Kern Family Health Care®

Medicare (D-SNP)

Provider

FAQs and Knowledge Base

Last updated: December 2025

1. **If I have a D-SNP patient, where can I check eligibility?**
   Eligibility can be verified through the KFHCM Provider portal or by calling KFHCM Medicare (HMO D-SNP): (866) 661-3767

2. **If I have questions regarding the KFHCM Provider Portal, who do I reach out to for assistance?**
   For any questions related to the KFHCM provider portal, please reach out to customer_service@uhcmso.com or call 1(866) 661-3767.

3. **If I want to see what codes require Prior Authorization (PA) for the D-SNP line of business where can I find the list?**
   PA list is located on the Provider Resources section of the KHS website.
   https://www.kernfamilyhealthcare.com/providers/provider-resources-dsnp-medicare/prior-authorization-list/

4. **Where do I submit an OP or IP authorization for a DSNP member?**
   Authorizations can be submitted via KFHCM provider portal, and the request must include pertinent medical records, diagnosis and treatment codes, and member data. If the portal is unavailable, fax the request to Utilization Management at (661) 605-0315

5. **If a DSNP patient needs transportation assistance, how do we request a PCS form?**
   A PCS form is required for NEMT (litter van or wheelchair) which can be requested through the KFHC (Medi-Cal) portal, not the KFHCM portal. For NMT (non-medical transportation) members can call American Logistics (AL) at (800) 391-2000, Option 3

6. **If the authorization is denied, how do I file an appeal?**
   Use the KFHCM prior authorization appeal form and fill out in its entirety with supporting documentation. The appeal must be **filed within 60 days** of the denial. If the provider files on behalf of the member, written member consent is required. If additional information is requested, it must be **submitted within 30 working days.**

7. **If a DSNP member needs Case Management Services, who do I contact?**
   For any questions, please contact Kern Family Health Care Medicare (HMO D-SNP) at (866) 661-3767.

8. **Where do I submit claims for a DSNP member?**
   Claims can be submitted **electronically** through one of the following accepted clearinghouses:
   - Office Ally: Payer ID 77039
   - Change Healthcare: Payer ID 77039
   - SSI: Payer ID 77039
   - Cognizant Professional: Payer ID KERNH
   - Institutional: Payer ID UERNH

9. **When can I submit a paper claim?**
   Paper submissions are only accepted for the following three exceptions:

- Claims requiring invoice pricing
- Claims where KFHCM requested additional documentation
- Claims with a denial from California Children's Services (CCS)

Mail all paper claims for these exceptions to:
Kern Family Health Care Medicare
PO Box 9187
Bakersfield, CA 93389-018

10. **How many days do I have to submit a claim for a DSNP member?**
    1 year from the date of service, unless it is a Coordination of Benefit (COB) which must be submitted within 90 days from primary Explanation of Benefit (EOB) date.

11. **If the claim needs to be submitted for corrected billing, how much time do I have and where do I submit?**
    A corrected claim should be submitted following the standard process and must be received within one year from the date of service. When submitting, enter "7" in Box 22 to indicate a corrected claim, and include the original claim number in Box 19.

12. **Where can I check claim status?**
    KFHCM Provider Portal

13. **How long will it take for KHS to pay the claim?**
    KFHCM processes 95% of clean claims within 30 calendar days of the date of receipt.

14. **If my claim is denied, how can I dispute the claim?**
    If a claim is denied, providers must follow the standard appeal process. Only non-participating (N-PAR) providers are eligible to submit a dispute. The finalized dispute process is still under development and will be updated.

15. **Where do I find out what drugs are covered for the DSNP line of business?**
    Covered drugs can be found in the KFHCM Formulary on the plan website:
    https://www.kernfamilyhealthcare.com/medicare/

16. **Where do I submit a Pharmacy TAR?**
    The form should be submitted for consideration by either fax, to 1-858-790-6060, or preferably, online. Providers may call 1 (833) 546-0101. Pharmacies must fill out the CMS Appointment of Representative (AOR) Form and include it with the request.

17. **If the Pharmacy TAR is denied?**
    Members and providers may request redetermination denial. The request must be made in writing within 60 days of the original adverse determination.