

Michelle Baass | Director

December 29, 2023

THIS LETTER SENT VIA EMAIL

Emily Duran, Chief Executive Officer Kern Health Systems 2900 Buck Owens Blvd. Bakersfield, CA 93308

NOTICE OF IMPOSITION OF MONETARY SANCTIONS FOR FAILURE TO MEET MINIMUM PERFORMANCE LEVELS FOR MEDI-CAL MANAGED CARE ACCOUNTABILITY SET PERFORMANCE MEASURES

Dear Emily Duran,

The Department of Health Care Services (DHCS) sends this notice of imposition of monetary sanctions on Kern Health Systems for failure to meet required minimum performance levels (MPLs) for measurement year (MY) 2022 Medi-Cal Managed Care Accountability Set (MCAS) performance measures.

Under the contract with DHCS, Kern Health Systems is required to meet the DHCS established MPLs for each Health Effectiveness Data and Information Set (HEDIS) measure and all other required MCAS performance measures (Exhibit A, Attachment 4, Quality Improvement System, section 9 External Quality Review Requirements, A).

Successful administration of the Medi-Cal program requires a collaborative partnership between DHCS and Medi-Cal managed care plans (MCPs). This collaboration includes the expectation that MCPs will meet their contractual and programmatic requirements on an ongoing basis. Kern Health Systems and DHCS regularly collaborated on strategies for improving the Plan's MCAS performance measures required to meet MPLs. On July 20, 2023, DHCS received validated MCAS measure rates from the External Quality Review Organization and confirmed that Kern Health Systems has 10 plan-wide measures below MPL across 3 domains for MY 2022. See Table 2 for enforcement tier designation triggers.

Under Welfare and Institutions Code (W&I) section 14197.7 and the MCP contract, DHCS has the authority to impose monetary sanctions for Kern Health Systems'

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failure to meet its MPLs for all applicable MCAS performance measures (Exhibit E, Attachment 2, Program Terms and Conditions, section 17 Sanctions, B; W&I § 14197.7(f)(1)). As noted above, the MCP contract requires it to meet the DHCS established MPLs for each MCAS performance measure (Exhibit A, Attachment 4, Quality Improvement System, section 9 External Quality Review Requirements, A). Kern Health Systems confirming failure to meet the MPLs as outlined in the contract creates good cause for DHCS to impose monetary sanctions (Exhibit E, Attachment 2, Program Terms and Conditions, section 17 Sanctions, B; W&I § 14197.7(f)(1)).

DHCS is imposing monetary sanctions for Kern Health Systems' failure to comply with its obligations set forth in the contract. Under W&I section 14197.7(f), DHCS is authorized to impose a \$25,000 sanction per violation of Kern Health Systems' contractual obligation to meet MPLs for each MCAS performance measure.

Reporting Unit	Measures*	Domains*	MCP Rates	MPL	Trending Difference from HEDIS MY 2021	Population Impacted
Kern	FUA–30Day	BH	15.74%	21.24%	10.96	1071
	FUM– 30Day	BH	18.80%	54.51%	-0.42	570
	CIS-10	СН	27.98%	34.79%	0.49	4240
	IMA–2	СН	29.68%	35.04%	-1.22	4718
	LSC	СН	47.45%	63.99%	0	3104
	W30–2	СН	55.12%	65.83%	4.11	2680
	W30–6	СН	37.12%	55.72%	9.07	1955
	WCV	СН	40.64%	48.93%	2.68	75785
	CCS	RC	52.80%	57.64%	4.14	30761
	CHL-Tot	RC	53.67%	55.32%	-0.04	5141

The total sanction amount for Kern Health Systems is \$69,000 for the following 10 measures below the MPL for MY 2022:

*Please see Table 1 for acronym definitions

Pursuant to W&I section 14197.7 and in accordance with the December 4, 2023, Quality Sanction Bulletin, DHCS has considered the factors set forth in W&I section 14197.7(f) and (g) in determining the sanction amount, including the following:

• Scope of the violations, which are determined by the number of eligible members impacted by the quality-of-care violation (i.e., the number of eligible members who did not receive the recommended preventive



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service.) If an MCP's failure to meet an MPL impacts more than 25,000 eligible members, then each impacted beneficiary will constitute a separate violation and the MCP may be sanctioned more than 25,000 total, as provided by W&I sections 14197.7(f)(1) and (g)(1).

- In determining the nature, scope, and gravity of the violation under W&I section 14197.7(g)(1), DHCS will consider the degree to which the MCP is below the MPL for the measure at issue and will increase sanction amounts per violation based upon the severity of the violation. (Please see Table 3 for violation factors).
- DHCS will consider whether the MCP's performance on the MPL at issue has improved or worsened over the previous MY under W&I section 14197.7(g)(6). If performance has gotten worse over the previous MY, the sanction amount will increase; if performance has improved, the sanction amount will decrease. (Please see Table 4 for trending factors).
- DHCS has reduced the total sanction amount for MCPs in counties with Healthy Places Index (HPI) scores under the 50th percentile, as determined by DHCS (Please see Table 5 for HPI percentile and impact factors). **This amount has already been accounted for in the sanction total above.**

MCP by County	HPI Percentile	HPI Impact Factor
Kern Health Systems	0.0%	50.0%

Kern Health Systems is also required to submit a revised comprehensive quality strategy on or before January 31, 2024, that includes new interventions designed to meet or exceed the required 2024 milestones and details how it intends to devote adequate resources and staff to quality improvement.

Sincerely,

DocuSigned by: Sarah Lahidji CF9B74026BA741A Sarah Lahidji

Division Chief, Quality and Health Equity Quality and Population Health Management Department of Health Care Services

Quality & Population Health Management 1501 Capitol Avenue, MS 0020 P.O. Box 997413 Sacramento, CA 95899-7413 Phone (916) 449-7400 | www.dhcs.ca.gov





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CC

Michelle Baass Director Department of Health Care Services

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Judith Recchio Deputy Director and Chief Counsel Department of Health Care Services

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Enclosure

TABLE 1: DOMAIN, MEASURE, & ACRONYM				
Domain	Measure	Acronym		
Children's	Child and Adolescent Well-Care Visits	WCV		
Health	Childhood Immunization Status: Combination 10	CIS-10		
(CH)	Immunizations for Adolescents: Combination 2	IMA-2		
	Lead Screening in Children	LSC		
	Well-Child Visits in the First 30 Months of Life – Well-Child Visits in the First 15 Months – Six or More Visits	W30-6		
	Well-Child Visits in the First 30 Months of Life – Well-Child Visits for Age 15 Months to 30 Months – Two or More Visits	W30-2		
Reproductive	Breast Cancer Screening	BCS		
Health and Cancer	Cervical Cancer Screening	CCS		
Prevention (RC)	Chlamydia Screening in Women	CHL		
	Prenatal and Postpartum Care: Postpartum Care	PPC-Post		
	Prenatal and Postpartum Care: Timeliness of Prenatal Care	PPC-Pre		
Chronic Disease	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)*	HBD-H9*		
Management (CD)	Controlling High Blood Pressure	CBP		
Behavioral	Follow-up After Emergency Department Visit for	FUM-		
Health (BH)	Mental Illness – 30-day Follow-Up	30Day		
	Follow-up After Emergency Department Visit for Substance Use – 30-day Follow-Up	FUA-30Day		

*A lower rate is better for this measure





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TABLE 2: QUALITY ENFORCEMENT TIER DESIGNATION TRIGGERS				
Enforcement Tiers	Tier 1	Tier 2	Tier 3	
Triggers	One (1) measure below the MPL in any one (1) domain	Two (2) or more measures below the MPL in any one (1) domain	Three (3) or more measures below the MPL in two (2) or more domains	
Enforcement Action	Not subject to monetary sanction	Subject to monetary sanction	Subject to monetary sanction	

TABLE 3: VIOLATION AND BENEFICIARY IMPACT (W&I section 14197.7(g)(1))			
Severity/Beneficiary Impact	Violation per Measure	Severity Violation Factor	
Minimal Violation	<1.00% below MPL	1.0	
Minor violation	1.00% - 5.99% below MPL	1.2	
Moderate Violation	6.00% - 10.99% below MPL	1.4	
Moderately severe violation	11.00% - 15.99% below MPL	1.6	
Severe Violation	16.00% - 20.99% below MPL	1.8	
Extremely severe violation	≥21.00% below the MPL	2.0	

TABLE 4: TRENDING FACTOR (W&I section 14197.7(g)(6))			
Degrees of Improvement	Trending Difference per Measure	Trending Factor	
Significant Worsening	≤(-)15.01%	2.0	
Moderately Significant Worsening	(-)15.00% - (-)11.01%	1.8	
Moderate Worsening	(-)11.00% - (-)7.01%	1.6	
Minimal Worsening	(-)7.00% - (-)4.01%	1.4	
Slight worsening	(-)4.00% - (-)0.01%	1.2	
No Improvement	0.00 - 1.00%	1.0	
Slight Improvement	1.01% - 4.00%	0.8	
Minimal Improvement	4.01% - 7.00%	0.6	
Moderate Improvement	7.01% - 11.00%	0.4	
Moderately Significant Improvement	11.01% - 15.00%	0.2	
Significant Improvement	≥15.01%	0.0	

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TABLE 5: HPI IMPACT AND SANCTION REDUCTION			
Severity (Impact) of HPI (per county and MCP)	HPI Percentile	HPI Impact Factor (Sanction Reduction)	
Very High	0-9%ile	50%	
High	10-19%ile	40%	
Moderate	20-29%ile	30%	
Low Moderate	30-39%ile	20%	
Low	40-49%ile	10%	



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NOTICE OF APPEAL RIGHTS

Kern Health Systems has the right to request a hearing in connection with any sanctions within 15 business days after receipt of the notice to impose sanctions. DHCS will stay the imposition of sanctions upon receipt of the request for a hearing until the effective date of a final decision from the Office of Administrative Hearings and Appeals. Kern Health Systems may request a hearing by sending a letter so stating to the Office of Administrative Hearings and Appeals at the address below:

> Chief Administrative Law Judge Office of Administrative Hearings and Appeals Department of Health Care Services 3831 N. Freeway Blvd., Suite 200 Sacramento, CA 95834

A copy of the hearing request shall also be sent to:

Thomas Mahoney Quality and Health Equity Measurement Monitoring Section Chief Quality and Population Health Management Department of Health Care Services MS 0020 P.O. Box 997413 Sacramento CA 95899-7413

> Judith Recchio Deputy Director and Chief Counsel Office of Legal Services Department of Health Care Services MS 0010 P.O. Box 997413 Sacramento CA 95899-7413

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