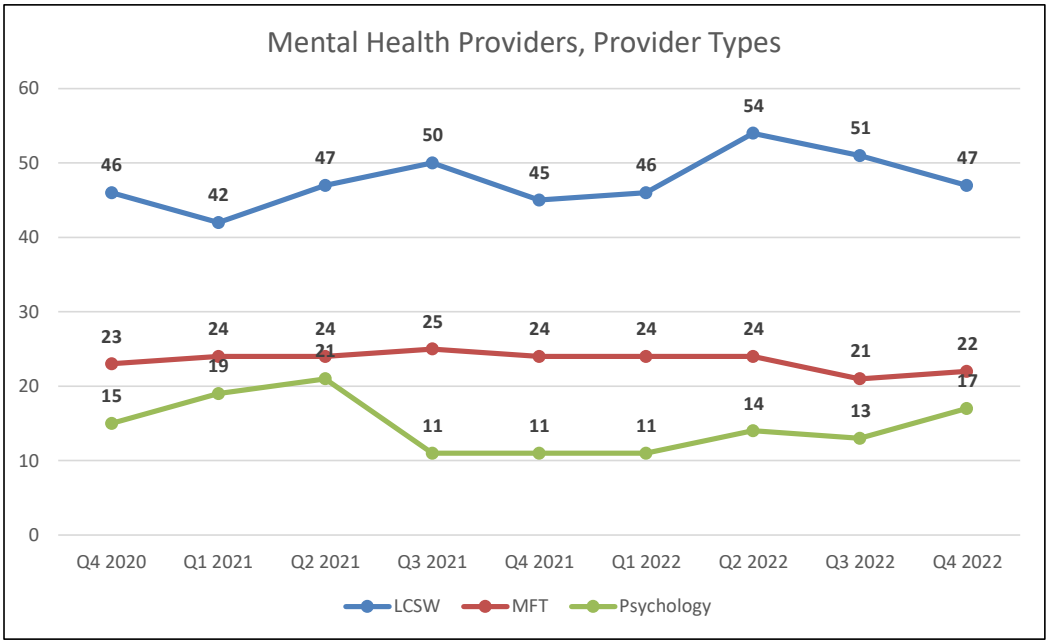
> 5% Increase		> 5% Decrease	
≤ 5% Increase		≤ 5% Decrease	

Network Adequacy & Provider Counts

Q4, 2022

Provider Counts – Mental Health (Psychology, LMFT, LCSW)





Network Adequacy & Provider Counts

Q4, 2022

Provider Counts – Facilities

	2018	2019	2020	2021	Current
Hospital	18	18	18	21	20
Surgery Center	16	17	19	19	19
Urgent Care	17	17	17	19	22

Provider Counts – Other Provider Types

	2018	2019	2020	2021	Current
Ambulance/Transport	15	13	17	16	15
Dialysis	14	16	18	19	19
Home Health	12	13	13	14	15
Hospice	7	11	13	16	18
Pharmacy	136	139	147	150	145
Physical Therapy	29	29	30	29	32

Tracking and Trending

The Plan utilizes the quarterly Network Adequacy and Provider Counts review to monitor fluctuations within the network. The Plan has reviewed the results of the Q4 2022 report and compared against prior quarters (outlined above) and identified that PCP and Mental Health provider counts remain consistent across the review period as illustrated in the graphs.

To mirror regulatory adequacy reviews and processes of other health plans, the Plan has modified its provider count methodology to include providers contracted with the Plan via tertiary providers. Due to this methodology change, the Plan's specialist count has seen a large increase as illustrated in the above graph. These providers are not new to the Plan; however, they were not previously included in these counts.

Significant Network Change

As outlined in California Health and Safety Code, Section 1367.27, subdivision (r): *Whenever a plan determines (…) that there has been a 10 percent change in the network for a product in a region, the plan shall file an amendment to the plan application with the department.*

Based on instruction from the DMHC, the Plan conducted a 12-month look back to calculate potential percent change in the three categories and determined the network had experienced a Significant Network change.

The Plan initiated the Significant Network Change filing on December 9, 2021 (Filing No. 20214807). The Plan received comment letters from the DMHC on January 10, 2022, March 9, 2022, May 10, 2022, July 8, 2022, and October 31, 2022. The Plan has responded to all letters within the 30-day timeframe. The Plan continues to work with the DMHC towards approval of this Significant Network Change filling.

KERN HEALTH SYSTEMS

DHCS Quarterly Monitoring Report/Response Template (QMRT)

Quarter 4, 2022

(Q3, 2022 QMRT)

Provider Network Management

Quarterly Monitoring Report/Response Template

Q4, 2022 (Q3, 2022 QMRT)

Introduction

Department of Health Care Services (DHCS) monitors and assesses specific compliance categories on a quarterly basis. Their review is provided to the Plan, and when potential areas of concern are identified, response is required via the Quarterly Monitoring Report/Response Template (QMRT). The Plan reviews all data received from the DHCS against internal access monitoring tools to identify any potential issues or trends within the Plan network.

On 09/12/2022 the Plan received Q3 2022 QMRT and accompanying reports from the DHCS and during Q4 2022 the Plan's Provider Network Management departments reviewed the following categories:

FTE Provider to Member Ratio

DHCS uses the Plan's 274 file submission to calculate and monitor FTE provider to member ratios. For Q3 2022 QMRT no response was requested from the Plan, and the DHCS review found the Plan to be in compliance with the standard:

Service Area and/or Reporting Unit	FTE PCP Per 2,000 members	FTE Physician Per 1,200 members
Kern	13	37

The Plan's standards and monitoring of FTE provider to member ratios are outlined in Plan policy and procedure *4.30-P Accessibility Standards*. While the Plan was unable to replicate the above ratios provided by the DHCS, the Plan's own quarterly monitor (*Network Adequacy and Provider Counts*, *Q4 2022*) also found the Plan to be in compliance with regulatory standards.

Timely Access

DHCS' External Quality Review Organization (EQRO) conducts a timely access survey of Plan providers to ensure compliance with provider availability and appointment wait time standards. For Q3 2022 QMRT the Plan was provided with timely access data reporting providers' ability to respond to the timely access survey and providers' ability to meet the next three (3) appointments within timely access standards.

The Plan was found not to be meeting **Measure 4** (providers with appointment times collected) and **Measure 5** (providers with appointment times within access standards). The Plan response to the findings pointed out that the Plan's results were in line with or higher than the Medi-Cal Statewide averages. For **Measure 4**, the Plan indicated that there may be issues with the survey methodology as front-office staff frequently forward survey questions to the office manager, who is more difficult to get in touch with or who may be not respond. In response to **Measure 4** and **Measure 5**, the Plan pointed to the Plan's standards and monitoring of timely access outlined in Plan policy and procedure *4.30-P Accessibility Standards*, and indicated the Plan's own quarterly monitoring (*Appointment Availability Survey*, *Q4 2022*) found the Plan to be in compliance with regulatory standards.

Quarterly Monitoring Report/Response Template

Q4, 2022 (Q3, 2022 QMRT)

KERN HEALTH SYSTEMS

Network Report

DHCS uses the Plan's 274 file to generate Network Report in an effort to improve network provider data quality and support compliance with Annual Network Certification and timely access survey. For Q3 2022 QMRT no response was requested from the Plan, and no Network Report data was provided to the Plan. The Plan's standards and monitoring of accessibility are outlined in Plan policy and procedure *4.30-P Accessibility Standards.*

Mandatory Provider Types

The Plan is required to contract with at least one of the following Mandatory Provider Types within its service area, where available: Freestanding Birthing Centers (FBC), Certified Nurse Midwife (CNM), Licensed Midwife (LM), and Indian Health Facilities (IHF). For Q3 2022 QMRT no response was requested from the Plan, and no Mandatory Provider Type data was provided to the Plan. The Plan maintains ongoing efforts to identify and contract will all provider types, including the above listed Mandatory Provider Types. This requirement is also reviewed by the Plan and DHCS as part of the Plan's Annual Network Certification. The Plan's most recent submission was found to be in compliance with regulatory requirements.

Physician Supervisor to Non-Physician Medical Practitioner Ratios

DHCS uses the Plan's 274 file submission to calculate and monitor Physician Supervisor to Non-Physician Medical Practitioner Ratios. For Q3 2022 QMRT no response was requested from the Plan, and the DHCS' review found the Plan to be in compliance with the standard:

Service Area(s) and/or Reporting Unit	Physician Supervisor Per Non-Physician Medical Practitioner Ratio
Kern	8

The Plan's standards for Physician Supervisor to Non-Physician Medical Practitioner ratios are outlined in Plan policy and procedure *4.04-P Non-Physician Medical Practitioners – Supervision by Physicians.*

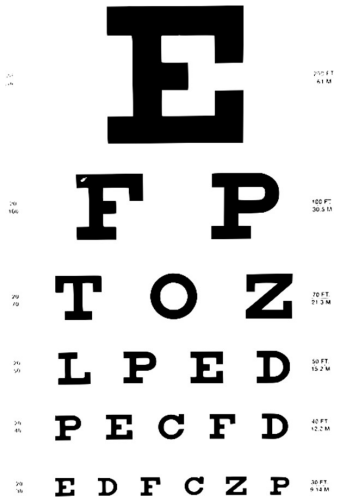
Out-of-Network Requests

The Plan reports Out-of-Network (OON) requests to DHCS when a member is requesting to a see a provider or facility when a medically necessary service is not available in the Plan's network. The DHCS analyzes the data to identify potential areas of concern. Based on Q3 2022 data, the Plan identified Hospital, Orthopedic Surgery, and General Surgery as the three provider types with the highest number of out-of-network requests. The Plan provided a response to the DHCS addressing these three provider types, including the Plan's strategy to reduce the number of requests, barriers/challenges to resolving the number of requests, and contracting/recruiting efforts.

KERN HEALTH SYSTEMS

VSP Appointment Availability

Quarter 4, 2022



Provider Network Management

VSP Access and Appointment Availability

Q4, 2022

Introduction

In accordance with DHCS Contract Exhibit A – Attachment 10(8)(D), vision services are provided to Medi-Cal members pursuant to WIC § 14131.10. Per Kern Health Systems (KHS) *Policy 3.07-P Vision Care*, KHS contracts with Vision Service Plan (VSP) for the management and administration of optometric services for members.

In addition to accessibility data collected from VSP, the Plan conducted an appointment availability survey to monitor VSP compliance with appointment wait time standards.

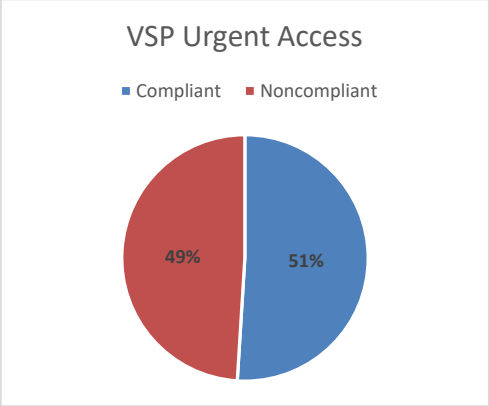
VSP Annual Appointment Availability Survey

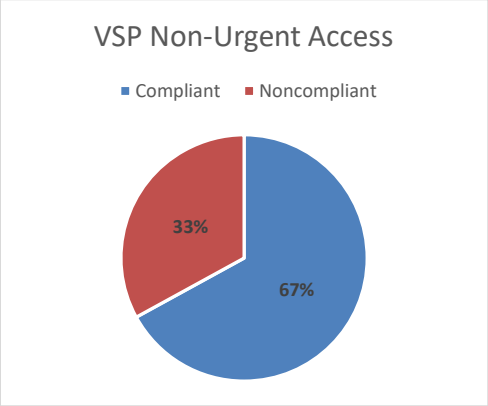
VSP uses an annual appointment availability survey to assess compliance with access standards. VSP contracts to a third-party vendor, MDC Research, to conduct their appointment availability survey. The survey consists of contacting 90 providers throughout California and requesting appointment times for urgent and routine appointments. The providers selected are based on the number of providers in the counties as a percentage of total provider in the state.

Per the VSP Compliance Department, VSP must follow the appointment wait times set by the Department of Managed Health Care (DMHC). VSP provided their VSP *Policy 7000 Access and Availability* indicating their California appointment access standards:

Type of Appointment	Time Standard
Urgent Care	Within 24 hours
Non-Urgent Appointment for Specialist Care	Within 15 business days

During 2022, VSP's most recent annual appointment availability survey results were provided to the Plan.





VSP Access and Appointment Availability

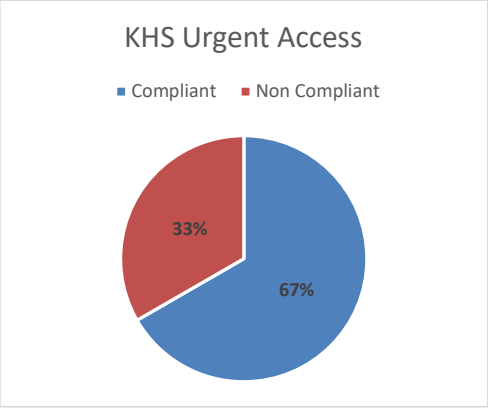
Q4, 2022

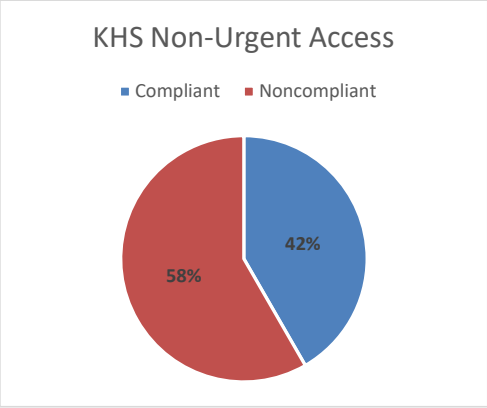
KHS VSP Appointment Availability Oversight Survey

As noted above the VSP survey surveys providers throughout California. To have a better understanding of appointment availability within the Plan's service area the Plan conducted a Kern county specific VSP appointment availability survey in Q3 2022. Therefore, the Plan conducted its own appointment availability survey of VSP providers in Q3 2022 using the standard:

Type of Appointment	Time Standard
Urgent Care	Within 96 hours
Non-Urgent Appointment for Specialist Care	Within 15 business days

The Plan contacted all 12 of the VSP providers within the Plan's network in Q3 2022. The Plan compiled the wait time in hours to determine the Plan's average wait time for an urgent optometry appointment. The Plan compiled the wait time in days to determine the Plan's average wait time for a non-urgent optometry appointment. The average wait time for an urgent optometry appointment was **33.2 hours** for Q3 2022 compliant with our standard The average wait time for a non-urgent primary care appointment was **13.4 days** for Q3 2022 compliant with our standard. **Based on these results, the Plan was determined to be compliant in the urgent time standard and non-urgent time standard for optometrist appointments in Q3 2022.**





Of the providers surveyed, three were not scheduling appointments at the time of the survey and determined to be noncompliant. Two of the providers were not scheduling appointments at the time of the survey due to no availability, and a third provider was no longer Medi-Cal enrolled. These providers and the other noncompliant provider identified by the survey were shared with VSP.

Tracking, Trending, and Provider Outreach

VSP conducts educational outreach to all providers who are not compliant with appointment availability standards. VSP reminds all non-compliant providers of the required appointment availability standards for urgent and non-urgent appointments. The Plan will continue to work with VSP to monitor appointment availability in order to become compliant with both time standards.

KERN HEALTH SYSTEMS

To: KHS QI-UM Committee

From: Isabel Silva, MPH

Date: 3/16/2023

Re: 4th Quarter Health Education Department Report

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. The contract also requires that KHS have a Cultural and Linguistic Services Program and that KHS monitors, evaluates and takes effective action to address any needed improvement in the delivery of culturally and linguistically appropriate services.

Discussion

Enclosed is the quarterly health education report summarizing all health education, cultural and linguistic activities performed during the 4th quarter of 2022.

Fiscal Impact

None

Requested Action

Approve and file

KERN HEALTH SYSTEMS

HEALTH EDUCATION, CULTURAL & LINGUISTIC SERVICES DEPARTMENT QUARTERLY REPORT Q4 2022

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

Table of Contents

Contents

The purpose of this report is to provide a summary of the quarterly activities and outcomes of this department.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022
Executive Summary

Report Date: February 15,2023

OVERVIEW

Kern Health Systems' Health Education (HE) department provides comprehensive, culturally, and linguistically competent services to plan members with the intent of promoting healthy behaviors, improving health outcomes, reducing risk for disease and empowering plan members to be active participants in their health care.

The Executive Summary below highlights the larger efforts currently being implemented by the HE department. Following this summary reflects the statistical measurements for the HE department detailing the ongoing activity for Q4 2022.

- **Asthma Impact Model (AIM) Pilot and Asthma Mitigation Project (AMP)** – These are home-base asthma education and remediation programs offered to members with signs of high-risk or poorly controlled asthma. The H&W Team completed in Q4 2022 an annual evaluation of these programs covering the previous 12 months. The average Asthma Control Test score improved from the initial home visit to the 6 month and 12-month home visits for both programs. Internal analyses have found participation in these programs to be linked to cost savings in emergency department and inpatient hospital services.
- **Asthma Medication Ratio Performance Improvement Project** – The H&W Team began working the Quality Improvement Department on a project designed to improve member asthma management. H&W has supported this project by educating members on medication management and asthma action plans (AAPs). H&W has also coordinated steps leading to the completion of member AAPs by PCPs, such as AAP mailings, member doctor appointment scheduling and requests for medical records. Since H&W joined the project, 12 members have participated, and 8 AAPs have been completed by PCPs or the KHS Pharmacy Department. In the Q4 2022, 1 member participated, and 1 asthma action plan were completed. This project ended in December 2022.

- **Asthma Education Classes -** Asthma class attendance in 2022 was highest in the Q4. This occurred after an increase in asthma episodes and classes offered compared to the previous quarter. The HE department began offering to members in November 2022 a $10 gift card for completing asthma follow up calls. The number of completed follow ups in 2022 reached its highest total in Q4.

- **Population Needs Assessment –** Findings of the focus groups completed with parents of African American and Black infants along with member and provider engagement strategies will be shared with stakeholders to gather feedback and buy-in from departments. MCAS member rewards program, communication plan, and materials were updated to reflect the incentive amount increase approved in October 2022.
- **Baby Steps Program --** Baby Steps materials were updated to align with the updates to the MCAS MERP updates in October 2022, including the prenatal reward form and Baby Steps

web pages on the KFHC website and member portal. An article for the Provider Newsletter was produced to increase awareness about this program. In addition, an in-service was provided with Clinica Sierra Vista office managers in December 2022.

- **Diabetes Prevention Program –** Classes for the 2022 cohorts began in April (Spanish) and August (English). There are a total of 56 members enrolled in the program. This cohort has lost a combined total of 523 lbs.

- **Cultural and Linguistics Program –**The annual C&L Services trainings were completed this quarter with all KHS member facing departments. The C&L Material audit was also completed, and findings are currently being reviewed to determine if any changes will need to be made to future material. Outreach efforts are also underway to provide C&L services training for providers who were identified in the 3rd and 4th quarters of the Interpreter Access Survey conducted by PNM. There are a total of 16 provider specialists who will be receiving training on interpreter services provided by KFHC. The 2022 C&L Translation class series also ended in the 4th quarter with an 80% staff attendance rate.

- **Tobacco & Nicotine Cessation Classes** –An evaluation of the Fresh Start tobacco cessation classes was completed. Although some harm reduction occurred amongst participants, additional strategies are needed to encourage long term harm reduction and complete cessation of tobacco and nicotine products. Strategies for 2023 include researching curriculums or interventions for *quit* members who are at risk of relapsing; researching survey methods to conduct better in-class assessments; and reviewing and updating the incentive program.

- **School Wellness Grant Program** – Awarded schools were provided an orientation in August and have all launched their programs. hired and trained two student interns to work alongside the awarded schools and KHS liaisons through the end of the 2023-2024 academic year. The interns are responsible for tracking and monitoring the school's progress in implementing their workplans and helping with data collection, activity planning and implementation and evaluation of the wellness programs.

- **Student Behavioral Health Incentive Program** – KHS submitted the required needs assessment and project plan documents to DHCS the end of December. KHS will continue to coordinate workgroup and stakeholder meetings to allow for discussion, planning and feedback on implementation of the project plans.

Respectfully submitted,

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

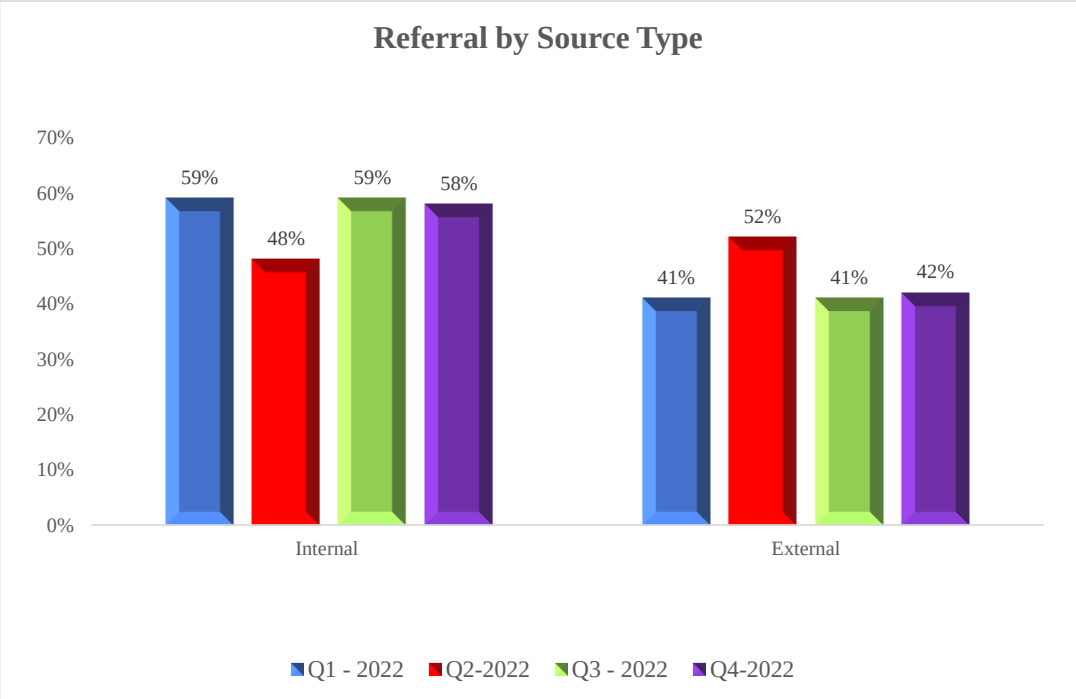
KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

Health Education Services

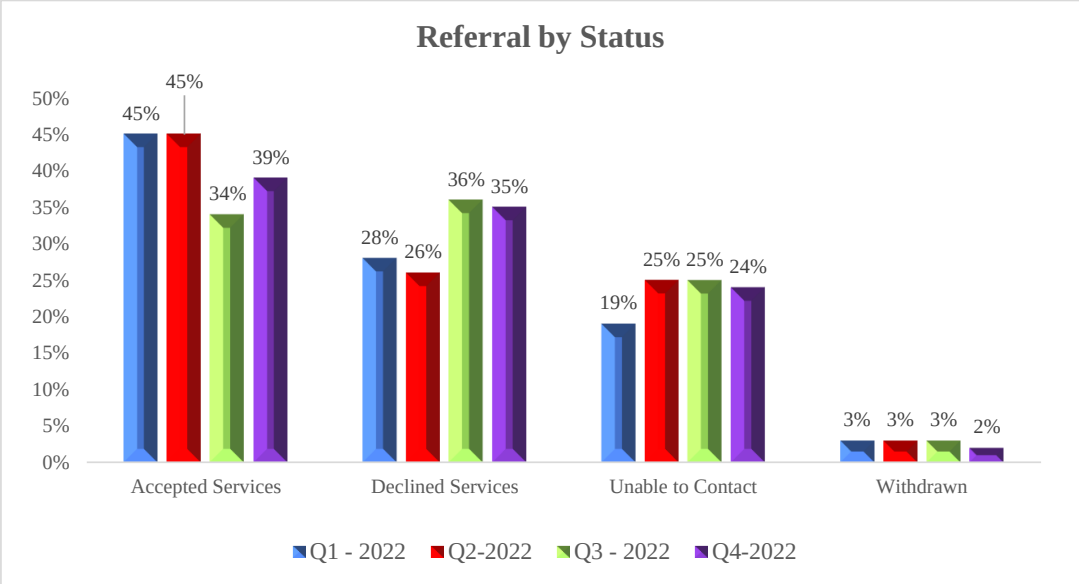
KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

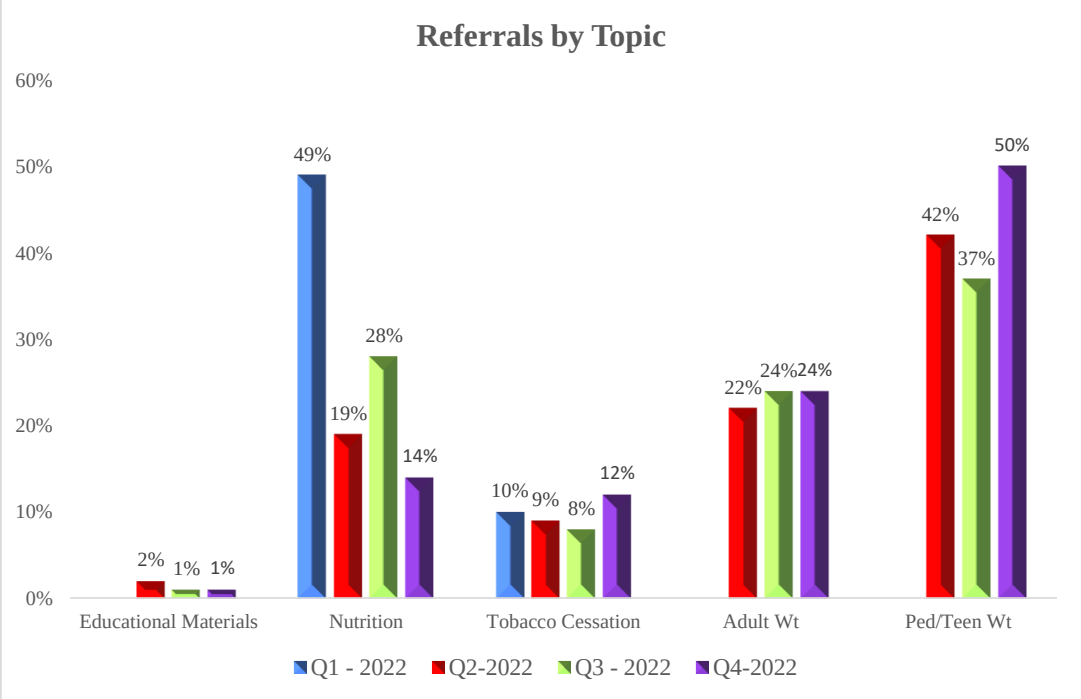
Referrals for Health Education Services

Kern Health Systems (KHS) Health Education Department (HE) receives referrals from both internal and external sources. Internal referrals are received from KHS' member facing departments such as Utilization Management, Member Services and Case Management. Externally, KHS providers, members and community partners can request health education services by calling KHS or submitting requests through the member or provider portals. During Q4 2022, there were 531 referrals for health education services which is a 2% decrease in comparison to the previous quarter. Requests for Nutrition Education continues to be the primary reason for health education services. Additionally, the rate of members who accepted to receive health education services increased from 34% between Q3 2022 to 39% Q4 2022.



KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

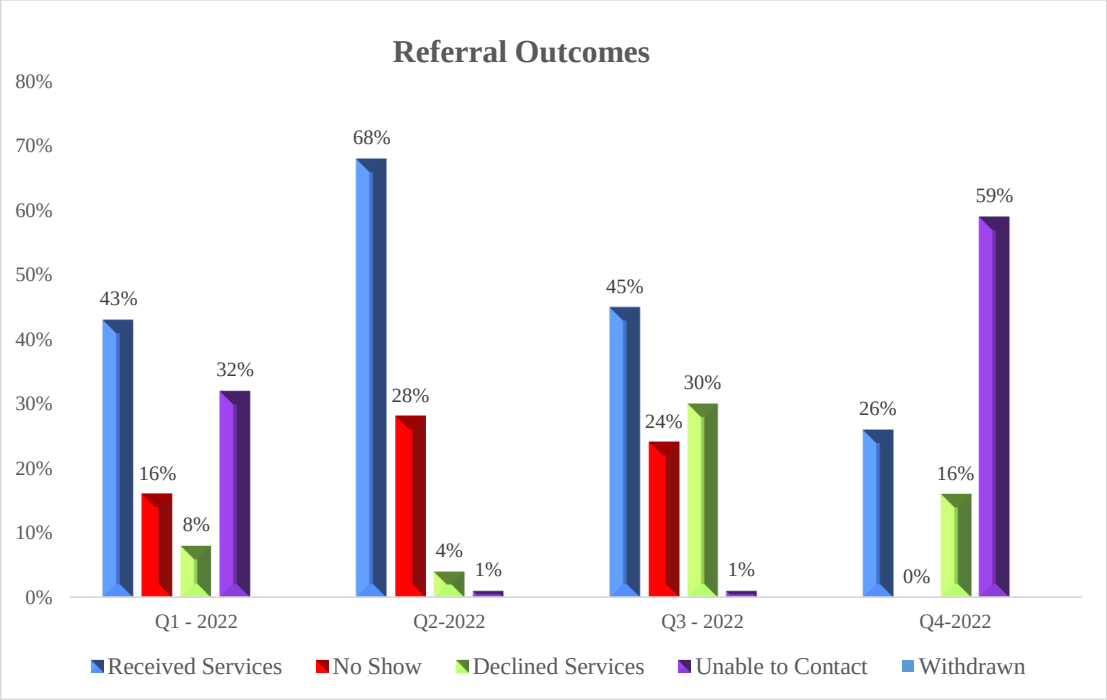




KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

Health Education Referral Outcomes

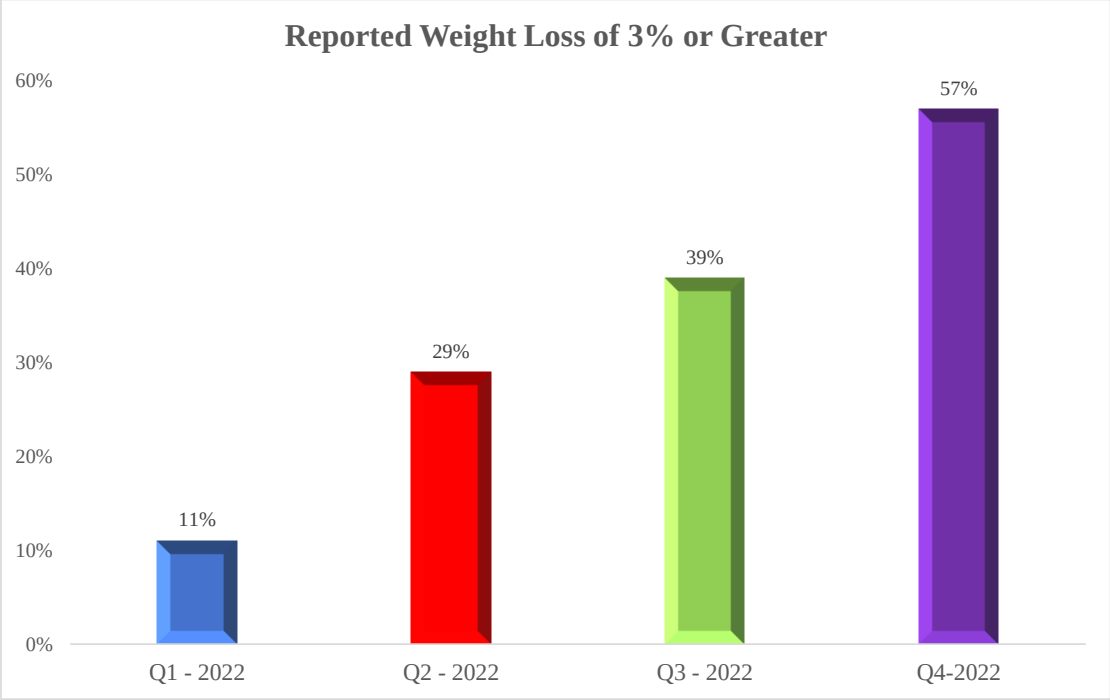
KHS offers various types of services directly through the KHS HE department or through community partnerships. Services through KHS continues to be the largest share of referral outcomes at 99% for Q3 2022. The rate of members who received health education services decreased from 45% in Q3 2022 to 26% in Q4 2022. The rate of members who did not show for services during Q4 decreased to 0% of registrants.



KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

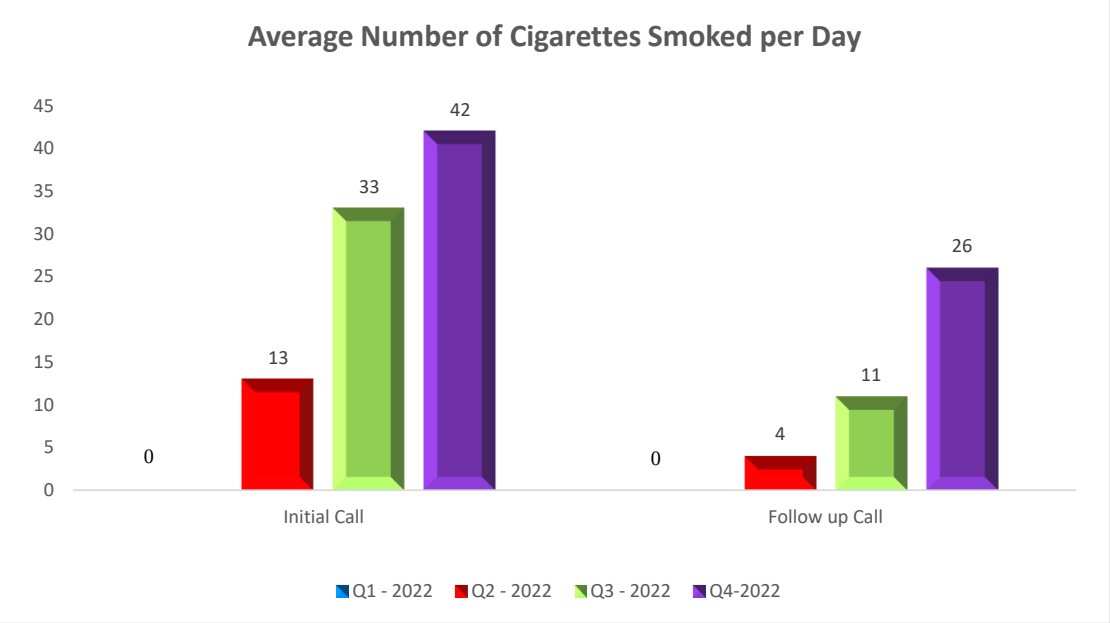
Effectiveness of Health Education Services

To evaluate the effectiveness of the health education services provided to members, a 3-month follow up call is conducted on members who received services during the prior quarter. This data comes from those who have participated in the HEAL classes. Progress on their weight-loss goal was provided by our member/s.



KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

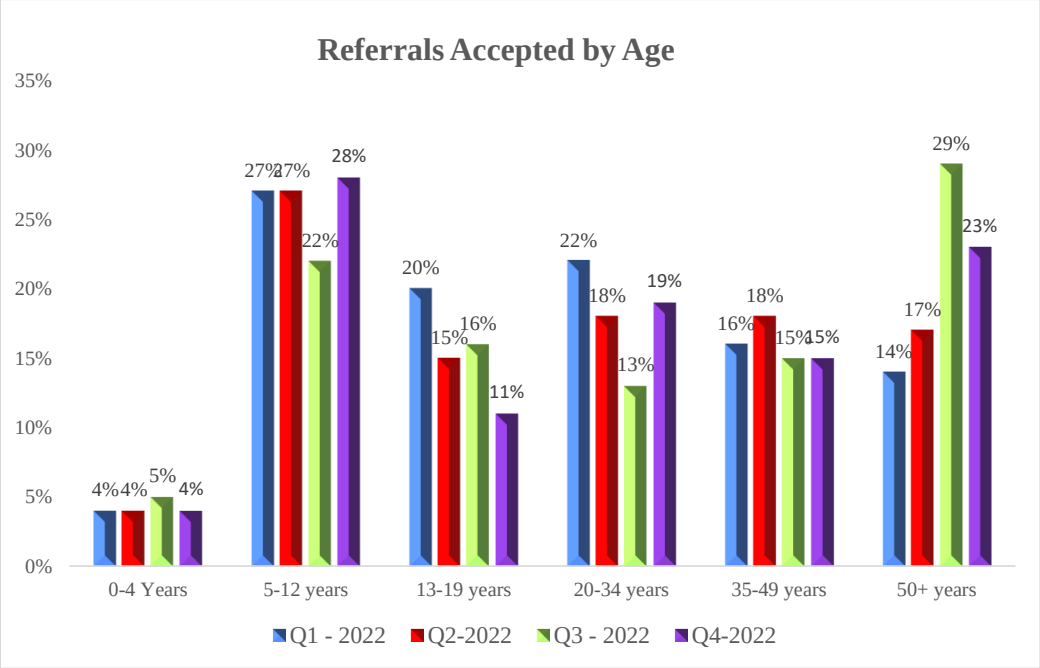
Health Education offers services for those members who are wanting to quit nicotine products. The series is called Fresh Start. It is a four-class series that addresses the risk of using nicotine products and the benefits of quitting. The number of cigarettes smoked is recorded at the beginning of their journey during the outreach call. For members who vape or chew, a formula is used to calculate the equivalent to cigarettes smoked. 90 days after the last class attended, a follow-up call is made to see how the member is doing about their goals becoming a non-user of nicotine. The member will share the number of cigarettes (/puffs/chews) that are then being used.
Quarter over quarter for the number of cigarettes smoked on the initial call was reported to be 9 cigarettes more from Q3 2022 to Q4 2022. Although, cigarette consumption decreases from the initial call to the follow-up call, it is not statistically significant.



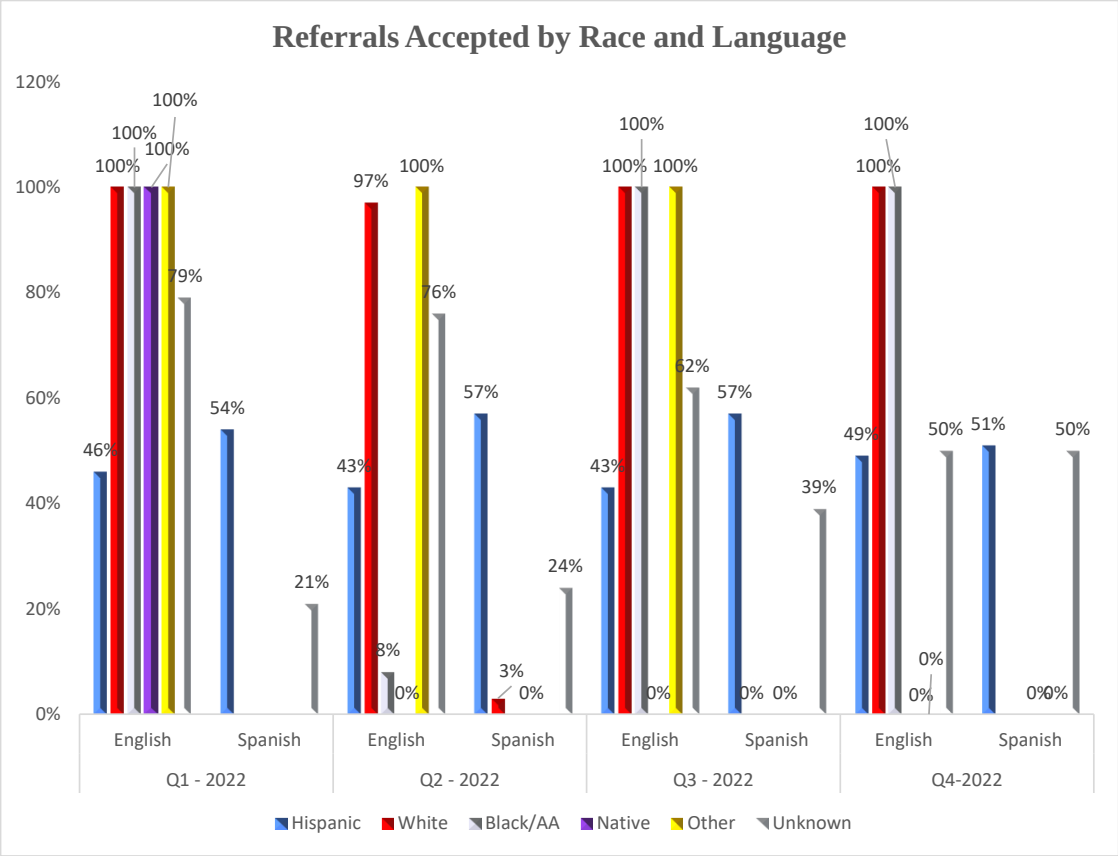
KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

Demographics of Members

KHS provides services to a culturally and linguistically diverse member population in Kern County. KHS' language threshold is English and Spanish, and all services and materials are available in these languages. When non-threshold language requests are received, KHS utilizes professional interpreters to reduce language communication barriers among members. Out of the members who accepted health education services, the largest age groups were 5-12 years followed by 50+ years. A breakdown of member classifications by race and language preferences revealed that many members who accepted services are Hispanic and preferred to receive services in English. During this last quarter the members who accepted services reside in Bakersfield with the highest concentration in the 93307 area. Additionally, the members who accepted services reside in the outlying areas of Kern County with the highest concentration live in Delano.



KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022



Referrals Accepted by Top Zip Codes

Q1-2022	Q2-2022	Q3-2022	Q4-2022
93307	93306	93307	93307
93304	93307	93305	93304
93305	93304	93306	93306
Lamont	Lamont	Lamont	Delano
Arvin	Arvin	Arvin	Lamont
Delano	Wasco	Delano	Arvin

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

Health Education Mailings

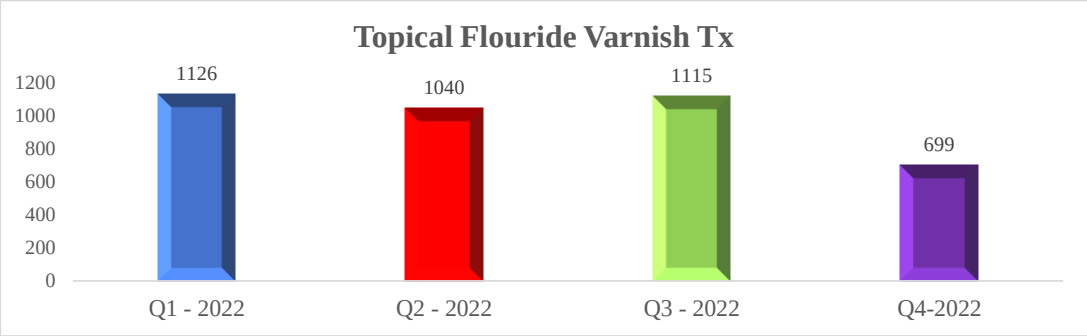
The HE department mails out a variety of educational material to assist members with gaining knowledge on their specific diagnosis or health concern.

Educational Mailings

	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Activity and Eating Small Steps to a Healthier You	1	3	3	15
Control High Blood Pressure	0	6	4	29
Control High Cholesterol	0	5	2	36
Diabetes Management	1	7	44	66
Eat Healthy	3	5	5	256
Exercise	3	5	5	256
Making Meals Better - School Age	0	1	0	3
Prenatal Health Guide	575	643	637	666
Postpartum Health Guide	1,083	1,272	1,296	1,258
Tobacco	9493	57	10	18
Total	**11,159**	**2,003**	**2,006**	**2,603**

Topical Fluoride Varnish Treatments

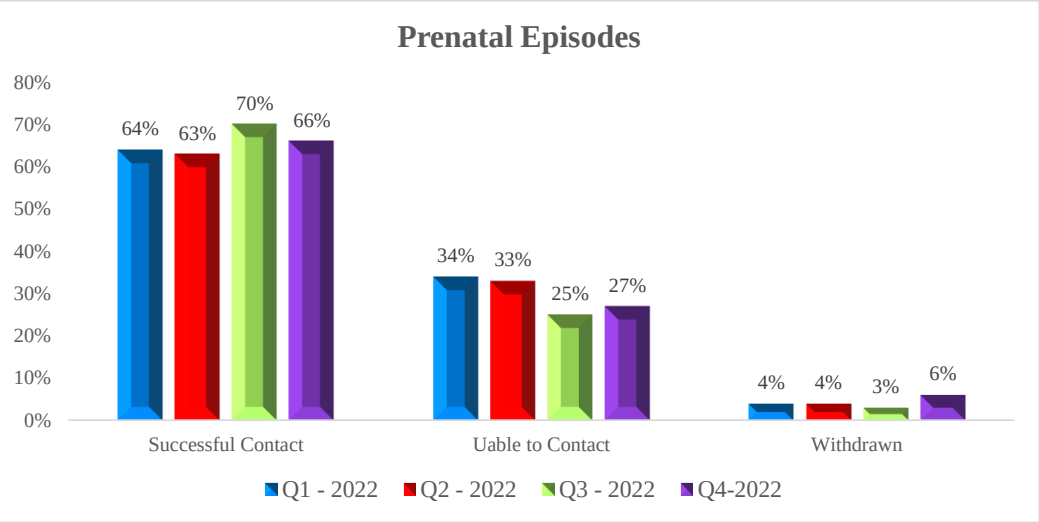
Fluoride varnish treatments are effective in preventing tooth decay and more practical and safer to use with young children. KHS covers up to three topical fluoride varnish treatments in a 12-month period for all members younger than 6 years.



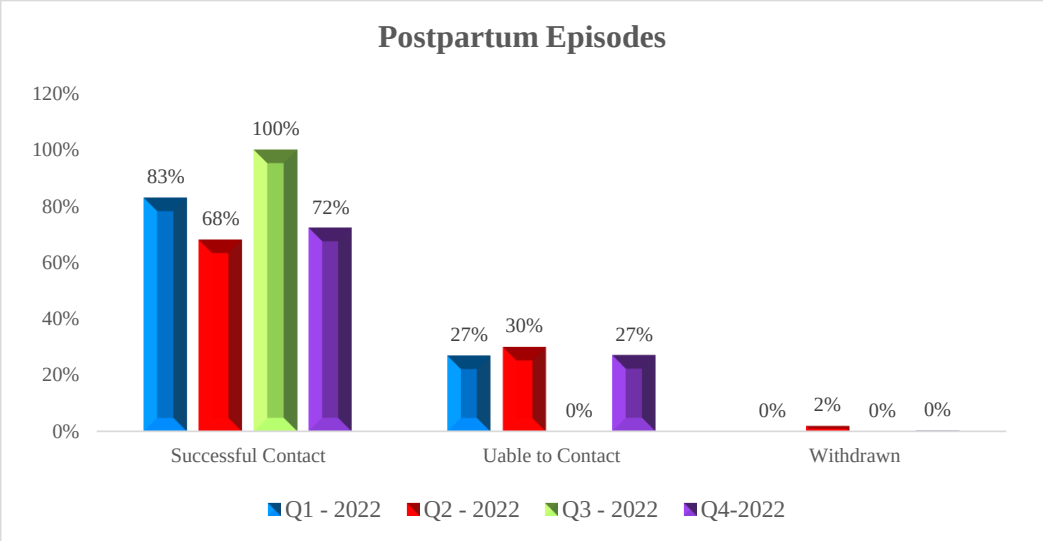
KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

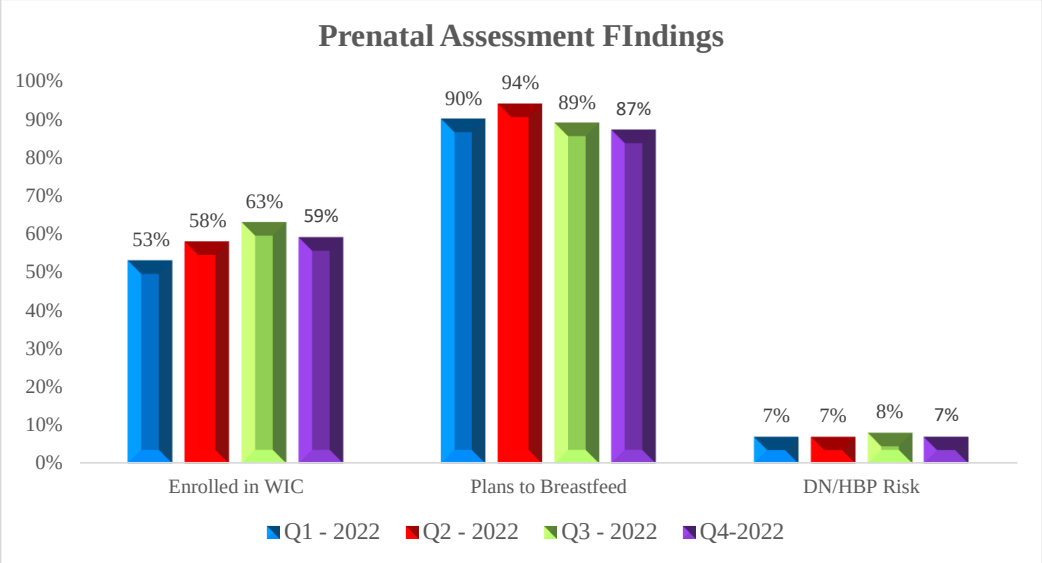
Perinatal Outreach and Education

The HE department performs outreach education calls to members with a positive pregnancy test claim, pregnant teens (under age 18), and postpartum members with a Cesarean delivery or teen pregnancy delivery. In Q4 2022, 748 episodes for pregnant members were completed and the rate of successful contacts decreased from 70% to 66%. For postpartum, 457 episodes were completed, and the rate of successful contacts decreased from 100% to 72%.

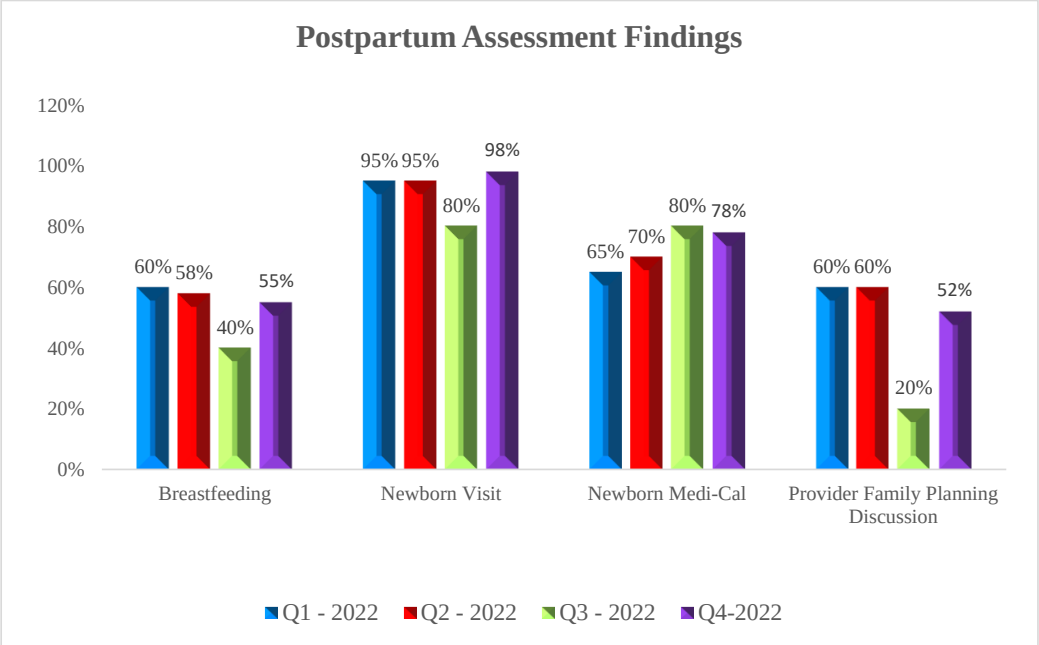


KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022





KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022



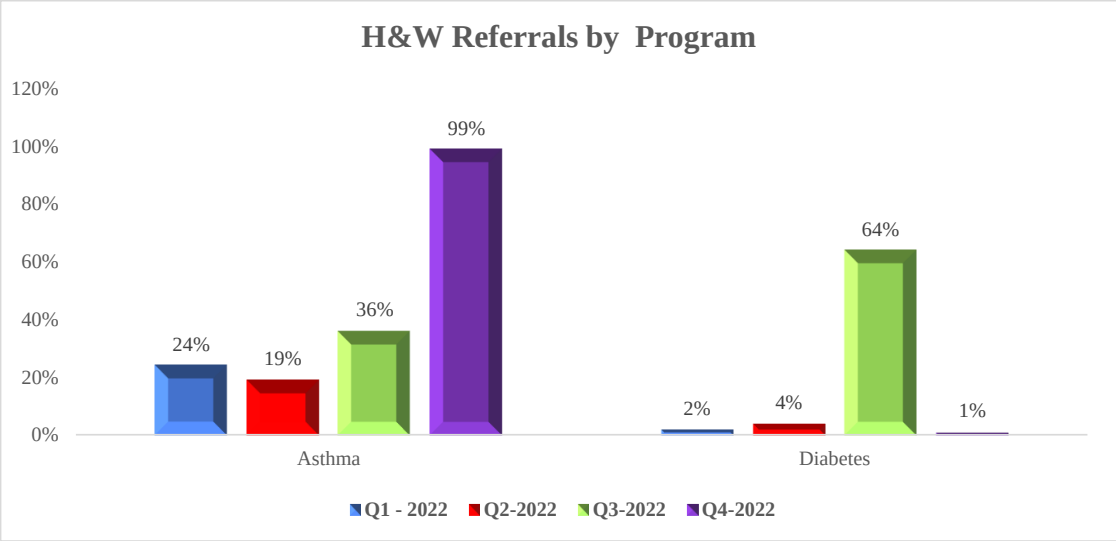
KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

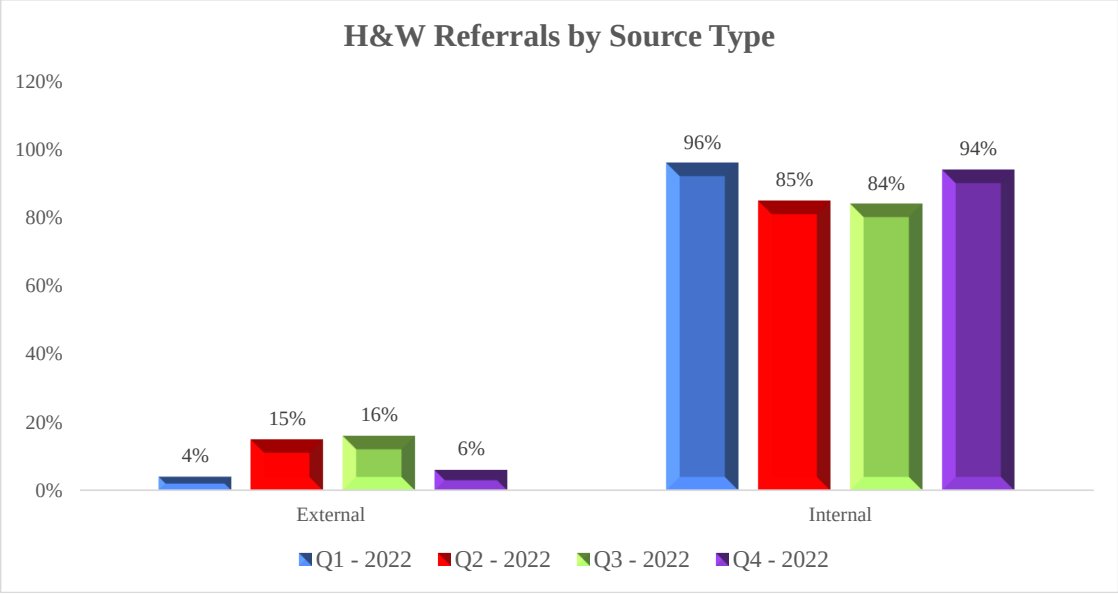
Health & Wellness Programs

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

H&W REERRALS

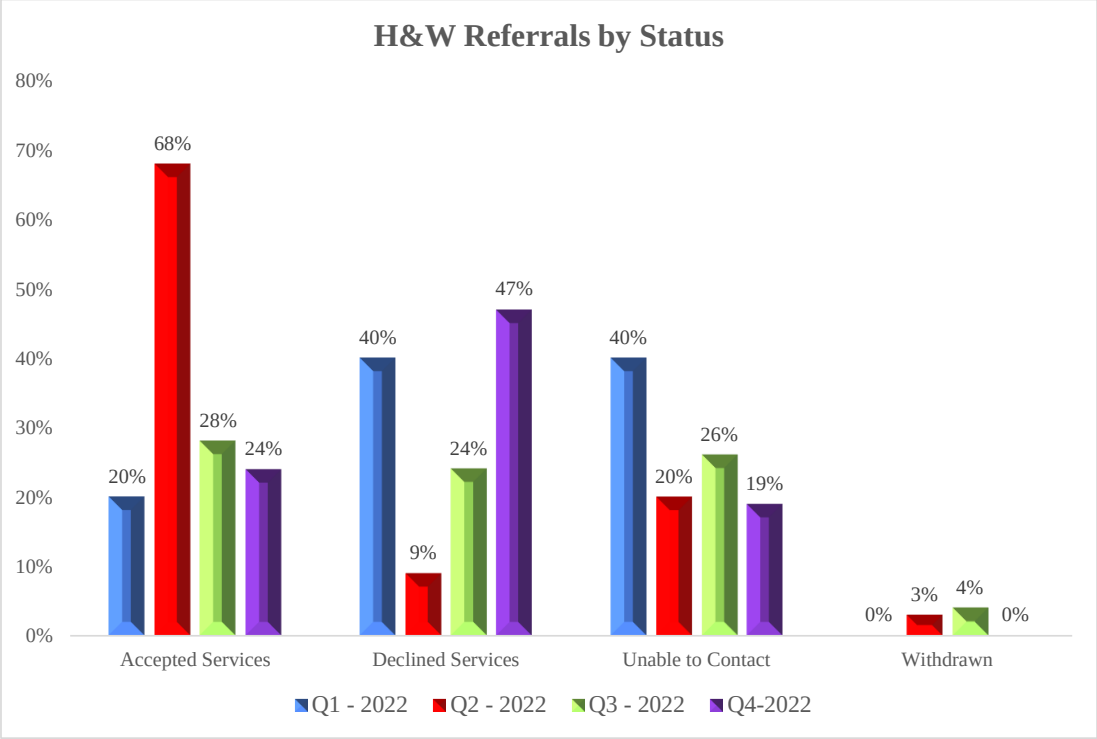
During Q4 2022, there were 159 referrals for asthma education and 1 for DPP services which is a 53% decrease for H&W Referrals in comparison to the previous quarter.





KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

Below is a graph of H&W referrals by Status. The episodes in JIVA were closed for those members who declined services or whom we were unable to contact. There are episodes open for members who have accepted services and are still in the process of receiving these services.



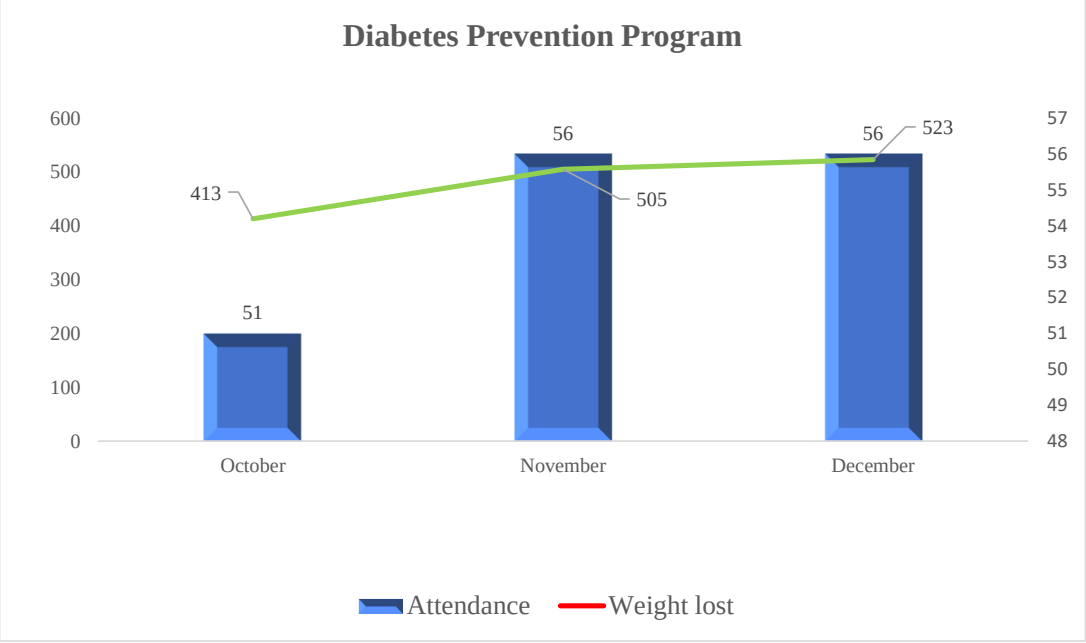
KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

Diabetic Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program, taught by peer coaches, designed to prevent, or delay the onset of type 2 diabetes among individuals diagnosed with pre-diabetes who meet the requirements for age, BMI, and prediabetes/risk determination. The participant cannot be pregnant or diagnosed with type 1 or type 2 diabetes at the time of enrollment.

The translated adaptation of the DPP lifestyle intervention is a yearlong structured program consisting of an initial 6-month phase. Within those six months there are 16 weekly classes for the first four months and 4 bi-weekly classes for the next 2 months. For the last six months one class is offered each month with one additional session offered for support, if individually necessary, for each of the last six months. Each session is facilitated by a trained Lifestyle Coach and offers a CDC-approved curriculum. There are regular opportunities for participants to interact with the Lifestyle Coaches. Each session focuses on behavior modification, managing stress and social support.

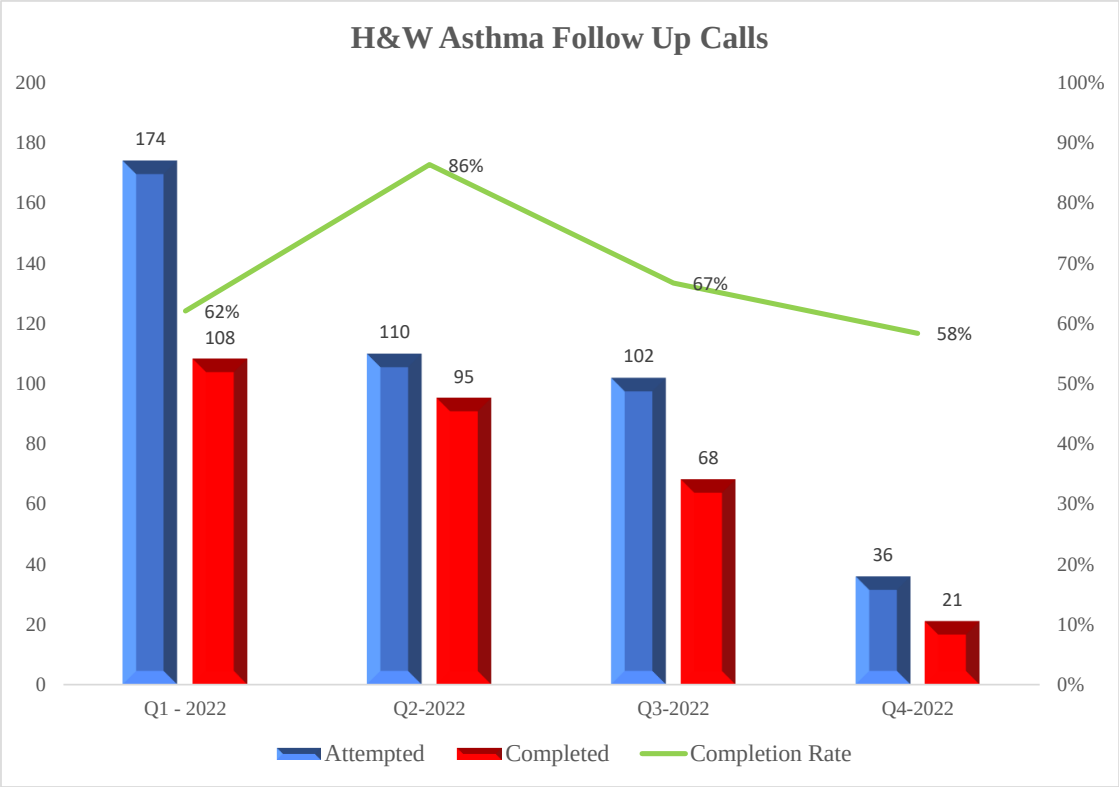
Classes for the 2022 cohorts began in April (Spanish) and August (English). There are a total of 56 members enrolled in the program. These cohorts have lost a combined total of 523 lbs.



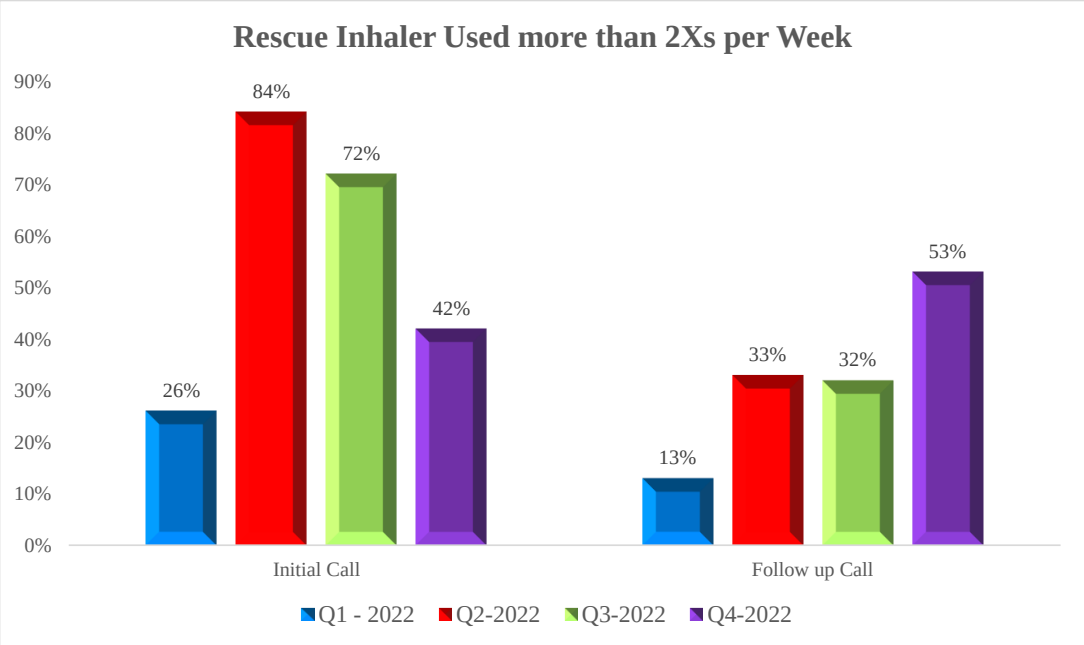
KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

Asthma Follow Up Calls

The H&W Team calls members who have attended KFHC asthma classes to offer asthma follow up assessments. These calls occur at 1 month, 3 months, and 6 months after attending the first class. During the assessments, members are asked about their quick relief medication use in the past 4 weeks. This is an indicator of their asthma control. During Q4 2022, the rate of members who report using their quick relief medication 3 or more times a week in the past 4 weeks increased from 42% during the initial call to 53% at the 3 month follow up.



KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022



Asthma Home Visiting Programs

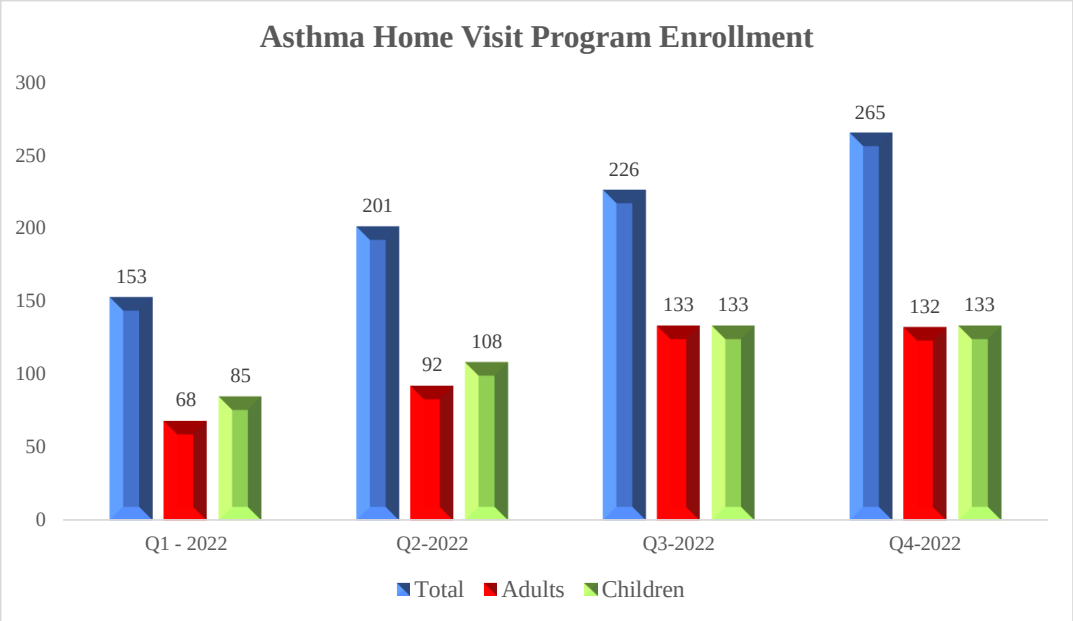
The HE Department offers home-based asthma education and remediation services to members with recent signs of high risk or uncontrolled asthma, such as hospital visits due to asthma emergencies, frequent rescue inhaler use, or frequent asthma symptoms. KHS has partnered with Central California Asthma Collaborative (CCAC) to offer home -based asthma programs to members.

The first program is called the Asthma Impact Model (AIM) Pilot. This program is being sponsored by KHS and includes a home asthma trigger assessment, asthma education, and free supplies to control or eliminate triggers and improve asthma management. The goals of this program are to improve asthma management outcomes, reduce costly health care utilization related to asthma, improve quality of life, and evaluate the impact of asthma home visiting services on a group of at least 60 members with high risk or uncontrolled asthma. Program enrollment began in March 2019 and will continue through December 2023. Each member is expected to participate for at least a year with follow up home visits and calls lasting through December 2023. The program enrollment goal was reached in June 2020. Some members disenrolled and new members enrolled in the program to maintain an active enrollment total of 60. So far, 58 members have participated for at least 1 year.

The second program is called the Asthma Mitigation Project (AMP). It is being funded by a statewide grant. It includes very similar services as the AIM Pilot. The goals of this program are essentially the same. However, the program enrollment goal is at least 200. Program enrollment began in March 2021 and continued through May 2023. Each member is expected to participate

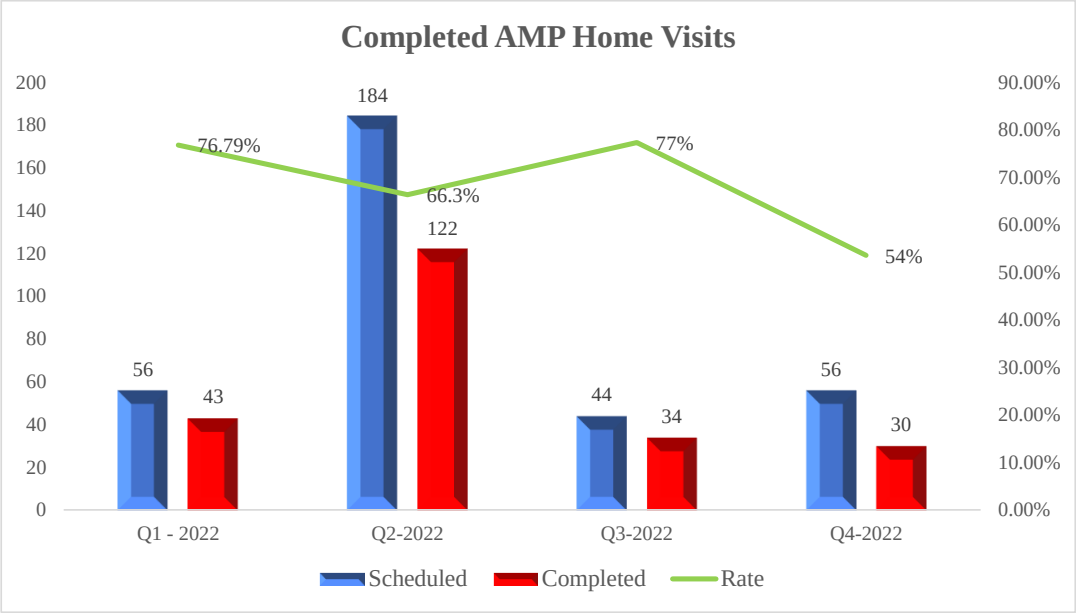
KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

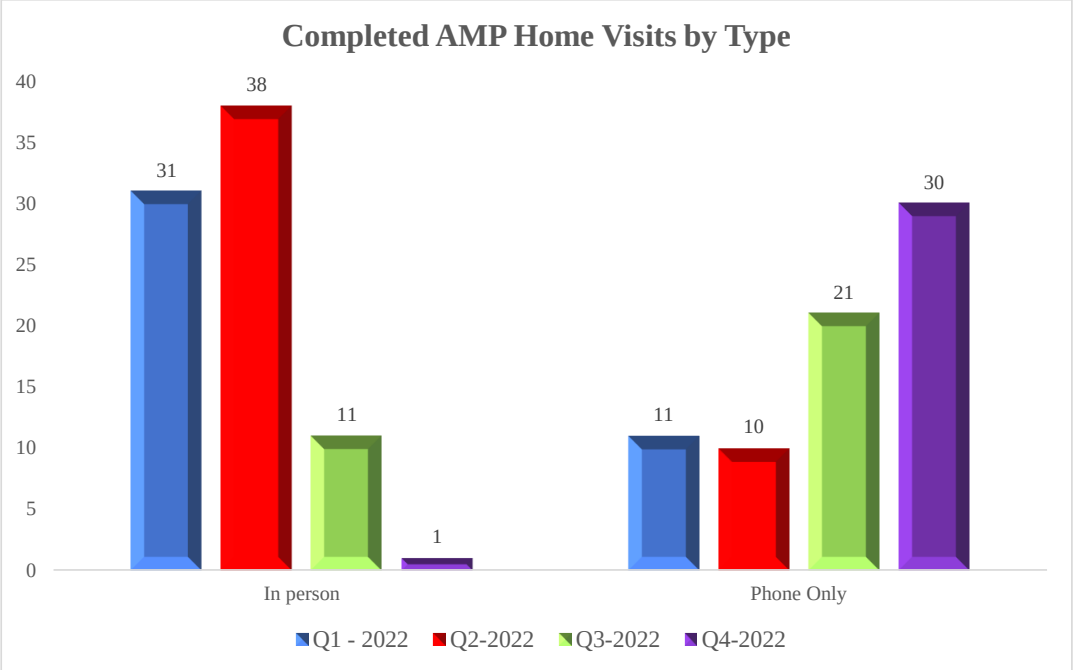
for at least a 1-year period. The program enrollment goal was surpassed in May 2022. So far, 66 members have completed the program.



AIM Pilot includes home visits every 3 months. AMP includes 3 home visits that occur during the initial, 6th, and 12th months of program enrollment. Home visits include a home environmental assessment of asthma triggers and education on asthma and trigger management. Health workers also work with members to develop and implement asthma remediation plans, which may include low-cost products and supplies that reduce exposure to triggers in the home.
AIM Pilot follow up calls occur during the months in between home visits, AMP follow up calls occur at the 1st, 2nd, 3rd, and 9th months of the program. Follow up calls include asthma control assessments and referrals to any needed asthma or community resources. CCAC refers members to Kern County 211 or Community Action Partnership of Kern programs for community resources.
As of the 4th Quarter of 2022, the number of members enrolled in the AIM Pilot Program and the AMP were combined as seen in the graph above for Q4-2022.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022





KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

Cultural & Linguistic Services

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

Interpreter Requests

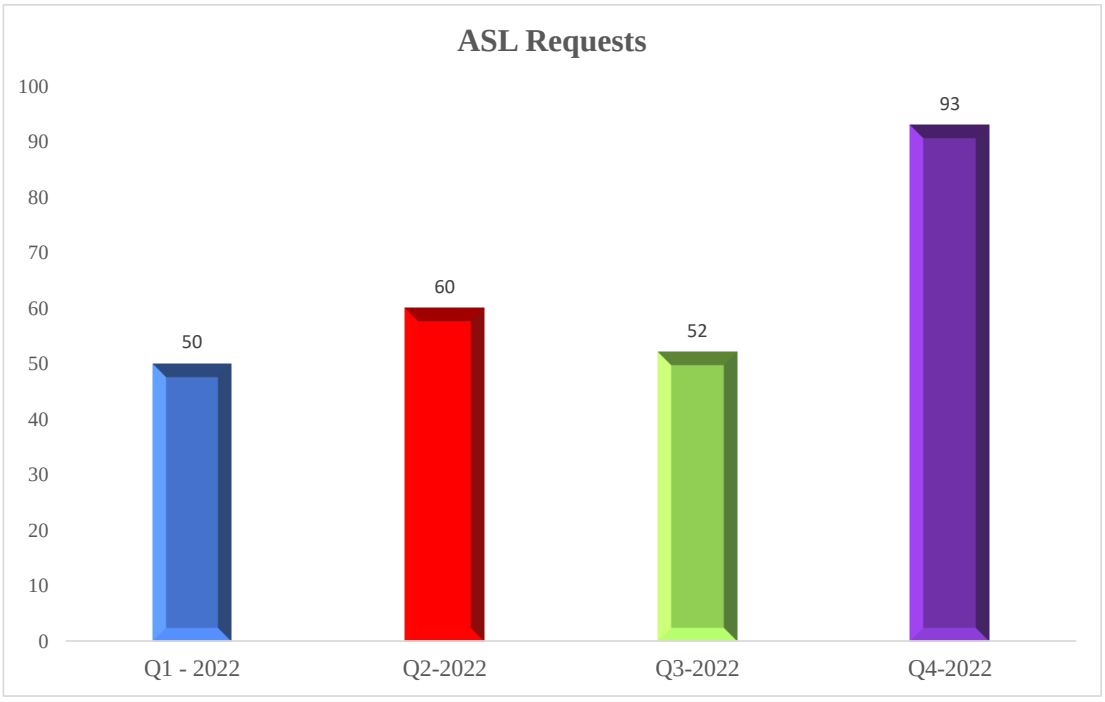
During this quarter, there were 133 requests for Face-to-Face Interpreting, 1443 requests for Telephonic Interpreting, 9 for Video Remote Interpreting (VRI) and 93 requests for an American Sign Language (ASL) interpreter.

Top Face-to-Face Interpreting Languages Requested

Q1 2022	Q2 2022	Q3 2022	Q4 2022
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Farsi	Vietnamese	Vietnamese	Arabic

Top Telephonic Interpreting Languages Requested

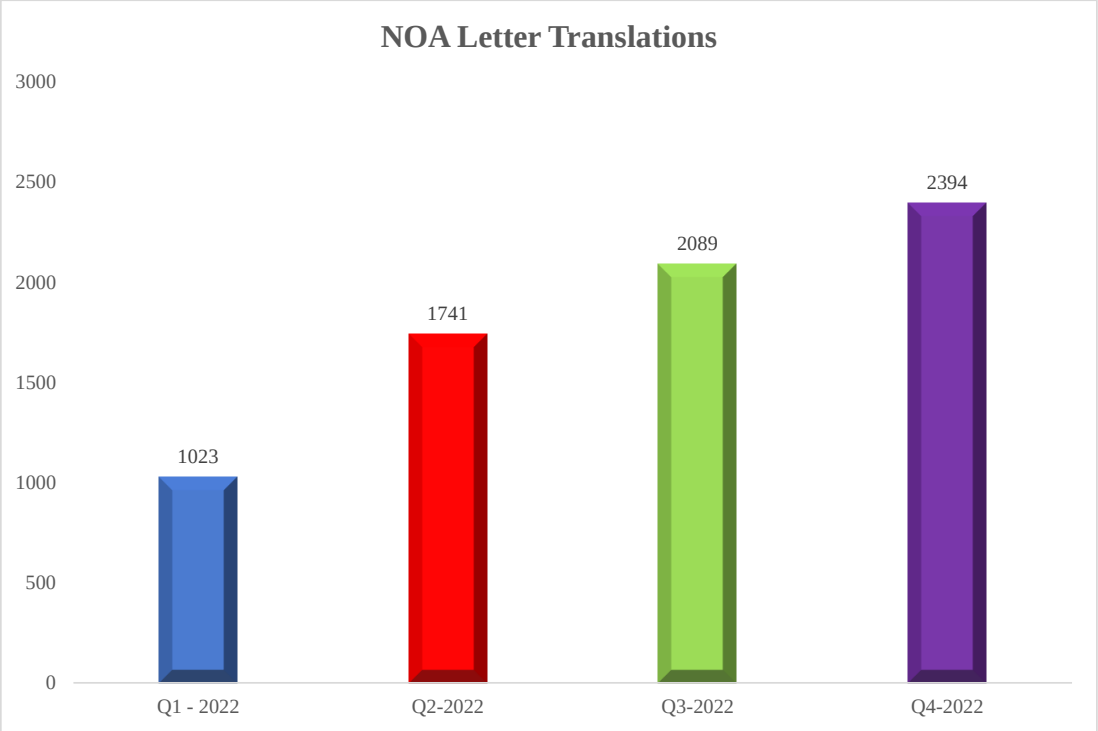
Q1 2022	Q2 2022	Q3 2022	Q4 2022
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Arabic	Arabic	Arabic	Arabic



KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

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, 2,394 requests for written translations were received.



KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
4th Quarter 2022

Interpreter Access Survey Calls

Each quarter, the Provider Network Management department conducts an interpreter access survey among KHS providers. During the 4th quarter, 18 PCPs and 17 Specialists participated in this survey.