



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Provider Network and Contracting	Policy #	23.08-P
Policy Owner	Contracting/Quality Performance	Original Effective Date	08/1997
Revision Effective Date	10/2024	Approval Date	5/20/2025
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

I. PURPOSE

The Kern Health Systems (KHS) provider network is open to all willing Primary Care Providers (PCPs) Specialty Care Providers, all willing Ancillary Providers, and Hospital and Skilled Nursing Facilities who meet and remain in compliance with KHS credentialing and contractual agreement requirements, including active enrollment with the California Department of Health Care Services (DHCS) Fee-For Service (FFS) Program.

II. POLICY

A. Current Providers

All Providers must meet the initial screening criteria (additional criteria may be required specific to the provider's specialty or services provided:

1. Be actively enrolled with the California Department of Health Care Services Fee-For-Service (FFS) Program, when there is a state pathway for enrollment.
2. Practitioner or Provider application and credentials meet the requirements for submission to the KHS Physician Advisory Committee.
3. Submit partially signed KHS Contract Service Agreement
4. Any additional criteria determined upon receipt of your contract inquiry request
5. Organizational Providers, Facilities, and/or Pharmacies with multiple business locations are required to enroll those locations who meet established place of business requirements as defined in Title 22 of the CCR Section 51000.60. Locations must be enrolled under the parent National Provider Identification (NPI) Number or enrolled under each individual NPI Number.
6. Ground Transportation Providers – DHCS permits enrollment of ground transportation providers at the “entity-level” which refers to the company acting as an individual applicant. Transportation Brokers do not currently have an enrollment pathway through DHCS, however, if

the broker is providing rides to members (NEMT or NMT services), the broker or the transportation vendor used by the broker must be enrolled as an NEMT or NMT provider.

- B. KHS will continue to contract with current providers only if these providers remain in compliance with KHS requirements including, but not limited to:
1. Quality Improvement/Utilization Management Plan/Program and Quality Performance site reviews and performance measures, as applicable.
 2. Provider Credentialing Requirements.
 3. Contract requirements as set forth in the provider's contractual agreement for services with KHS.
- C. Providers in good standing with KHS may be allowed to add additional service sites to provide services for which they currently contract with KHS with prior approval from KHS. Approvals will be considered if expansion of service sites would benefit KHS members and meet all requirements as stipulated above, including DHCS Medi-Cal Fee-for-Service enrollment, as applicable.

III. DEFINITIONS

TERMS	DEFINITIONS
DHCS	California Department of Health Care Services
KFHC	Kern Family Health Care (Beneficiaries/Members)
CEO	Chief Executive Officer
NPMP	Non-Physician Medical Practitioners (Formerly "Mid-Levels") includes Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, Licensed Midwives.

IV. PROCEDURES

A. New Providers

1. Primary Care and Specialty Providers

KHS will contract with new PCPs (including Non-Physician Medical Practitioners) and Specialty Care Providers if these providers meet and remain in compliance with KHS requirements including, but not limited to:

- a. Quality Improvement/Utilization Management Plan/Program.
- b. Provider Credentialing Policy and Procedure Requirements.
- c. Contract requirements as set forth in the provider's contract for services with KHS.

2. Facility and Ancillary Providers

KHS will contract with new Facilities and Ancillary (Non-practitioner) providers if these providers meet and remain in compliance with KHS requirements including but not limited to:

- a. Provider must be physically located in and providing services in Kern County for one year prior to application.
- b. Must be in good standing with Kern Health Systems;
- c. Must complete the organization application and supporting documents including but not limited to having current professional liability insurance (\$1million occurrence/\$3million aggregate and general liability (\$1million). Other limits may apply for Hospital Facilities;
- d. Must be able to submit claims electronically;
- e. Must be able to participate in the KHS electronic funds transfer (EFT) program;
- f. laboratory providers must be able to submit lab results/data to KHS electronically;
- g. DME Providers must be able to service KFHC Members seven (7) days a week;
- h. Accreditation and/or State survey within last 3-years of the date of application for some facilities is a requirement for participation.

B. AD HOC Contracting

1. Utilization Management staff will request a Letter of Agreement Request from the Contracting Department. Contracting staff will submit the Letter of Agreement Request and supporting documentation to the Chief Executive Officer for final approval.
2. The Senior Director of Contracting and Quality Performance or Contract Supervisor will negotiate letters of agreement for necessary medical services not available within the contracted provider network.
3. The CEO is authorized to negotiate provisional agreements for provider services when an immediate need is identified until such time as the identified need can be presented to the Board of Directors. The Chief Operating Officer (COO) and Chief Financial Officer (CFO) are authorized to sign and approve the Letter of Agreement in the absence of the CEO or with approval from the CEO

V. ATTACHMENTS

Attachment A:	N/A
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VI. REFERENCES

Reference Type	Specific Reference
Choose an item.	N/A

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	2024-10	Policy review schedule and moved from PHM to Contracting/QP Department. Revised to include new requirements for enrollment and business requirements.	Y.H. QP-Contracting
Effective	2018-10	Policy reviewed as part of an internal audit. Revised by Provider Relations to ensure compliance.	-

VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Choose an item.		

Chief Executive Leadership Approval *		
Title	Signature	Date Approved
Chief Executive Officer		
Chief Operating Officer		
Chief Medical Officer		
*Signatures are kept on file for reference but will not be on the published copy		



Policy and Procedure Review

KHS Policy & Procedure: 23.08-P Provider Network and Contracting

Last approved version:10/2018

Reason for revision: Policy was revised per annual routine review and moved from PNM to Contracting/QP Department.

Director Approval		
Title	Signature	Date Approved
Jake Hall Senior Director of Contracting and Quality Performance		

Date posted to public drive: _____

Date posted to website (“P” policies only) : _____