
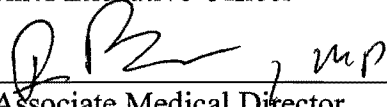

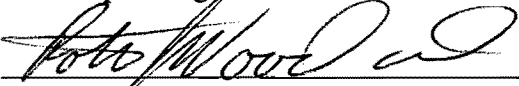
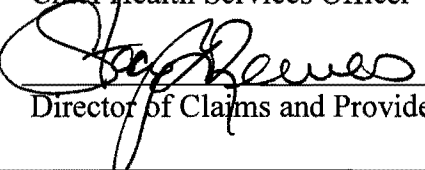


**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

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RESPONSIBLE DEPARTMENT HEAD: Director of Claims and Provider Relations							
Review Date	08/97	01/98	05/00	01/03	05/2004	11/2008	06-2010
Effective Date					07/01/04	12/16/08	06/04/10
Revision No.	1997-08	1998-01	2000-05	2003-06	2004-06	2008-12	2010-06

Approved		Date	6/4/10
	Carol Sorrell, R.N. Chief Executive Officer		
Approved		Date	6/3/10
	Associate Medical Director		
Approved		Date	6/2/2010
	Chief Operating Officer		
Approved		Date	6/3/2010
	Chief Health Services Officer		
Approved		Date	6/3/2010
	Director of Claims and Provider Relations		

POLICY¹:

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 requirements.

PURPOSE:

To define the circumstances and the process by which KHS will contract with providers for health care services.

PROCEDURE:

1.0 CURRENT PROVIDERS

KHS will continue to contract with current providers only if these providers remain in compliance with KHS requirements including, but not limited to:

- A. Quality Improvement Plan/Program

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- B. Utilization Management Program
- C. Provider Credentialing Requirements
- D. Contract requirements as set forth in the provider's contract for services with KHS.

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.

2.0 NEW PROVIDERS

2.1 PRIMARY CARE AND SPECIALTY PROVIDERS

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

- A. Quality Improvement Plan/Program
- B. Utilization Management Program
- C. Provider Credentialing Requirements
- D. Contract requirements as set forth in the provider's contract for services with KHS

2.2 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. cannot be physician owned, either directly or indirectly;
- C. must be in good standing with Kern Health Systems;
- 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. new Medical Transportation Providers must be members of the Kern County Ambulance Association;
- H. all new Non-Physician Providers, and new locations of existing Non-Physician Providers must pay a \$100 credentialing process fee, unless waived by KHS due to access issues;
- I. DME Providers must be able to service KFHC Members seven (7) days a week.

3.0 AD HOC CONTRACTING²

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.

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The Provider Relations Manager or Provider Relations Representative will negotiate letters of agreement for necessary medical services not available within the contracted provider network.

Utilization Management staff will request a Letter of Agreement Request (see Attachment A) from the Provider Relations Department. Provider Relations staff will submit the Letter of Agreement Request and supporting documentation to the Chief Executive Officer for final approval.

Attachments:

Attachment A: *Letter of Agreement Request*

¹ **Revision 2010-06:** Added provisions for new facility and ancillary providers. **Revision 2008-12:** Added Letter of Agreement letter for non-contracted providers. **Revision 2004-06:** Revised to comply with DHS/DMHC Medical Review (YEOct03) Finding 3.1.3. **Revision 2003-06:** Revision request by CEO.

² Section added to comply with DHS/DMHC Medical Audit (YEOct03) Finding 3.1.3



Letter of Agreement Request
Non-Contracted Provider

To be completed by UM Staff		Request Date:	
Patient Name:		KFHC ID#:	
Requested Provider:		Provider contact and phone number:	
Purpose of LOA:			
Requested by: (UM Staff member)			
Term: (dates covered)		Referral Due Date:	
Services Approved: (List codes with quantity and/or OPS Level if applicable)			
Contracted Providers that were contacted: (include all providers contacted and reason referral could not be accepted)			
UM Director Approval:		Medical Director Approval:	
To Be Completed by PR			
Date Submitted to CEO:		PR Rep:	
Faxed executed copy to Provider :		Notification to UM:	
Notes:			