



March 24, 2025

KHS Clinical Network Oversight

Dear Provider,

Kern Health Systems (KHS) is committed to ensuring high-quality care for our members while maintaining compliance with California State Regulations and KHS policies. As part of this commitment the KHS Clinical Network Oversight Team conducts routine internal and external audits.

Goals & Objectives

The KHS Clinical Network Oversight Team aims to improve quality care for members by:

- Monitoring provider performance per DHCS, CMS, and national standards.
- Identifying improvement opportunities based on audit findings.
- Ensuring compliance through credentialing and recredentialing.
- Enhancing provider communication via the EQIHEC Committee.
- Implementing Corrective Action Plans (CAPs) for identified deficiencies.

Type of Clinical Oversight Audits

- Initial Health Appointments
- Blood Lead Screening in Children
- Chronic Care Improvement
- Telehealth Services
- Specialty Referral Systems
- Medical Record Documentation
- Eligibility for SMHS & SUD Services
- Disease Management (per CMO guidance) such Asthma and Hypertension

Medical Record Requirements

Providers must maintain accurate, complete, and organized records that support quality care and confidentiality. Medical record audits are conducted quarterly, and providers are required to achieve at least 80% compliance for a conditional pass.

For more information, please contact the KHS Quality Improvement Department.

[Provider Bulletins](#) are available on the [KHS website](#). Please visit the site regularly to stay informed about the latest updates and announcements.

If you have any additional questions, please contact your Provider Relations Representative at 1-800-391-2000, silent prompt option #5.

Sincerely,

Magdee Hugais
Director of Quality Improvement
Kern Health Systems