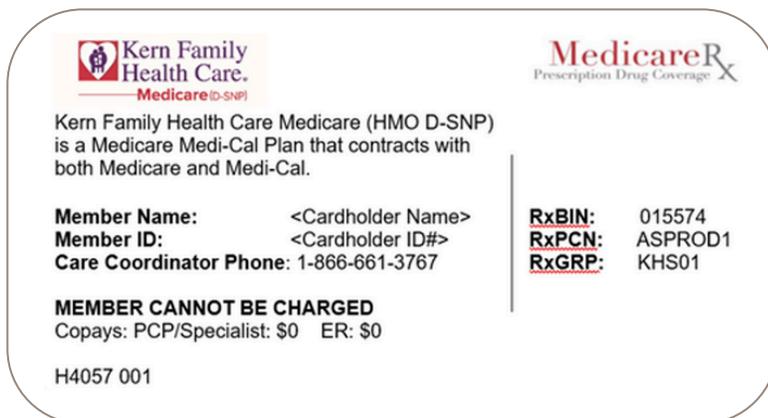




Kern Family Health Care Medicare (HMO D-SNP)

Kern Family Health Care (KFHC) launched a Medicare Advantage health plan also known as a *Dual Special Needs Plan* or *D-SNP*. This plan is available for Medicare members who also have Medi-Cal. The name of the health plan is **Kern Family Health Care Medicare (HMO D-SNP)**. Below is an example of the Membership ID card:




Medi-CAL BULLETINS

- [Important updates on Children’s Presumptive Eligibility](#)
- [Enhanced Care Management \(ECM\) Program Provider Trainings 2026](#)
- [Claim Status Inquiries](#)
- [Important Notes About the Upcoming 2026 MCAS Audit](#)
- [Medi-Cal Rx Updates | 1/13/2025](#)
- [Childhood Lead Poisoning Prevention Provider Training on February 10, 2026](#)

Extra Benefits for D-SNP members include:

 <p>Care coordination available to every D-SNP member</p>	 <p>Dental benefits through Delta Dental</p>	 <p>\$300.00 allowance for eyewear</p>	 <p>Hearing exam and hearing aids</p>	 <p>\$93.00 (per quarter) Grocery card (if qualified)</p>
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Special Enrollment Period Monthly

Members who are eligible for both Medicare and Medi-Cal may enroll in the Kern Family Health Care Medicare (HMO D-SNP) plan at any time through a *Special Enrollment Period (SEP)*. Enrollment becomes effective on the first day of the following month.

Kern Family Health Care Medicare (HMO D-SNP) (Cont'd)

Member with Medicare questions can reach out to the following:

- Member Services Department: **1-866-661-3767**
- In-person Support: **Kern Family Health Care—
2900 Buck Owens Blvd Bakersfield, CA 93308**

Provider marketing opportunities available!

For more information, please contact the below for assistance with outreach to members, Medicare Camps, and Lunch and Leans (Provider Education):

- Stella Sanchez, Medicare Sales Manager
661-340-0952 | stella.sanchez@khs-net.com



Medicare (D-SNP) BULLETINS

- [Medicare \(D-SNP\)
Provider Frequently
Asked Questions \(FAQ\)](#)

Updated Credentialing Application Request Forms

KFHC Credentialing Department has updated our credentialing application request forms and are in process of posting them to the KHS Website “*Become a KHS Provider*”.

Key highlights:

- AB1041 will mandate **CAQH** as the preferred application for all providers in the State of California. Medi-Cal Health Plans are excluded from this requirement; however, *KFHC preferred application is the CAQH Application* and will make every effort to comply with AB1041 which becomes effective 1/1/2028.
- Should your provider need to utilize the **California Participating Physician Application (CPPA)**, it must be the newest version updated by HICE dated 4/17/2025 (available on our website).
- Both CAQH and CPPA version 4/17/2025 both meet NCQA requirements for race/ethnicity and language requirements.

Addendum A Practitioner Rights is required at both initial and recredentialing to be signed by the practitioner.

Addendum B Malpractice Liability is only applicable when there are settled claim payments to be reported at time of initial or recredentialing.

Addendum C Practice Information has been revised removing the race and ethnicity as this is now part of CAQH and CPPA, meeting NCQA required statements, and a section has been added regarding in-person availability for practitioners who are both *Te/e-Remote and On-Site*.

Addendum D Language Form will still be required to allow the provider and staff to articulate the languages spoken and level of fluency as required and reported to DHCS.

Behavioral Health & Mental Health Network - Remains Closed

KFHC Behavioral Health and Mental Health Networks **remain closed to Tele-Remote/Tele-Health Only**. KFHC is seeking BH/MH Practitioners who provide “in-person” services to meet the needs of our members. Those practitioners who indicate both On-Site and Tele-Remote/Tele-Health must have an established place of business for in-person visits and the practitioner’s schedule for in-person days of availability must be disclosed on **Addendum C Practice Information**.



Initial Health Appointment (IHA): Setting the Foundation for Better Care



The *Initial Health Appointment (IHA)* is more than a checkbox—it’s the starting point for understanding a member’s full health picture and setting them up for long-term success. All new members must complete an IHA, as required by the Department of Health Care Services (DHCS).

IHAs are completed by a Provider in the primary care setting and help ensure care is proactive, coordinated and preventive. If a Member’s Primary Care Provider (PCP) determines that the medical record already contains complete, updated information from the past 12 months, a new IHA may not be necessary. Either way, documentation in the Member’s medical record is essential. And as always, IHAs must be delivered in a culturally and linguistically appropriate manner.

So, what makes an IHA count? A strong IHA includes a review of the Member’s physical and mental health history, identification of health risks, and an assessment of needed preventive screenings or services. It is also an opportunity to provide meaningful health education and to identify, diagnose and create a treatment plan for any conditions discovered along the way.

When done well, the IHA helps catch concerns early, strengthens preventive care, and supports better outcomes—for Members and Providers alike.

Please contact **Population Health Management** for any questions at **661-426-7760**.

Follow Us on Social Media!

