



April 14, 2023

Additional Information Regarding the Ongoing Transition of the Dual Population

Dear Provider:

In 2021, the Department of Health Care Services (DHCS) issued All Plan Letter (APL) 21-015 which provided guidance on the Benefit Standardization and Mandatory Managed Care Enrollment provisions of the CalAIM initiative. In an effort to enhance coordination of care and reduce complexity across the Medi-Cal program, the DHCS has standardized managed care and fee-for-service enrollment statewide.

As you are already aware, one aspect of this standardization required that dually eligible Medicare and Medi-Cal Beneficiaries transition to a managed care plan, such as Kern Health Systems. The transition of this population began January 1, 2023.

Kern Family Health Care (KFHC) members who are a part of this population may have questions about this recent transition. Please feel free to direct them to the KFHC Member Services Department at 661-632-1590 or 1-800-391-2000. Members who have primary coverage under Medicare are not required to receive prior authorization to continue seeing providers through their Medicare coverage. Although these enrollees will have a Primary Care Provider (PCP) through KFHC, they may continue to seek care from their established Medicare PCP.

For additional information, please visit:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21015.pdf>

As a reminder, please check eligibility before every visit. Checking eligibility through the Medi-Cal website will provide visibility into if the member has other health care coverage as their primary insurance:

<https://www.medi-cal.ca.gov/MCWebPub/Login.aspx>

KHS posts all bulletins on the KHS website, www.kernfamilyhealthcare.com, choose Provider, then Bulletins.

For any questions, please contact your Provider Relations Representative at 1-800-391-2000.

Sincerely,

Melissa McGuire
Deputy Director of Provider Network
Kern Health Systems