



# PROVIDER *bulletin*

July 1, 2019

Dear Provider:

We understand the importance of our members attending their regular preventive visits. As such, we have decided to incentivize some of these essential visits to help motivate our members to attend.

The details of each incentive program are as follows:

1. **1<sup>st</sup> Trimester Prenatal Care Visit Incentive** – members who complete their 1<sup>st</sup> trimester prenatal care visit will receive a **\$30 gift card** in the mail. A provider will need to sign off on the incentive form for the member to be eligible for the gift card. Print the incentive form from the KHS website ([here](#)) or members can call the KHS Health Education Department to request a form to be mailed to them.
2. **Postpartum Incentive** – members who complete the postpartum visit 21-56 days after delivery will receive a **\$30 gift card** in the mail.
3. **Well-Child Incentive** – members (12-23 months of age) who attend their annual Well-Child visit will receive a **\$25 gift card** in the mail.
4. **Initial Health Assessment (IHA) Incentive** – newly enrolled members who complete their IHA within 120 days of enrolling will receive a **\$10 gift card** in the mail.

Eligibility for the Postpartum, Well-Child and IHA incentives will be determined by claims data.

Included with this bulletin is a copy of our program flyer. If you need additional copies of this flyer or have questions, please call 1-800-391-2000 and ask for the Health Education Department.

Sincerely,

Isabel Silva, MPH, CHES  
Director of Health Education, Cultural & Linguistic Services

# Rewards for being healthy!

Kern Family Health Care wants to thank you for taking care of your health and the health of your family by offering 4 **incentive programs** for our members.

## Member Incentive Programs:

### **New Members**

- Complete your "Initial Health Assessment" with your doctor within 120 days of enrolling in the plan. You will get a free gift for completing this! Limit one per household.

### **Pregnancy**

- Complete a 1st Trimester prenatal care visit and the Prenatal Incentive Form. You will receive a \$30 Target gift card.
- Complete your Postpartum Care visit with your doctor (21-56 days after delivery). You will receive a \$30 Target gift card.

### **1 Year Old Well Child Exam**

- Take your child (12-23 months) to see their doctor for a yearly exam. You will receive a \$25 Target gift card.

For more information,  
please call us at **800-391-2000**



Kern Family Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-391-2000. 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-391-2000。(TTY: 711)



Kern Family Health Care<sup>TM</sup>  
*The Friendly Face*  
Of Kern Health Systems



kernfamilyhealthcare.com



**1st Trimester Prenatal care Incentive Form**

We know the 1st trimester prenatal care visit is very important for the growth of your baby. Please fill out the top portion of this form **and** have your doctor fill out the bottom portion of the form to receive a **\$30** Gift Card to Target from Kern Family Health Care in the mail.



9700 Stockdale Hwy  
Bakersfield CA, 93311  
1-800-391-2000

**Formulario de Incentivo de Cuidado Prenatal del 1º Trimestre**

Sabemos que la visita de cuidado prenatal en el primer trimestre es muy importante para el crecimiento de su bebé. Por favor complete la parte superior de este formulario **y** solicite a su doctor que complete la parte inferior del formulario para recibir por correo una tarjeta de regalo de Target por **\$30** de parte de Kern Family Health Care.

Member Information/  
Información de miembro

Date/Fecha

Name (Last, first, middle initial/ Nombre (apellido, primer nombre, inicial del segundo nombre)

KFHC Member ID #/  
Número de identificación del miembro de KFHC

Street address, City, ST, ZIP Code/  
Dirección, ciudad, estado, código postal

Date of Birth/Fecha de nacimiento

Primary phone number/Número de teléfono primario

**For Provider Administrative Use Only**

Please fill out this section of the form and hand back to the member to Mail or FAX to Kern Family Health Care. Provider may help the member FAX this form to expedite the incentive process.

Date Received

**Has Member completed a:**

1st Trimester Prenatal Care Visit: No Or Yes- On: \_\_\_/\_\_\_/\_\_\_

Expected Delivery Date: \_\_\_/\_\_\_/\_\_\_

Provider/Clinic name:

Provider Address:

Provider Phone #

Official Stamp Here:

Provider Official signature

Date

**Member Mail To:**

**Kern Family Health Care  
ATT: Health Education Department  
9700 Stockdale Hwy  
Bakersfield Ca, 93311**

**Member Fax To:**

**Kern Family Health Care  
ATT: Health Education Department  
(661) 617-2735**

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ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-391-2000 (TTY: 711)

Kern Family Health Care cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

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