




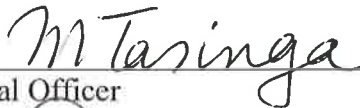
KERN HEALTH SYSTEMS

| KERN HEALTH SYSTEMS | | | | | |
|-------------------------------------------|------------------------------------|------|------------------|-------------------|--|
| POLICY AND PROCEDURES | | | | | |
| SUBJECT: Provider Network and Contracting | | | POLICY #: 4.25-P | | |
| DEPARTMENT: Provider Relations | | | | | |
| Effective Date: 08/1997 | Review/Revised Date: 12/14/2018 | DMHC | | PAC | |
| | | DHCS | | QI/UM COMMITTEE | |
| | | BOD | | FINANCE COMMITTEE | |



 Douglas A. Hayward
 Chief Executive Officer

Date 12.14.18



 Chief Medical Officer

Date 12/13/18



 Chief Operating Officer

Date 11/9/18



 Chief Financial Officer

Date 11/8/18



 Director of Provider Relations

Date 11/2/18

POLICY:

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.

PROCEDURES:

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/Utilization Management Plan/Program

- B. Provider Credentialing Requirements
- C. 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/Utilization Management Plan/Program
- B. Provider Credentialing Requirements
- C. 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. must be in good standing with Kern Health Systems;
- C. must be able to submit claims electronically;
- D. must be able to participate in the KHS electronic funds transfer (EFT) program;
- E. laboratory providers must be able to submit lab results/data to KHS electronically;
- F. DME Providers must be able to service KFHC Members seven (7) days a week.

3.0 AD HOC CONTRACTING¹

Utilization Management staff will request a Letter of Agreement Request 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.

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

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.

REFERENCE:

Revision 2018-10: Policy reviewed as part of an internal audit. Revised by Provider Relations to ensure compliance. **Revision 2014-12:** Removed language pertaining to ownership of facilities. Allowing KHS to contract with physician owned facilities. **Revision 2012-08:** Deleted requirement for non-physicians to pay \$100 credentialing process fee. **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.

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