

2021 Member Handbook



kernfamilyhealthcare.com



800-391-2000

Other Languages and Formats

Other languages

You can get this Member Handbook and other plan materials for free in other languages. Call Member Services at (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). The call is toll free. Read this Member Handbook to learn more about health care language assistance services, such as interpreter and translation services.

Other formats

You can get this information for free in other formats, such as braille, 18-point font large print and audio. Call Member Services at (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). The call is toll free.

Interpreter services

You do not have to use a family member or friend as an interpreter. For free interpreter, linguistic and cultural services and help available 24 hours a day, 7 days a week, or to get this handbook in a different language, call Member Services at (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). The call is toll free.



Call Member Services at 1-800-391-2000 (TTY/TDD 711).
KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.
Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

Other Languages and Formats

LANGUAGE	LANGUAGE ASSISTANCE TAGLINE
English	ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-391-2000 (TTY: 711).
Español (Spanish)	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-391-2000 (TTY: 711).
العربية (Arabic)	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-391-2000 (رقم هاتف الصم والبكم: 711).
Հայերեն (Armenian)	Ուշադրություն: Եթե խոսում եք հայերեն, ապա ձեզ անվճար կալոդ էն տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-800-391-2000 (TTY (հեռատիպ) 711):
កម្ពុជា (Cambodian)	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-391-2000 (TTY: 711)។
繁體中文 (Chinese)	注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-391-2000 (TTY: 711)。
فارسی (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-391-2000 (TTY: 711) تماس بگیرید.
हिंदी (Hindi)	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-391-2000 (TTY: 711) पर कॉल करें।
Hmoob (Hmong)	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-391-2000 (TTY: 711).
日本語 (Japanese)	注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-391-2000 (TTY: 711) まで、お電話にてご連絡ください。
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-391-2000 (TTY: 711) 번으로 전화해 주십시오.
ພາສາລາວ (Lao)	ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽ ຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-391-2000 (TTY: 711).
ਪੰਜਾਬੀ (Punjabi)	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-391-2000 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-391-2000 (телетайп: 711).
Tagalog (Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-391-2000 (TTY: 711).
ภาษาไทย (Thai)	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-391-2000 (TTY: 711).
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-391-2000 (TTY: 711).



Call Member Services at 1-800-391-2000 (TTY/TDD 711).
 KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.
 Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

Notice of Non-Discrimination

Discrimination is against the law. Kern Family Health Care follows State and Federal civil rights laws. Kern Family Health Care does not unlawfully discriminate, exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation.

Kern Family Health Care provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats and other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services between 8:00 am and 5:00 pm, Monday through Friday by calling (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). Or, if you cannot hear or speak well, please call 711 to use the California Relay Service.

How to file a grievance

If you believe that Kern Family Health Care has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance with a Member Services Representative. You can file a grievance in writing, in person, or electronically:

- **By phone:** Contact between 8:00 am and 5:00 pm, Monday through Friday by calling (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield). Or, if you cannot hear or speak well, please call (TTY/TDD 711) to use the California Relay Service.
- **In writing:** Fill out a complaint form or write a letter and send it to:
Kern Family Health Care, Member Services Department
2900 Buck Owens Boulevard, Bakersfield, CA 93308-6316



Call Member Services at 1-800-391-2000 (TTY/TDD 711).

KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

- **In person:** Visit your doctor's office or Kern Family Health Care and say you want to file a grievance.
- **Electronically:** Visit Kern Family Health Care's website at <http://www.kernfamilyhealthcare.com>

Office of civil rights – California department of health care services

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- **In writing:** Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413**

Complaint forms are available at
http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- **Electronically:** Send an email to CivilRights@dhcs.ca.gov

Office of civil rights – U.S. Department of health and human services

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing or electronically:

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697** or 711 to use the California Relay Service.
- **In writing:** Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**



Call Member Services at 1-800-391-2000 (TTY/TDD 711).
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Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/cp>



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KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.
Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

Welcome to Kern Family Health Care!

Thank you for joining Kern Family Health Care (KFHC). KFHC is a health plan for people who have Medi-Cal. KFHC works with the State of California to help you get the health care you need.

Member Handbook

This Member Handbook tells you about your coverage under KFHC. Please read it carefully and completely. It will help you understand and use your benefits and services. It also explains your rights and responsibilities as a member of KFHC. If you have special health needs, be sure to read all sections that apply to you.

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. It is a summary of KFHC rules and policies and based on the contract between KFHC and Department of Health Care Services (DHCS). If you would like more information, call Member Services at (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

Call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711) to ask for a copy of the contract between KFHC and DHCS. You may also ask for another copy of the Member Handbook at no cost to you or visit the KFHC website at <https://www.kernfamilyhealthcare.com/members/member-resources/member-handbook/> to view the Member Handbook. You may also request, at no cost, a copy of the KFHC non-proprietary clinical and administrative policies and procedures, or how to access this information on the KFHC website.

Contact us

KFHC is here to help. If you have questions, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.

You can also visit online at any time at www.kernfamilyhealthcare.com.

Thank you,
Kern Family Health Care
2900 Buck Owens Boulevard, Bakersfield, CA 93308



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1. Getting Started as a Member

How to get help

KFHC wants you to be happy with your health care. If you have any questions or concerns about your care, KFHC wants to hear from you!

Member services

KFHC member services is here to help you. Member Services can:

- Answer questions about your health plan and covered services
- Help you choose or change a primary care provider (PCP)
- Tell you where to get the care you need
- Help you get interpreter services if you do not speak English
- Help you get information in other languages and formats
- Help you register for your Member Portal account
- Help you with your Member Portal questions

If you need help, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). Member Services is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.

You can also visit online at any time at <http://www.kernfamilyhealthcare.com>.

Who can become a member

You qualify for KFHC because you qualify for Medi-Cal and live in Kern County with the exception of Ridgecrest. For questions about your Medi-Cal coverage, please contact your caseworker at the Kern County Department of Human Services by calling (661) 631-5000. You may also qualify for Medi-Cal through Social Security because you are receiving SSI/SSP. Contact Social Security at 1-800-772-1213 for more information.

For questions about enrollment, call Health Care Options at 1-800-430-4263 (TTY/TDD 1-800-430-7077 or 711). Or visit <https://www.healthcareoptions.dhcs.ca.gov/>.

Transitional Medi-Cal

Transitional Medi-Cal is also called “Medi-Cal for working people.” You may be able to get Transitional Medi-Cal if you stop getting Medi-Cal because:

- You started earning more money.
- Your family started receiving more child or spousal support.

You can ask questions about qualifying for Transitional Medi-Cal at your local county health and human services office at www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx or call Health Care Options at 1-800-430-4263 (TTY/TDD 1-800-430-7077 or 711).



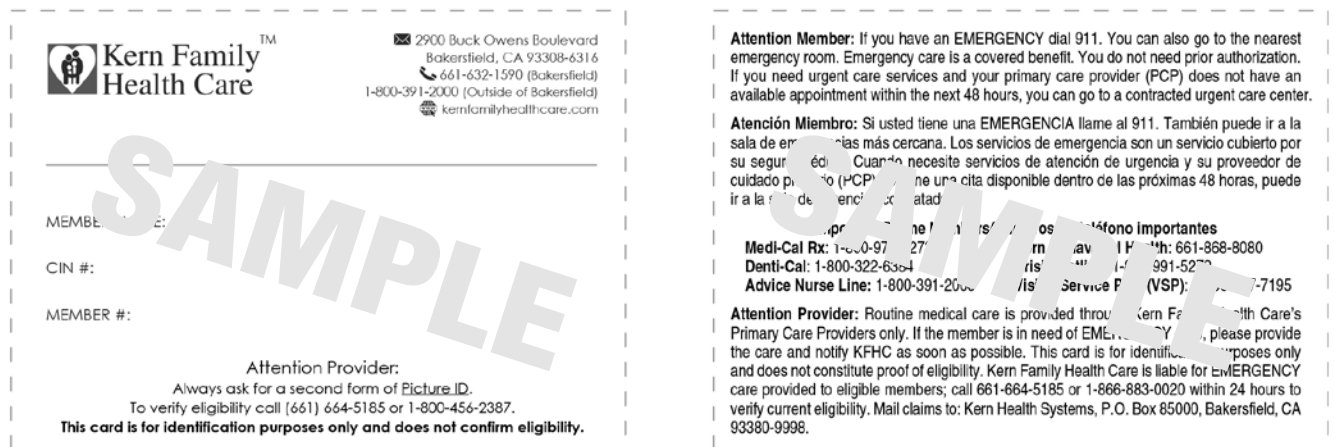
Call Member Services at 1-800-391-2000 (TTY/TDD 711).

KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

Identification (ID) cards

As a member of KFHC, you will get a KFHC ID card. You must show your KFHC ID card and your Medi-Cal Benefits Identification Card (BIC) when you get any health care services or prescriptions. You should carry all health cards with you at all times. Here is a sample BIC and KFHC ID card to show you what yours will look like:



KFHC will mail your KFHC ID card to the address we have on file for you. A Health Risk Assessment (HRA) with a postage paid return envelope will be included with your KFHC ID card. We ask you to complete your health risk assessment and return it as soon as possible. Completing your HRA will help us manage your health care.

You may log onto your Member Portal account to download and print a copy, or to download an image to your smartphone. Your Member Portal also allows you to request that a new KFHC ID card to be mailed to you.

If you do not get your KFHC ID card within a few weeks of enrolling, or if your card is damaged, lost or stolen, call member services right away. KFHC will send you a new card for free. Call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).



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Ways to get involved as a member

KFHC wants to hear from you. Each quarter of the year (every three months), KFHC has meetings to talk about what is working well and how KFHC can improve. Members are invited to attend. Come to a meeting!

Public Policy and Community Advisory Committee

KFHC has a group called the Public Policy and Community Advisory Committee. This group is made up of KFHC members, community and health care representatives of Kern County, and KFHC staff. You can join this group if you would like. The group talks about how to improve KFHC policies and is responsible for:

- Culturally appropriate service or program design
- Priorities for health education and outreach programs
- Plan marketing materials and campaigns
- Community resources and information
- Advise on educational and operational issues affecting Limited English Proficient (LEP) members
- Advise on cultural and linguistic issues

If you would like to be a part of this group, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).



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Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

2. About Your Health Plan

Health plan overview

KFHC is a health plan for people who have Medi-Cal in these service areas: Kern County with the exception of Ridgecrest. KFHC works with the State of California to help you get the health care you need.

You may talk with one of the KFHC member services representatives to learn more about the health plan and how to make it work for you. Call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

When your coverage starts and ends

When you enroll in KFHC, you will get a KFHC member ID card within two weeks of enrollment. You must show your KFHC ID card and your Medi-Cal Benefits Identification Card (BIC) when you get any health care services or prescriptions.

Your Medi-Cal coverage will need to be renewed every year. The county will send you a Medi-Cal renewal form. Complete this form and return it to your local county human services agency.

You may ask to end your KFHC coverage and choose another health plan at any time. For help choosing a new plan, call Health Care Options at 1-800-430-4263 (TTY/TDD 1-800-430-7077 or 711). Or visit www.healthcareoptions.dhcs.ca.gov. You can also ask to end your Medi-Cal.

KFHC is the health plan for Medi-Cal members in Kern County with the exception of Ridgecrest. Your coverage with KFHC might change if you no longer have Medi-Cal or if you move out of the county. KFHC coverage may also end if your local county health and human services office receives information that changes your eligibility for Medi-Cal. Find your local office at www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx. If you go to jail or prison, your coverage with KFHC will end. If you become eligible for a waiver program, your coverage with KFHC will end, but you will still be enrolled in Medi-Cal. If you are not sure if you are still covered by KFHC, please call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

Managed Long-Term Services and Supports (MLTSS)

Individuals dually eligible for Medicare and Medi-Cal must join a Medi-Cal managed care plan to receive their Medi-Cal benefits, including LTSS and Medicare wrap-around benefits.

Special considerations for American Indians in managed care

American Indians have a right to not enroll in a Medi-Cal managed care plan or they may



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leave their Medi-Cal managed care plan and return to Fee-For-Service (FFS) Medi-Cal at any time and for any reason.

If you are an American Indian, you have the right to get health care services at Indian Health Clinics (IHC). You may also stay with or disenroll from KFHC while getting health care services from these locations. For information on enrollment and disenrollment call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

How your plan works

KFHC is a health plan contracted with DHCS. KFHC is a managed care health plan. Managed care plans are a cost-effective use of health care resources that improve health care access and assure quality of care. KFHC works with doctors, hospitals, pharmacies and other health care providers in the KFHC service area to give health care to you, the member.

Member Services will tell you how KFHC works, how to get the care you need, how to schedule provider appointments within standard access times, how to create a Member Portal account, how to get member rewards, and how to find out if you qualify for transportation services.

To learn more, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). You can also find member service information online at <http://www.kernfamilyhealthcare.com> and on your Member Portal account.

Changing health plans

You may leave KFHC and join another health plan in your county of residence at any time. Call Health Care Options at 1-800-430-4263 (TTY/TDD 1-800-430-7077 or 711) to choose a new plan. You can call between 8:00 a.m. and 6:00 p.m. Monday through Friday. Or visit www.healthcareoptions.dhcs.ca.gov.

It takes up to 30 days to process your request to leave KFHC and enroll in another plan in your county if there are no issues with the request. To find out the status of your request, call Health Care Options at 1-800-430-4263 (TTY/TDD 1-800-430-7077 or 711).

If you want to leave KFHC sooner, you may ask Health Care Options for an expedited (fast) disenrollment. If the reason for your request meets the rules for expedited disenrollment, you will get a letter to tell you that you are disenrolled.

Members who can request expedited disenrollment include, but are not limited to, children receiving services under the Foster Care or Adoption Assistance programs, members with special health care needs, and members already enrolled in Medicare or another Medi-Cal or commercial managed care plan.



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Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

You may ask to leave KFHC in person at your local county health and human services office. Find your local office at www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx. Or call Health Care Options at 1-800-430-4263 (TTY/TDD 1-800-430-7077 or 711). If you are having difficulty changing your health plan after contacting Health Care Options, you may call the Medi-Cal Managed Care Division, Office of the Ombudsman at 1-888-452-8609 for assistance.

College students who move to a new county or out of California

If you move to a new county in California to attend college, KFHC will cover emergency room and urgent care services in your new county for some conditions.

If you are enrolled in Medi-Cal and will attend college in a different county in California, you do not need to apply for Medi-Cal in that county.

When you temporarily move away from home to go to college in another county in California there are two options available to you. You may:

- Notify your case worker at the Kern County Human Services Department that you are temporarily moving to attend college and provide your address in the new county. The county will update the case records with your new address and county code in the State's database. Use this choice if you want to get routine or preventive care in your new county. You may have to change health plans. For questions and to prevent any delay in enrolling in the new health plan, call Health Care Options at 1-800-430-4263 (TTY/TDD 1-800-430-7077 or 711).
- OR**
- Choose not to change your health plan when you temporarily move to attend college in a different county. You will only be able to access emergency room and urgent care services in the new county for some conditions. To learn more, go to Section 3, "How to get care." For routine or preventive health care, you would need to use the KFHC regular network of providers located in the head of the household's county of residence.

If you are leaving California temporarily to attend college in another state and you want to keep your Medi-Cal coverage, contact your eligibility worker at the Kern County Human Services Department. As long as you are eligible, Medi-Cal will cover emergencies in another state, and emergencies requiring hospitalization in Canada and Mexico if the service is approved and the doctor and hospital meet Medi-Cal rules. If you want Medicaid in another state, you will need to apply in that state. You will not be eligible for Medi-Cal and KFHC will not pay for your healthcare.

Continuity of care

As a member of KFHC, you will get your health care from providers in KFHC network. In some cases, you may be able to go to providers who are not in the KFHC network, which is



Call Member Services at 1-800-391-2000 (TTY/TDD 711).
KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.
Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

called continuity of care. If you have continuity of care, you will be able to go to the provider for up to 12 months, or more in some cases. If your providers do not join the KFHC network by the end of 12 months, you will need to switch to providers in the KFHC network.

Providers who leave KFHC

If your provider stops working with KFHC, you may be able to keep getting services from that provider. This is another form of continuity of care. Services KFHC provides for continuity of care include but are not limited to:

- Acute conditions
- Chronic physical and behavioral conditions
- Pregnancy
- Maternal mental health services
- Terminal illness
- Care of a newborn child between birth and age 36 months
- Performance of a surgery or other procedure that is authorized by KFHC as part of a documented course of treatment and has been recommended and documented by the provider
- For other conditions that may qualify, contact KFHC Member Services

Continuity of care is not available if you have not seen your doctor at least once during the last 12 months; your doctor is not willing to work with KFHC or if KFHC has documented quality of care concerns with your doctor.

To learn more about continuity of care and eligibility qualifications, and to hear about all available services, call Member Services.

Costs

Member costs

KFHC serves people who qualify for Medi-Cal. In most cases, KFHC members do **not** have to pay for covered services, premiums or deductibles. Members enrolled in California Children's Health Insurance Program (CCHIP) in Santa Clara, San Francisco and San Mateo counties and members in the Medi-Cal for Families Program may have a monthly premium and copayments. Except for emergency care, you may have to pay for care from providers who are out of the network. For a list of covered services, go to "Benefits and services."

For members with a share of cost

You may have to pay a share of cost each month. The amount of your share of cost depends on your income and resources. Each month you will pay your own medical bills until the amount that you have paid equals your share of cost. After that, your care will be covered by KFHC for that month. You will not be covered by KFHC until you have paid your entire share of cost for the month. After you meet your share of cost for the month, you



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can go to any KFHC doctor. If you are a member with a share of cost, you do not need to choose a PCP.

How a provider gets paid

KFHC pays providers in these ways:

- Capitation payments
 - KFHC pays some providers a set amount of money every month for each KFHC member. This is called a capitation payment. KFHC and providers work together to decide on the payment amount.
- Fee-for-service payments
 - Some providers give care to KFHC members and then send KFHC a bill for the services they provided. This is called a fee-for-service payment. KFHC and providers work together to decide how much each service costs.

To learn more about how KFHC pays providers, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield), (TTY/TDD 711).

KFHC has a payment arrangement with participating providers to encourage accessible, preventive and cost-effective quality health services for members. Participating providers are required to provide medically necessary services in a quality manner in accordance with professional, legal and contractual requirements. PCPs, hospitals, and some specialty providers take part in an incentive bonus plan. KFHC does not use compensation arrangements that unduly influence or incent a participating provider to withhold medically necessary care. KFHC does not have a contract with a participating provider that contains an incentive plan that includes specific payment to the provider as an inducement to deny, reduce, limit, or delay medically necessary and appropriate services with respect to a member.

Asking KFHC to pay a bill

If you get a bill for a covered service, do not pay the bill. Call member services right away at (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

If you pay for a service that you think KFHC should cover, you can file a claim. Use a claim form and tell KFHC in writing why you had to pay. Call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711) to ask for a claim form. KFHC will review your claim to decide if you can get money back.

You may also submit a claim online through your KFHC Member Portal account. Go to <http://www.kernfamilyhealthcare.com> and log in or create an account. Fill out the form and upload images of your receipts and other documents that will help us review your claim.



Call Member Services at 1-800-391-2000 (TTY/TDD 711).

KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

3. How to Get Care

Getting health care services

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

You can begin to get health care services on your effective date of coverage. Always carry your KFHC ID card, Medi-Cal Benefits Identification Card (BIC), and any other health insurance cards you have with you. Never let anyone else use your BIC or KFHC ID card.

New members must choose a primary care provider (PCP) in the KFHC network. The KFHC network is a group of doctors, hospitals and other providers who work with KFHC. You must choose a PCP within 30 days from the time you become a member in KFHC. If you do not choose a PCP, KFHC will choose one for you.

You may choose the same PCP or different PCPs for all family members in KFHC.

If you have a doctor you want to keep, or you want to find a new PCP, you can look in the Provider Directory. It has a list of all PCPs in the KFHC network. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). You can also find the Provider Directory on the KFHC website at <http://www.kernfamilyhealthcare.com>.

If you cannot get the care you need from a participating provider in the KFHC network, your PCP must ask KFHC for approval to send you to an out-of-network provider. Read the rest of this chapter to learn more about PCPs, the Provider Directory and the provider network.

Initial health assessment (IHA)

KFHC recommends that, as a new member, you visit your new PCP within the first 120 days for an initial health assessment (IHA). The purpose of the IHA is to help your PCP learn your health care history and needs. Your PCP may ask you some questions about your health history or may ask you to complete a questionnaire. Your PCP will also tell you about health education counseling and classes that may help you.

When you call to schedule your IHA appointment, tell the person who answers the phone that you are a member of KFHC. Give your KFHC ID number.

Take your BIC and KFHC ID card to your appointment. It is a good idea to take a list of your medications and questions with you to your visit. Be ready to talk with your PCP about your health care needs and concerns.



Call Member Services at 1-800-391-2000 (TTY/TDD 711).

KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

Be sure to call your PCP's office if you are going to be late or cannot go to your appointment.

Routine care

Routine care is regular health care. It includes preventive care, also called wellness or well care. It helps you stay healthy and helps keep you from getting sick. Preventive care includes regular checkups and health education and counseling. Children are able to receive much needed early preventive services like hearing and vision screening, assessments of developmental process and many more services that are recommended by pediatricians' Bright Futures guidelines. In addition to preventive care, routine care also includes care when you are sick. KFHC covers routine care from your PCP.

Your PCP will:

- Give you all your routine care, including regular checkups, shots, treatment, prescriptions and medical advice
- Keep your health records
- Refer (send) you to specialists if needed
- Order X-rays, mammograms or lab work if you need them

When you need routine care, you will call your PCP for an appointment. Be sure to call your PCP before you get medical care, unless it is an emergency. For an emergency, call **911** or go to the nearest emergency room.

To learn more about health care and services your plan covers, and what it does not cover, read "Benefits and services" in this handbook.

Urgent care

Urgent care is **not** for an emergency or life-threatening condition. It is for services you need to prevent serious damage to your health from a sudden illness, injury or complication of a condition you already have. Urgent care appointments that do not need pre-approval (prior authorization) are available within 48 hours of your request for an appointment. If the urgent care services you need require pre-approval, you will be offered an appointment within 96 hours of your request.

For urgent care, call your PCP. If you cannot reach your PCP, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). Or you can call the 24-hour Advice Nurse Line at 1-800-391-2000 to speak to an advice nurse or access our audio health library.

If you need urgent care out of the area, go to the nearest urgent care facility. Urgent care needs could be a cold, sore throat, fever, ear pain, sprained muscle or maternity services. You do not need pre-approval (prior authorization). If you need mental health urgent care, call your county Mental Health Plan or Member Services at (661) 632-1590 (Bakersfield) or



Call Member Services at 1-800-391-2000 (TTY/TDD 711).

KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). You may call your county Mental Health Plan or your KFHC Behavioral Health Organization any time, 24 hours a day, 7 days a week. To find all counties' toll-free telephone numbers online, visit www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx.

Emergency care

For emergency care, call **911** or go to the nearest emergency room (ER). For emergency care, you do **not** need pre-approval (prior authorization) from KFHC. You have the right to use any hospital or other setting for emergency care.

Emergency care is for life-threatening medical conditions. This care is for an illness or injury that a prudent (reasonable) layperson (not a health care professional) with average knowledge of health and medicine could expect that, if you don't get care right away, your health (or your unborn baby's health) could be in danger, or a body function, body organ or body part could be seriously harmed. Examples may include, but are not limited to:

- Active labor
- Broken bone
- Severe pain
- Chest pain
- Severe burn
- Drug overdose
- Fainting
- Severe bleeding
- Psychiatric emergency conditions, such as severe depression or suicidal thoughts

Do not go to the ER for routine care. You should get routine care from your PCP, who knows you best. If you are not sure if your medical condition is an emergency, call your PCP. You may also call the 24/7 Advice Nurse Line at 1-800-391-2000.

If you need emergency care away from home, go to the nearest emergency room (ER), even if it is not in the KFHC network. If you go to an ER, ask them to call KFHC. You or the hospital to which you were admitted should call KFHC within 24 hours after you get emergency care. If you are traveling outside the U.S., other than to Canada or Mexico, and need emergency care, KFHC will **not** cover your care.

If you need emergency transportation, call **911**. You do not need to ask your PCP or KFHC first before you go to the ER.

If you need care in an out-of-network hospital after your emergency (post-stabilization care), the hospital will call KFHC.

Remember: Do not call **911** unless it is an emergency. Get emergency care only for an emergency, not for routine care or a minor illness like a cold or sore throat. If it is an emergency, call **911** or go to the nearest emergency room.



Call Member Services at 1-800-391-2000 (TTY/TDD 711).

KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

Sensitive care

Minor consent services

You may only get the following services without your parent or guardian's permission if you are 12 years old or older:

- Outpatient mental health care for:
 - Sexual assault
 - Physical assault
 - When you have thoughts of hurting yourself or others
- HIV/AIDS prevention/testing/treatment
- Sexually transmitted infections prevention/testing/treatment
- Substance use disorder services

If you are under 18 years old, you can go to a doctor without permission from your parents or guardian for these types of care:

- Family planning/birth control (including sterilization)
- Abortion services

For pregnancy testing, family planning services, birth control, or sexually transmitted infection services, the doctor or clinic does not have to be part of the KFHC network. You can choose any provider and go to them for these services without a referral or pre-approval (prior authorization). Services from an out-of-network provider not related to sensitive care may not be covered. For help finding a doctor or clinic giving these services, or for help getting to these services (including transportation), you can call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). You may also call the 24/7 Advice Nurse Line at 1-800-391-2000.

Minors can talk to a representative in private about their health concerns by calling the 24/7 Advice Nurse Line at 1-800-391-2000.

Adult sensitive services

As an adult (18 years or older), you may not want to go to your PCP for certain sensitive or private care. If so, you may choose any doctor or clinic for the following types of care:

- Family planning and birth control (including sterilization)
- Pregnancy testing and counseling
- HIV/AIDS prevention and testing
- Sexually transmitted infections prevention, testing and treatment
- Sexual assault care
- Outpatient abortion services

The doctor or clinic does not have to be part of the KFHC network. You can choose any provider and go to them without a referral or pre-approval (prior authorization) for these services. Services from an out-of-network provider not related to sensitive care may not be covered. For help finding a doctor or clinic giving these services, or for help getting to these



Call Member Services at 1-800-391-2000 (TTY/TDD 711).

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Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

services (including transportation), you can call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). You may also call the 24/7 Advice Nurse Line at 1-800-391-2000.

Advance directives

An advance health directive is a legal form. On it, you can list what health care you want in case you cannot talk or make decisions later on. You can list what care you do **not** want. You can name someone, such as a spouse, to make decisions for your health care if you cannot.

You can get an advance directive form at drugstores, hospitals, law offices and doctors' offices. You may have to pay for the form. You can also find and download a free form online. You can ask your family, PCP or someone you trust to help you fill out the form.

You have the right to have your advance directive placed in your medical records. You have the right to change or cancel your advance directive at any time.

You have the right to learn about changes to advance directive laws. KFHC will tell you about changes to the state law no longer than 90 days after the change.

You can call KFHC at (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711) for more information.

Organ and tissue donation

Adults can help save lives by becoming an organ or tissue donor. If you are between 15 and 18 years old, you can become a donor with the written consent of your parent or guardian. You can change your mind about being an organ donor at any time. If you want to learn more about organ or tissue donation, talk to your PCP. You can also visit the United States Department of Health and Human Services website at <https://www.organdonor.gov/>.

Where to get care

You will get most of your care from your PCP. Your PCP will give you all of your routine preventive (wellness) care. You will also go to your PCP for care when you are sick. Be sure to call your PCP before you get non-emergency medical care. Your PCP will refer (send) you to specialists if you need them.

To get help with your health questions, you can also call the 24/7 Advice Nurse Line at 1-800-391-2000.

If you need urgent care, call your PCP. Urgent care is care you need within 48 hours but is not an emergency. It includes care for such things as cold, sore throat, fever, ear pain or sprained muscle.



Call Member Services at 1-800-391-2000 (TTY/TDD 711).
KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.
Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

For emergencies, call **911** or go to the nearest emergency room.

Moral Objection

Some providers have a moral objection to some covered services. This means they have a right to **not** offer some covered services if they morally disagree with the services. If your provider has a moral objection, they will help you find another provider for the needed services. KFHC can also work with you to find a provider.

Some hospitals and other providers do not offer one or more of the services listed below. These services are available and KFHC must ensure you or your family member sees a provider or is admitted to a hospital that will perform the following covered services:

- Family planning and contraceptive services, including emergency contraception
- Sterilization, including tubal ligation at the time of labor and delivery
- Infertility treatments
- Abortion

You should get more information before you enroll. Call the new doctor, medical group, independent practice association or clinic that you want. Or call KFHC at Member Services at (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711) to make sure you can get the health care services you need.

Provider Directory

The KFHC Provider Directory lists providers that participate in the KFHC network. The network is the group of providers that work with KFHC.

The KFHC Provider Directory lists hospitals, pharmacies, PCPs, specialists, nurse practitioners, nurse midwives, physician assistants, family planning providers, Federally Qualified Health Centers (FQHCs), outpatient mental health providers, Freestanding Birth Centers (FBCs), Indian Health Clinics (IHCs) and Rural Health Clinics (RHCs).

The Provider Directory has KFHC network provider names, specialties, addresses, phone numbers, business hours and languages spoken. It tells if the provider is taking new patients. It also gives the level of physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars. If you want information about a doctor's education, training, and board certification, please call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

You can find the online Provider Directory at <http://www.kernfamilyhealthcare.com>.

If you need a printed Provider Directory, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).



Call Member Services at 1-800-391-2000 (TTY/TDD 711).
KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.
Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

Provider network

The provider network is the group of doctors, hospitals and other providers that work with KFHC. You will get your covered services through the KFHC network.

Note: American Indians may choose an IHC as their PCP.

If your PCP, hospital or other provider has a moral objection to providing you with a covered service, such as family planning or abortion, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). For more about moral objections, read the “Moral objection” section earlier in this chapter.

If your provider has a moral objection, he or she can help you find another provider who will give you the services you need. KFHC can also help you find a provider who will perform the service.

In network providers

You will use providers in the KFHC network for your health care needs. You will get preventive and routine care from your PCP. You will also use specialists, hospitals and other providers in the KFHC network.

To get a Provider Directory of network providers, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). You can also find the Provider Directory online at <http://www.kernfamilyhealthcare.com>.

For emergency care, call **911** or go to the nearest emergency room.

Except for emergency care, you may have to pay for care from providers who are out of network.

Out-of-network providers who are inside the service area

Out-of-network providers are those that do not have an agreement to work with KFHC. Except for emergency care, you may have to pay for care from providers who are out of the network. If you need covered health care services, you may be able to get them out of the network at no cost to you as long as they are medically necessary and not available in the network.

KFHC may give you a referral to an out-of-network provider if the services you need are not available in-network or are located very far from your home. If we give you a referral to an out-of-network provider, we will pay for your care.

If you need help with out-of-network services, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).



Call Member Services at 1-800-391-2000 (TTY/TDD 711).
KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.
Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

Outside the service area

If you are outside of the KFHC service area and need care that is **not** an emergency or urgent, call your PCP right away. Or call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

For emergency care, call **911** or go to the nearest emergency room. KFHC covers out-of-network emergency care. If you travel to Canada or Mexico and need emergency services requiring hospitalization, KFHC will cover your care. If you are traveling internationally outside of Canada or Mexico and need emergency care, KFHC will **not** cover your care.

Note: American Indians may get services at out-of-network IHCs.

If you have questions about out-of-network or out-of-service area care, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). If the office is closed and you want help from a representative, call the 24/7 Advice Nurse Line at 1-800-391-2000.

Doctors

You will choose your doctor or a primary care provider (PCP) from the KFHC Provider Directory. The doctor you choose must be a participating provider. This means the provider is in the KFHC network. To get a copy of the KFHC Provider Directory, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). Or find it online at <http://www.kernfamilyhealthcare.com>.

If you are choosing a new doctor, you should also call to make sure the PCP you want is taking new patients.

If you had a doctor before you were a member of KFHC, and that doctor is not part of the KFHC network, you may be able to keep that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in this handbook. To learn more, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

If you need a specialist, your PCP will refer you to a specialist in the KFHC network.

Remember, if you do not choose a PCP, KFHC will choose one for you. You know your health care needs best, so it is best if you choose. If you are in both Medicare and Medi-Cal, you do not have to choose a PCP.

If you want to change your PCP, you must choose a PCP from the KFHC Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).



Call Member Services at 1-800-391-2000 (TTY/TDD 711).
KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.
Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

Hospitals

In an emergency, call **911** or go to the nearest hospital.

If it is not an emergency and you need hospital care, your PCP will decide which hospital you go to. You will need to go to a hospital in the network. The hospitals in the KFHC network are listed in the Provider Directory. Hospital services, other than emergencies, must have pre-approval (prior authorization).

Timely access to care

Appointment Type	You Should be Able to Get Appointment Within
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointment that do require pre-approval (prior authorization)	96 hours
Non-urgent primary care appointments	10 business days
Non-urgent specialist	15 business days
Non-urgent mental health provider (non-doctor)	10 business days
Non-urgent appointment for ancillary (supporting) services for the diagnosis or treatment of injury, illness or other health condition	15 business days
Telephone wait times during normal business hours	10 minutes
Triage – 24/7 services	24/7 services – No more than 30 minutes

Travel time and distance to care

KFHC must follow travel time and distance standards for your care. Those standards help to make sure you can get care without having to travel too long or too far from where you live. Travel time and distance standards depend on the county you live in.

If KFHC is not able to provide care to you within these travel time and distance standards, DHCS may approve a different standard, called an alternative access standard. For KFHC's time and distance standards for where you live, visit <http://www.kernfamilyhealthcare.com>.



Call Member Services at 1-800-391-2000 (TTY/TDD 711).

KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

Or call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

If you need care from a provider and that provider is located far from where you live, call member services at (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). They can help you find care with a provider located closer to you. If KFHC cannot find care for you with a closer provider, you can ask KFHC to arrange transportation for you to go to your provider, even if that provider is located far from where you live.

It is considered far if you cannot get to that provider within the KFHC's travel time and distance standards for your county, regardless of any alternative access standard KFHC may use for your ZIP Code.

Primary Care Provider (PCP)

You must choose a PCP within 30 days of enrolling in KFHC. Depending on your age and sex, you may choose a general practitioner, ob/gyn, family practitioner, internist or pediatrician as your primary care provider (PCP). A nurse practitioner (NP), physician assistant (PA) or certified nurse midwife may also act as your PCP. If you choose an NP, PA or certified nurse midwife, you may be assigned a doctor to oversee your care.

You can choose an Indian Health Clinic (IHC), Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) as your PCP. Depending on the type of provider, you may be able to choose one PCP for your entire family who are members of KFHC.

If you do not choose a PCP within 30 days of enrollment, KFHC will assign you to a PCP. If you are assigned to a PCP and want to change, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). The change happens the first day of the next month.

Your PCP will:

- Get to know your health history and needs
- Keep your health records
- Give you the preventive and routine health care you need
- Refer (send) you to a specialist if you need one
- Arrange for hospital care if you need it

You can look in the Provider Directory to find a PCP in the KFHC network. The Provider Directory has a list of IHFs, FQHCs and RHCs that work with KFHC.

You can find the KFHC Provider Directory online at <http://www.kernfamilyhealthcare.com>. Or you can request a Provider Directory to be mailed to you by calling (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). You can also call to find out if the PCP you want is taking new patients.



Call Member Services at 1-800-391-2000 (TTY/TDD 711).
KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.
Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

Choice of doctors and other providers

You know your health care needs best, so it is best if you choose your PCP.

It is best to stay with one PCP so he or she can get to know your health care needs. However, if you want to change to a new PCP, you can change anytime. You must choose a PCP who is in the KFHC provider network and is taking new patients.

Your new choice will become your PCP on the first day of the next month after you make the change.

To change your PCP, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

KFHC may ask you to change your PCP if the PCP is not taking new patients, has left the KFHC network or does not give care to patients your age. KFHC or your PCP may also ask you to change to a new PCP if you cannot get along with or agree with your PCP, or if you miss or are late to appointments. If KFHC needs to change your PCP, KFHC will tell you in writing.

Appointments

When you need health care:

- Call your PCP
- Have your KFHC ID number ready on the call
- Leave a message with your name and phone number if the office is closed
- Take your BIC and KFHC ID card to your appointment
- Ask for transportation to your appointment, if needed
- Ask for language assistance or interpretation services, if needed
- Be on time for your appointment
- Call right away if you cannot keep your appointment or will be late
- Have your questions and medication information ready in case you need them

If you have an emergency, call **911** or go to the nearest emergency room.

Payment

You do **not** have to pay for covered services. In most cases, you will not get a bill from a provider. You may get an Explanation of Benefits (EOB) or a statement from a provider. EOBs and statements are not bills.

If you do get a bill, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). Tell KFHC the amount charged, the date of service and the reason for the bill. You are **not** responsible to pay a provider for any amount owed by KFHC for any covered service. Except for emergency care or urgent care, you may have to pay for care from providers who are not in the network. If you need covered health care services,



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you may be able to get them at an out-of-network provider at no cost to you, as long as they are medically necessary, not available in the network and pre-approved by KFHC.

If you get a bill or are asked to pay a co-pay that you think you did not have to pay, you can also file a claim form with KFHC. You will need to tell KFHC in writing why you had to pay for the item or service. KFHC will read your claim and decide if you can get money back. For questions or to ask for a claim form, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). You may also send us your request by logging into your Member Portal account and clicking on Reimbursement Request.

Referrals

Your PCP will give you a referral to send you to a specialist if you need one. A specialist is a doctor who has extra education in one area of medicine. Your PCP will work with you to choose a specialist. Your PCP's office can help you set up a time to go to the specialist.

Other services that might need a referral include in-office procedures, X-rays, lab work and imaging, second opinions, minor surgery, or other tests to understand your health and coordinate your care.

Your PCP may send a referral form to KFHC to ask us to approve your visit to a specialist. KFHC will review the referral and make a decision. KFHC will send you and your PCP a notice in the mail about our decision. If the referral is approved the specialist will treat you for as long as he or she thinks you need treatment and as long as the referral has not expired.

If you have a health problem that needs special medical care for a long time, you may need a standing referral. This means you can go to the same specialist more than once without getting a referral each time.

If you have trouble getting a standing referral or want a copy of the KFHC referral policy, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

You do not need a referral for:

- PCP visits
- Obstetrics/Gynecology (OB/GYN) visits
- Urgent or emergency care visits
- Adult sensitive services, such as sexual assault care
- Family planning services (to learn more, call Office of Family Planning Information and Referral Service at 1-800-942-1054)
- HIV testing and counseling (12 years or older)
- Sexually transmitted infections (12 years or older)
- Acupuncture (the first two services per month; additional appointments will need a referral)



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- Chiropractic services (a referral may be required when provided by out-of-network FQHCs, RHCs and IHCs)
- Podiatry services
- Eligible dental services
- Initial mental health assessment
- Dialysis
- Outpatient hospice services

Minors also do not need a referral for:

- Outpatient mental health services for:
 - Sexual assault
 - Physical assault
 - When you have thoughts of hurting yourself or others (minors 12 years or older)
- Pregnancy care
- Sexual assault care
- Substance use disorder treatment (minors 12 years or older)

Pre-approval (prior authorization)

For some types of care, your PCP or specialist will need to ask KFHC for permission before you get the care. This is called asking for prior authorization, prior approval, or pre-approval. It means that KFHC must make sure that the care is medically necessary or needed.

Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury.

The following services always need pre-approval (prior authorization), even if you get them from a provider in the KFHC network:

- Hospitalization, if not an emergency
- Services out of the KFHC service area, if not an emergency or urgent
- Outpatient surgery
- Long-term care at a nursing facility
- Specialized treatments

For some services, you need pre-approval (prior authorization). Under Health and Safety Code Section 1367.01(h)(1), KFHC will decide routine pre-approvals (prior authorizations) within 5 working days of when KFHC gets the information reasonably needed to decide.

For requests in which a provider indicates or KFHC determines that following the standard timeframe could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function, KFHC will make an expedited (fast) pre-approval (prior authorization) decision. KFHC will give notice as quickly as your health condition requires and no later than 72 hours after getting the request for services.



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KFHC does **not** pay the reviewers to deny coverage or services. If KFHC does not approve the request, KFHC will send you a Notice of Action (NOA) letter. The NOA letter will tell you how to file an appeal if you do not agree with the decision.

KFHC will contact you if KFHC needs more information or more time to review your request.

You never need pre-approval (prior authorization) for emergency care, even if it is out of the network and out of your service area. This includes labor and delivery if you are pregnant. You do not need pre-approval (prior authorization) for sensitive services, such as family planning, HIV/AIDS services, and outpatient abortions.

Second opinions

You might want a second opinion about care your provider says you need or about your diagnosis or treatment plan. For example, you may want a second opinion if you are not sure you need a prescribed treatment or surgery, or you have tried to follow a treatment plan and it has not worked.

If you want to get a second opinion, you can choose an in-network provider of your choice. For help choosing a provider, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

KFHC will pay for a second opinion if you or your network provider asks for it and you get the second opinion from a network provider. You do not need permission from KFHC to get a second opinion from a network provider. However, if you need a referral, your network provider can help you get a referral for a second opinion if you need one.

If there is no provider in the KFHC network to give you a second opinion, KFHC will pay for a second opinion from an out-of-network provider. KFHC will tell you within 5 business days if the provider you choose for a second opinion is approved. If you have a chronic, severe or serious illness, or face an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily function, KFHC will decide within 72 hours.

If KFHC denies your request for a second opinion, you may appeal. To learn more about appeals, go to “Appeals” in this handbook.

Women’s health specialists

You may go to a women’s health specialist within KFHC network for covered care necessary to provide women’s routine and preventive health care services. You do not need a referral from your PCP to get these services. For help finding a women’s health specialist, you can call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). You may also call the 24/7 Advice Nurse Line at 1-800-391-2000.



Call Member Services at 1-800-391-2000 (TTY/TDD 711).
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4. Benefits and Services

What your health plan covers

This section explains your covered services as a member of KFHC. Your covered services are free as long as they are medically necessary and provided by an in-network provider. You must ask us for pre-approval (prior authorization) if the care is out-of-network except for sensitive services, emergencies or urgent care services. Your health plan may cover medically necessary services from an out-of-network provider. But you must ask KFHC for this. Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury. For more details on your covered services, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

KFHC offers services such as:

- Outpatient (ambulatory) services
- Telehealth services
- Mental health services (outpatient)
- Emergency services
- Hospice and palliative care
- Hospitalization
- Maternity and newborn care
- Rehabilitative and habilitative (therapy) services and devices
- Laboratory and radiology services, such as X-rays
- Preventive and wellness services and chronic disease management
- Diabetes Prevention Program
- Substance use disorder treatment services
- Pediatric services
- Vision services
- Non-emergency medical transportation (NEMT)
- Non-medical transportation (NMT)

Read each of the sections below to learn more about the services you can get.

Medi-Cal benefits covered by KFHC

Outpatient (ambulatory) services

- **Adult Immunizations**

You can get adult immunizations (shots) from a network pharmacy or network provider without pre-approval (prior authorization). KFHC covers those shots recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).



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- **Allergy care**

KFHC covers allergy testing and treatment, including allergy desensitization, hyposensitization, or immunotherapy.

- **Anesthesiologist services**

KFHC covers anesthesia services that are medically necessary when you get outpatient care.

For dental procedures, we cover the following services when authorized by KFHC:

- IV sedation or general anesthesia services administered by a medical professional
- Facility services related to the sedation or anesthesia in an outpatient surgical center, Federally Qualified Health Center (FQHC), dental office, or hospital setting

- **Chiropractic services**

KFHC covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to two services per month in combination with acupuncture, audiology, occupational therapy and speech therapy services. The following members are eligible for chiropractic services:

- Children under age 21
- Pregnant women through the end of the month that includes 60-days following the end of pregnancy
- Residents in a skilled nursing facility, intermediate care facility, or subacute care facility
- All members when services are provided at hospital outpatient departments, FQHCs or RHCs that are in the KFHC's network

- **Dialysis/hemodialysis services**

KFHC covers dialysis treatments. KFHC also covers hemodialysis (chronic dialysis) services if your PCP and KFHC approve it.

- **Outpatient surgery**

KFHC covers outpatient surgical procedures. Those needed for diagnostic purposes, procedures considered to be elective, and specified outpatient medical procedures must have pre-approval (prior authorization).

- **Physician services**

KFHC covers physician services that are medically necessary.

- **Podiatry (foot) services**

KFHC covers podiatry services as medically necessary for diagnosis and medical, surgical, mechanical, manipulative and electrical treatment of the human foot. This



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includes the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg controlling the functions of the foot.

- ***Treatment therapies***

KFHC covers different treatment therapies, including:

- Radiation therapy

Telehealth services

Telehealth is a way of getting services without being in the same physical location as your provider. Telehealth may involve having a live conversation with your provider. Or telehealth may involve sharing information with your provider without a live conversation. You can receive many services through telehealth. It is important that both you and your provider agree that the use of telehealth for a particular service is appropriate for you. You can contact your provider to learn which types of services may be available through telehealth.

Mental health services

- ***Outpatient mental health services***

- The KFHC covers a member for an initial mental health assessment without needing pre-approval (prior authorization). You may get a mental health assessment at any time from a licensed mental health provider in the KFHC network without a referral.
- Your PCP or mental health provider will make a referral for additional mental health screening to a specialist within the KFHC network to determine your level of impairment. If your mental health screening results determine you are in mild or moderate distress or have impairment of mental, emotional or behavioral functioning, KFHC can provide mental health services for you. KFHC covers mental health services such as:
 - Individual and group mental health evaluation and treatment (psychotherapy)
 - Psychological testing when clinically indicated to evaluate a mental health condition
 - Development of cognitive skills to improve attention, memory and problem solving
 - Outpatient services for the purposes of monitoring medication therapy
 - Outpatient laboratory, medications, supplies and supplements
 - Psychiatric consultation
- For help finding more information on mental health services provided by KFHC, call Member Services at (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).
- If your mental health screening results determine you may have a higher level of impairment and need specialty mental health services (SMHS), your PCP or your mental health provider will refer you to the county mental health plan to get an assessment. To learn more, read “Services you cannot get through KFHC or Medi-Cal” on page 49.”



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Emergency services

- ***Inpatient and outpatient services needed to treat a medical emergency***

KFHC covers all services that are needed to treat a medical emergency that happens in the U.S. or requires you to be in a hospital in Canada or Mexico. A medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, a prudent layperson could expect it to result in:

- Serious risk to your health; **or**
- Serious harm to bodily functions; **or**
- Serious dysfunction of any bodily organ or part; **or**
- In the case of a pregnant woman in active labor, meaning labor at a time when either of the following would occur:
 - There is not enough time to safely transfer you to another hospital before delivery.
 - The transfer may pose a threat to your health or safety or to that of your unborn child.

A pharmacist or hospital emergency room may give you a 72-hour emergency supply of a prescription drug if they think you need it.

- ***Emergency transportation services***

KFHC covers ambulance services to help you get to the nearest place of care in emergency situations. This means that your condition is serious enough that other ways of getting to a place of care could risk your health or life. No services are covered outside the U.S., except for emergency services that require you to be in the hospital in Canada or Mexico.

Hospice and palliative care

KFHC covers hospice care and palliative care for children and adults, which help reduce physical, emotional, social and spiritual discomforts. Adults may not receive both hospice care and palliative care services at the same time.

Hospice care is a benefit that services terminally ill members. Hospice care requires the member to have a life expectancy of 6 months or less. It is an intervention that focuses mainly on pain and symptom management rather than on a cure to prolong life. Hospice care includes:

- Nursing services
- Physical, occupational or speech services
- Medical social services
- Home health aide and homemaker services
- Medical supplies and appliances
- Drugs and biological services
- Counselling services
- Continuous nursing services on a 24-hour basis during periods of crisis and as



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- necessary to maintain the terminally ill member at home
- Inpatient respite care for up to five consecutive days at a time in a hospital, skilled nursing facility or hospice facility
- Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing facility or hospice facility

Palliative care is patient- and family-centered care that improves quality of life by anticipating, preventing and treating suffering. Palliative care does not require the member to have a life expectancy of six months or less. Palliative care may be provided at the same time as curative care.

Hospitalization

- **Anesthesiologist services**
KFHC covers medically necessary anesthesiologist services during covered hospital stays. An anesthesiologist is a provider who specializes in giving patients anesthesia. Anesthesia is a type of medicine used during some medical procedures.
- **Inpatient hospital services**
KFHC covers medically necessary inpatient hospital care when you are admitted to the hospital.
- **Surgical services**
KFHC covers medically necessary surgeries performed in a hospital.

Maternity and newborn care

KFHC covers these maternity and newborn care services:

- Breastfeeding education and aids
- Delivery and postpartum care
- Breast pumps and supplies
- Prenatal care
- Birthing center services
- Certified Nurse Midwife (CNM)
- Licensed Midwife (LM)
- Diagnosis of fetal genetic disorders and counseling

Prescription drugs

Covered drugs

Your doctor can prescribe you drugs that are on the KFHC preferred drug list (PDL) or Drug Formulary, subject to exclusions and limitations. The KFHC preferred drug list (PDL) is sometimes called a formulary. Drugs on the Drug Formulary are safe and effective for their prescribed use. A group of doctors and pharmacists update this list.

- Updating this list helps make sure the drugs on it are safe and effective.



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- If your doctor thinks you need to take a drug that is not on this list, your doctor will need to submit a Treatment Authorization Request (TAR) with information to support why you need the drug to KFHC to ask for pre-approval before you get the drug.

To find out if a drug is on the KFHC Drug Formulary or to get a copy of the Drug Formulary, call Member Services at (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). You may also find the KFHC Drug Formulary online at www.kernfamilyhealthcare.com and by logging into your Member Portal account.

Sometimes KFHC needs to approve a drug before a pharmacy can fill your prescription. KFHC will review and decide these requests within 24 hours.

- A pharmacist or hospital emergency room may give you a 72-hour emergency supply if they think you need it. KFHC will pay for the emergency supply.
- If KFHC says no to the request, KFHC will send you a letter that lets you know why and what other drugs or treatments you can try.

Even if a drug is on the formulary, that does not guarantee the provider will prescribe it. There are some limitations that may apply to the listed drugs, such as the reason your doctor prescribed it, your age or other medical conditions you may have.

Drugs on the KFHC formulary may have only certain strengths or formulations covered. If your doctor thinks you need to take a different strength or formulation, your doctor will need to ask for pre-approval by submitting a Treatment Authorization Request (TAR) with information to support why you cannot take the strength or formulation listed on the formulary.

Non-Formulary Drugs

Non-formulary drugs may be covered if your doctor asks for and receives prior approval for coverage from KFHC. Your doctor will let us know your current diagnosis, the drug requested, drugs that have not worked in the past, and/or any drug that is unacceptable. If we do not have enough information about your request, or if there is not sufficient medical reason for the request, the request will be denied. Your provider will be notified of our decision in one business day. If the request is denied, you will be mailed a letter within two business days of the decision. If you or your doctor disagrees with our decision, either may file a grievance. For more information, see Reporting and Solving Problems on page 58.

Brand Name and Generic Drugs

If a drug is available in generic form, the brand name version of that drug will not be on the formulary. If a generic becomes available for a brand name drug during your treatment, you must change to the generic in order for it to be covered by KFHC. Your doctor may ask for prior authorization of coverage from KFHC for a brand name drug. You must fail a trial of the generic drug before prior authorization of coverage of the brand name will be



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considered. We will make an exception to this rule if your provider sends us a request, and we decide that it is medically necessary for you to have the brand name drug without trying the generic drug first. Drugs known as Biosimilars and Follow Ons will be treated in the same fashion as generic drugs.

Drugs that may be covered through FFS Medi-Cal

Some drugs are not covered by KFHC but you can still get them through FFS Medi-Cal.

These may include:

- Most antipsychotic or psychotherapeutic drugs
- Blood factors
- Most drugs for the treatment of HIV or AIDS
- Most drugs for the treatment of substance abuse

You still get a prescription from your doctor and the pharmacy will provide the drug. However, the pharmacy bills the state directly for these drugs.

Pharmacies

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with KFHC. You can find a list of pharmacies that work with KFHC in the KFHC online Provider Directory at www.kernfamilyhealthcare.com and by logging into your KFHC Member Portal account. You can also find a pharmacy near you by calling Member Services at (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

Once you choose a pharmacy, take your prescription to the pharmacy. Your provider may also send it to the pharmacy for you. Give the pharmacy your prescription with your KFHC ID card. Make sure the pharmacy knows about all medications you are taking and any allergies you have. If you have any questions about your prescription, make sure you ask the pharmacist.

The Provisional Postpartum Care Extension Program

The Provisional Postpartum Care Extension (PPCE) Program provides extended coverage for Medi-Cal members who have a maternal mental health condition during pregnancy or the time period after pregnancy.

KFHC covers maternal mental health care for women during pregnancy and for up to two months after the end of pregnancy. The PPCE program extends that coverage for up to 12 months after the diagnosis or from the end of the pregnancy, whichever is later.

To qualify for the PPCE program, your doctor must confirm your diagnosis of a maternal mental health condition within 150 days after the end of pregnancy. Ask your doctor about these services if you think you need them. If your doctor thinks you should have the services from PPCE, your doctor completes and submits the forms for you.



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Rehabilitative and habilitative (therapy) services and devices

This benefit includes services and devices to help people with injuries, disabilities or chronic conditions to gain or recover mental and physical skills.

The plan covers:

- **Acupuncture**

KFHC covers acupuncture services to prevent, modify or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. Outpatient acupuncture services (with or without electric stimulation of needles) are limited to two services per month, in combination with audiology, chiropractic, occupational therapy and speech therapy services when provided by a physician, dentist, podiatrist or acupuncturist. KFHC may pre-approve (prior authorize additional services as medically necessary.

- **Audiology (hearing)**

KFHC covers audiology services. Outpatient audiology is limited to two services per month, in combination with acupuncture, chiropractic, occupational therapy and speech therapy services. KFHC may pre-approve (prior authorize) additional services as medically necessary.

- **Behavioral health treatments**

Behavioral health treatment (BHT) includes services and treatment programs, such as applied behavior analysis and evidence-based behavior intervention programs that develop or restore, to the maximum extent practicable, the functioning of an individual.

BHT services teach skills using behavioral observation and reinforcement, or through prompting to teach each step of a targeted behavior. BHT services are based on reliable evidence and are not experimental. Examples of BHT services include behavioral interventions, cognitive behavioral intervention packages, comprehensive behavioral treatment and applied behavioral analysis.

BHT services must be medically necessary, prescribed by a licensed doctor or psychologist, approved by the plan, and provided in a way that follows the approved treatment plan.

- **Cancer clinical trials**

KFHC covers routine patient care costs for patients accepted into Phase I, Phase II, Phase III or Phase IV clinical trials if it is related to the prevention, detection or treatment of cancer or other life-threatening conditions and if the study is conducted by the U.S. Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC) or Centers for Medicare and Medicaid Services (CMS). Studies must be approved by the National Institutes of Health, the FDA, the Department of Defense or the Veterans Administration.



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- **Cardiac rehabilitation**
KFHC covers inpatient and outpatient cardiac rehabilitative services.
- **Durable medical equipment (DME)**
KFHC covers the purchase or rental of DME supplies, equipment and other services with a prescription from a doctor. Prescribed DME items may be covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability. KFHC does not cover comfort, convenience or luxury equipment, features and supplies, and other items not generally used primarily for health care.
- **Hearing aids**
KFHC covers hearing aids if you are tested for hearing loss and have a prescription from your doctor. KFHC may also cover hearing aid rentals, replacements and batteries for your first hearing aid.
- **Home health services**
KFHC covers health services provided in your home, when prescribed by your doctor and found to be medically necessary.
- **Medical supplies, equipment and appliances**
KFHC covers medical supplies that are prescribed by a doctor.
- **Occupational therapy**
KFHC covers occupational therapy services, including occupational therapy evaluation, treatment planning, treatment, instruction and consultative services. Occupational therapy services are limited to two services per month in combination with acupuncture, audiology, chiropractic and speech therapy services. KFHC may pre-approve (prior authorize) additional services as medically necessary.
- **Orthotics/prostheses**
KFHC covers orthotic and prosthetic devices and services that are medically necessary and prescribed by your doctor, podiatrist, dentist, or non-physician medical provider. This includes implanted hearing devices, breast prosthesis/mastectomy bras, compression burn garments and prosthetics to restore function or replace a body part, or to support a weakened or deformed body part.
- **Ostomy and urological supplies**
KFHC covers ostomy bags, urinary catheters, draining bags, irrigation supplies and adhesives. This does not include supplies that are for comfort, convenience or luxury equipment or features.
- **Physical therapy**
KFHC covers physical therapy services, including physical therapy evaluation,



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treatment planning, treatment, instruction, consultative services, and application of topical medications.

- ***Pulmonary rehabilitation***

KFHC covers pulmonary rehabilitation that is medically necessary and prescribed by a doctor.

- ***Reconstructive Services***

KFHC covers surgery to correct or repair abnormal structures of the body to improve or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by congenital defects, developmental abnormalities, trauma, infection, tumors, disease, or breast reconstruction after a mastectomy. Some limitations and exceptions may apply.

- ***Skilled nursing facility services***

KFHC covers skilled nursing facility services for up to 60 days as medically necessary if you are disabled and need a high level of care. These services include room and board in a licensed facility with skilled nursing care on a 24-hour per day basis.

- ***Speech therapy***

KFHC covers speech therapy that is medically necessary. Speech therapy services are limited to two services per month, in combination with acupuncture, audiology, chiropractic and occupational therapy services. KFHC may pre-approve (prior authorize) additional services as medically necessary.

- ***Transgender Services***

KFHC covers transgender services (gender-affirming services) as a benefit when they are medically necessary or when the services meet the criteria for reconstructive surgery.

Laboratory and radiology services

KFHC covers outpatient and inpatient laboratory and X-ray services when medically necessary. Various advanced imaging procedures, such as CT scans, MRI and PET scans, are covered based on medical necessity.

Preventive and wellness services and chronic disease management

The plan covers:

- Advisory Committee for Immunization Practices recommended vaccines
- Family planning services
- American Academy of Pediatrics Bright Futures recommendations
- Preventive services for women recommended by the American College of Obstetricians and Gynecologists



Call Member Services at 1-800-391-2000 (TTY/TDD 711).

KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

- Help to quit smoking, also called smoking cessation services
- United States Preventive Services Task Force Grade A and B recommended preventive services

Family planning services are provided to members of childbearing age to enable them to determine the number and spacing of children. These services include all methods of birth control approved by the Federal Food and Drug Administration. KFHC's PCP and ob/gyn specialists are available for family planning services.

For family planning services, you may also choose a doctor or clinic not connected with KFHC without having to get pre-approval (prior authorization) from KFHC. Services from an out-of-network provider not related to family planning may not be covered. To learn more, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. It is designed to prevent or delay the onset of type 2 diabetes among individuals diagnosed with prediabetes. The program lasts one year. It can last for a second year for members who qualify. The program-approved lifestyle supports and techniques include, but are not limited to:

- Providing a peer coach
- Teaching self-monitoring and problem solving
- Providing encouragement and feedback
- Providing informational materials to support goals
- Tracking routine weigh-ins to help accomplish goals

Members must meet program eligibility requirements to join DPP. Call KFHC to learn more about the program and eligibility.

Substance use disorder services

The plan covers:

- Alcohol misuse screenings and and illicit-drug screenings

Pediatric Services

The plan covers:

- Early and periodic screening, diagnostic and treatment (EPSDT) services that are recommended by pediatricians' Bright Futures guidelines to help you or your child stay healthy. These services are at no cost to you.
- If you or your child are under 21 years old, KFHC covers well-child visits. Well-child visits are a comprehensive set of preventive, screening, diagnostic, and treatment services.



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- KFHC will make appointments and provide transportation to help children get the care they need.
- Preventive care can be regular health check-ups and screenings to help your doctor find problems early. Regular check-ups help you or your child's doctor look for any problems with your or your child's medical, dental, vision, hearing, mental health, and any substance use disorders. KFHC covers screening services (including blood lead level assessment) any time there is a need for them, even if it is not during your or your child's regular check-up. Also, preventive care can be shots you or your child need. KFHC must make sure that all enrolled children get needed shots at the time of any health care visit. Preventive care services and screenings are available at no cost and without pre-approval (prior authorization).
- When a physical problem or mental health issue is found during a check-up or screening, there may be care that can fix or help the problem. If the care is medically necessary and KFHC is responsible for paying for the care, then KFHC covers the care at no cost to you. These services include:
 - Doctor, nurse practitioner, and hospital care
 - Shots to keep you healthy
 - Physical, speech/language, and occupational therapies
 - Home health services, which could be medical equipment, supplies, and appliances
 - Treatment for vision and hearing, which could be eyeglasses and hearing aids
 - Behavioral Health Treatment for autism spectrum disorders and other developmental disabilities
 - Case management and health education
 - Reconstructive surgery, which is surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function or create a normal appearance.
- Care coordination to help you or your child get the right care even if KFHC is not responsible for paying for that care. These services include:
 - Treatment and rehabilitative services for mental health and substance use disorders
 - Treatment for dental issues, which could be orthodontics

Vision services

The plan covers:

- Routine eye exam once every 24 months; KFHC may pre-approve (prior authorization) additional services as medically necessary.
- Eyeglasses (frames and lenses) once every 24 months; contact lens when required for medical conditions such as aphakia, aniridia and keratoconus.



Call Member Services at 1-800-391-2000 (TTY/TDD 711).

KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

Non-emergency medical transportation (NEMT)

You are entitled to use non-emergency medical transportation (NEMT) to get to your appointments when it's a Medi-Cal covered service. If you cannot get to your medical, dental, mental health, substance use, and pharmacy appointment by car, bus, train or taxi, you can ask your doctor for NEMT. Your doctor will decide the correct type of transportation to meet your needs.

NEMT is an ambulance, litter van, wheelchair van or air transport. NEMT is not a car, bus or taxi. KFHC allows the lowest cost NEMT for your medical needs when you need a ride to your appointment. That means, for example, if you can physically or medically be transported by a wheelchair van, KFHC will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation impossible.

NEMT must be used when:

- It is physically or medically needed as determined with a written authorization by a doctor or other provider; or you are not able to physically or medically use a bus, taxi, car or van to get to your appointment.
- You need help from the driver to and from your residence, vehicle or place of treatment due to a physical or mental disability.
- It is approved in advance by KFHC with a written authorization by a doctor.

To ask for NEMT services that your doctor has prescribed, please call KFHC at 1-800-391-2000 and select option #3 at least five business days (Monday-Friday) before your appointment. For urgent appointments, please call as soon as possible. Please have your member ID card ready when you call.

Limits of NEMT

There are no limits for receiving NEMT to or from medical, dental, mental health and substance use disorder appointments covered under Medi-Cal when a provider has prescribed it for you. Some pharmacy services are covered under NEMT such as pharmacy trips for medication. For more information or to ask for NEMT services related to pharmacy, please call KFHC at 1-800-391-2000 and select option #3. If the appointment type is covered by Medi-Cal but not through the health plan, KFHC will provide or help you schedule your transportation.

What does not apply?

Transportation will not be provided if your physical and medical condition allows you to get to your medical appointment by car, bus, taxi or other easily accessible method of transportation. Transportation will not be provided if the service is not covered by Medi-Cal. A list of covered services is in this Member Handbook.

Cost to member

There is no cost when transportation is authorized by KFHC.



Call Member Services at 1-800-391-2000 (TTY/TDD 711).

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Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

Non-medical transportation (NMT)

You can use non-medical transportation (NMT) when you are:

- Traveling to and from an appointment for a Medi-Cal service authorized by your provider.
- Picking up prescriptions and medical supplies.

KFHC allows you to use a car, taxi, bus or other public/private way of getting to your medical appointment for Medi-Cal-covered services. KFHC gives mileage reimbursement when transportation is in a private vehicle arranged by the member and not through a transportation broker, bus passes, taxi vouchers or train tickets.

Before getting approval for mileage reimbursement, you must state to KFHC by phone, by email or in person that you tried to get all other reasonable transportation choices and could not get one. KFHC allows the lowest cost NMT type that meets your medical needs.

To ask NMT for services that have been authorized, call KFHC at 1-800-391-2000 and select option #3 at least five business days (Monday-Friday) before your appointment or call as soon as you can when you have an urgent appointment. Please have your member ID card ready when you call.

Note: American Indians may contact their local IHC to request NMT services.

Limits of NMT

There are no limits for getting NMT to or from medical, dental, mental health and substance use disorder appointments when KFHC has authorized it for you. If the appointment type is covered by Medi-Cal but not through the health plan, your health plan will provide or help you schedule your transportation. Members cannot drive themselves or be reimbursed directly.

KFHC has a Rider Restriction Policy for rideshare that will restrict this benefit if too many no-shows occur. A no-show will occur if you miss a scheduled ride and do not cancel at least 30 minutes before the scheduled arrival time. If restricted, you will still receive other types of the NMT benefit, such as bus passes as determined by KFHC. KFHC may also restrict rideshare if we see that there is a misuse of the benefit. Misuse may include using rideshare to go to or from a medical office or pharmacy location for purposes other than to receive medical care or fill a prescription.

What does not apply?

NMT does not apply if:

- An ambulance, litter van, wheelchair van, or other form of NEMT is medically needed to get to a covered service.
- You need assistance from the driver to and from the residence, vehicle or place of treatment due to a physical or medical condition.



Call Member Services at 1-800-391-2000 (TTY/TDD 711).

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- You are in a wheelchair and are unable to move in and out of the vehicle without help from the driver.
- The service is not covered by Medi-Cal.

Cost to member

There is no cost when transportation is authorized by KFHC.

Care coordination

KFHC offers services to help you coordinate your health care needs at no cost to you. If you have questions or concerns about your health or the health of your child, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

Health Homes Program

KFHC covers Health Homes Program (HHP) services for members with certain chronic health conditions. These services are to help coordinate physical health services, behavioral health services, and community-based long-term services and supports (LTSS) for members with chronic conditions.

You may be contacted if you qualify for the program. You can also call KFHC, or talk to your doctor or clinic staff, to find out if you can receive HHP services. You may qualify for HHP if:

- You have certain chronic health conditions. You can call KFHC to find out the conditions that qualify, and you meet one of the following:
 - You have three or more of the HHP eligible chronic conditions
 - You stayed in the hospital in the last year
 - You visited the emergency department three or more times in the last year; or
 - You do not have a place to live.

You do not qualify to receive HHP services if:

- You receive hospice services; or
- You have been residing in a skilled nursing facility for longer than the month of admission and the following month.

Covered HHP services

HHP will give you a care coordinator and care team that will work with you and your health care providers, such as your doctors, specialists, pharmacists, case managers and others, to coordinate your care. KFHC provides HHP services, which include:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Individual and family support services
- Referral to community and social supports



Call Member Services at 1-800-391-2000 (TTY/TDD 711).

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Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

Cost to member

There is no cost to the member for HHP services.

Other Medi-Cal programs and services

Other services you can get through Fee-For-Service (FFS) Medi-Cal or other Medi-Cal programs

Sometimes KFHC does not cover services, but you can still get them through FFS Medi-Cal. This section lists these services. To learn more, call member services (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

Specialty mental health services

Some mental health services are provided by county mental health plans instead of KFHC. These include specialty mental health services (SMHS) for Medi-Cal members who meet medical necessity rules. SMHS may include these outpatient, residential and inpatient services:

- Outpatient services:
 - Mental health services (assessments, plan development, therapy, rehabilitation and collateral)
 - Medication support services
 - Day treatment intensive services
 - Day rehabilitation services
 - Crisis intervention services
 - Crisis stabilization services
 - Targeted case management services
 - Therapeutic behavioral services (covered for members under 21 years old)
 - Intensive care coordination (ICC) (covered for members under 21 years old)
 - Intensive home-based services (IHBS) (covered for members under 21 years old)
 - Therapeutic foster care (TFC) (covered for members under 21 years old)
- Residential services:
 - Adult residential treatment services
 - Crisis residential treatment services
- Inpatient services:
 - Acute psychiatric inpatient hospital services
 - Psychiatric inpatient hospital professional services
 - Psychiatric health facility services

To learn more about specialty mental health services the county mental health plan provides, you can call your county mental health plan. To find all counties' toll-free telephone numbers online, visit www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx.

Substance use disorder services

The county provides substance use disorder services to Medi-Cal members who meet



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medical necessity rules. Members who are identified for substance use disorder treatment services are referred to their county department for treatment. To find all counties' telephone numbers online, visit www.dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx.

The following substance use disorder services are available through the Kern County Behavioral Health and Recovery Services opt-in Drug Medi-Cal Organized Delivery System (DMC-ODS).

- Outpatient services
- Intensive outpatient services
- Residential treatment (multiple levels of care for all enrollees and no bed limitation)
- Withdrawal management
- Narcotic treatment services
- Recovery services
- Case management
- Physician consultation
- Additional medication assisted treatment (optional)
- Partial hospitalization (optional)

Dental services

Medi-Cal covers some dental services, including:

- Diagnostic and preventive dental hygiene (such as examinations, X-rays and teeth cleanings)
- Emergency services for pain control
- Tooth extractions
- Fillings
- Root canal treatments (anterior/posterior)
- Crowns (prefabricated/laboratory)
- Scaling and root planning
- Periodontal maintenance
- Complete and partial dentures
- Orthodontics for children who qualify
- Topical fluoride

If you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at 1-800-322-6384 (TTY/TDD 1-800-735-2922 or 711). You may also visit the Medi-Cal Dental Program website at www.denti-cal.ca.gov.

California Children's Services (CCS)

CCS is a Medi-Cal program that treats children under 21 years of age with certain health conditions, diseases or chronic health problems and who meet the CCS program rules. If KFHC or your PCP believes your child has a CCS-eligible condition, he or she will be referred to the CCS county program to be assessed for eligibility.



Call Member Services at 1-800-391-2000 (TTY/TDD 711).

KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

CCS program staff will decide if your child qualifies for CCS services. If your child qualifies to get this type of care, CCS providers will treat him or her for the CCS condition. KFHC will continue to cover the types of service that do not have to do with the CCS condition such as physicals, vaccines and well-child checkups.

KFHC does not cover services provided by the CCS program. For CCS to cover these services, CCS must approve the provider, services and equipment.

CCS does not cover all health conditions. CCS covers most health conditions that physically disable or that need to be treated with medicines, surgery or rehabilitation (rehab). CCS covers children with health conditions such as:

- Congenital heart disease
- Cancers
- Tumors
- Hemophilia
- Sickle cell anemia
- Thyroid problems
- Diabetes
- Serious chronic kidney problems
- Liver disease
- Intestinal disease
- Cleft lip/palate
- Spina bifida
- Hearing loss
- Cataracts
- Cerebral palsy
- Seizures under certain circumstances
- Rheumatoid arthritis
- Muscular dystrophy
- AIDS
- Severe head, brain or spinal cord injuries
- Severe burns
- Severely crooked teeth

Medi-Cal pays for CCS services. If your child is not eligible for CCS program services, he or she will keep getting medically necessary care from KFHC.

To learn more about CCS, you can visit the CCS web page at www.dhcs.ca.gov/services/ccs. Or call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

Institutional long-term care

KFHC covers long-term care for the month you enter a facility and the month after that. KFHC does **not** cover long-term care if you stay longer.



Call Member Services at 1-800-391-2000 (TTY/TDD 711).

KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

FFS Medi-Cal covers your stay if it lasts longer than the month after you enter a facility. To learn more, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

Services you cannot get through KFHC or Medi-Cal

There are some services that neither KFHC nor Medi-Cal will cover, including, but not limited to:

- Experimental services
- Fertility preservation
- In Vitro Fertilization (IVF)
- Permanent home modifications
- Vehicle modifications
- Cosmetic Surgery
- California Children's Services (CCS)
- Waiver Programs-AIDS, and Senior Services
- Regional Center Services-Early Start
- Local Education Agency services
- Women, Infants, and Children (WIC) supplemental nutrition program
- Major substance use/abuse disorder services other than screenings
- Common household items such as:
 - All types of adhesive tape
 - Rubbing alcohol or witch hazel
 - Cosmetics
 - Cotton balls and swabs or Q-Tips
 - Dusting powders
 - Tissue wipes
- Common household remedies such as:
 - White petrolatum/petroleum
 - Dry skin oils and lotions
 - Talc and talc combination products
 - Hydrogen peroxide
- Certain prescription drugs:
 - Drugs prescribed solely for cosmetic purposes or to promote hair growth
 - Drugs not requiring a written prescription
 - Dietary supplements (except for formulas or special food products, when medically necessary, including for phenylketonuria), appetite suppressants or other diet drugs, unless medically necessary for morbid obesity
 - Replacement of stolen or lost controlled drugs
 - Drugs for the symptomatic relief of cough and colds (over 21)
 - Drugs for erectile dysfunction
 - Drugs for infertility
 - Experimental or investigational drugs.



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Benefits and Services

If KFHC denies your request for prescription drugs based on a determination that the drug is experimental or investigational, you may request an Independent Medical Review (IMR). For information about the IMR process, please refer to Complaints and Independent Medical Reviews (IMR) with the Department of Managed Health Care on page 61.

To learn more call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).



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5. Rights and Responsibilities

As a member of KFHC, you have certain rights and responsibilities. This chapter explains these rights and responsibilities. This chapter also includes legal notices that you have a right to as a member of KFHC.

Your rights

KFHC members have these rights:

- To be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- To be provided with information about the plan and its services, including covered services and member rights and responsibilities.
- To be able to choose a primary care provider within KFHC's network.
- To have timely access to network providers.
- To participate in decision making regarding your own health care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care you got.
- To get care coordination.
- To ask for an appeal of decisions to deny, defer or limit services or benefits.
- To get free oral interpretation services for your language.
- To get free legal help at your local legal aid office or other groups.
- To formulate advance directives.
- To ask for a State Hearing if a service or benefit is denied and you have already filed an appeal with KFHC and are still not happy with the decision, or if you did not get a decision on your appeal after 30 days, including information on the circumstances under which an expedited hearing is possible.
- To disenroll from KFHC and change to another health plan in the county upon request.
- To access Minor Consent Services.
- To get written member-informing materials in alternative formats (such as braille, large-size print and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions Code Section 14182 (b)(12).
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To truthfully discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or coverage.
- To have access to and get a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations §164.524 and 164.526.



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- Freedom to exercise these rights without adversely affecting how you are treated by KFHC, your providers or the State.
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Clinics, midwifery services, Rural Health Centers, sexually transmitted infection services and emergency services outside KFHC's network pursuant to the federal law.

Your responsibilities

KFHC members have these responsibilities:

- Give your providers and KFHC correct information
- Let KFHC know when you change your address, your family status, and when you have other health coverage
- Make and keep your medical appointments
- Contact your provider at least 24 hours in advance if you need to cancel your appointment
- Let your provider know you are a KFHC member
- Take your KFHC member ID card to your appointments and show it to the office staff when you check in
- Understand your health problems and take part in making treatment goals with your provider
- Ask questions about any medical condition to understand your provider's explanation and instructions
- Use the emergency room only when you have an emergency
- Call the KFHC 24 hour Advice Nurse Line at 1-800-391-2000 if you are unsure if you have an emergency
- If you receive a bill, call KFHC Member Services at (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) as soon as possible

Notice of privacy practices

A STATEMENT DESCRIBING KFHC POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. THIS NOTICE ALSO DESCRIBES HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We agree to follow the terms of this Notice of Privacy Practices. We have the right to change the terms of this notice, and to make the new notice effective for all health information we hold. If we need to make any changes, we will mail you an updated notice.

Why is this notice included in this handbook?

KFHC is required by law to make your health information private. We are also required to let



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you know how we secure your protected health information (PHI).

How does KFHC use and share my health information?

KFHC stores health-related records about you, which includes your:

- Claims history,
- Health plan enrollment information,
- Case management records, and
- Prior authorizations of coverage for health services.

We use this information and share it with others for the following reasons:

- **Treatment.** KFHC uses your health information to plan your health care. For example, we share your health information with hospitals, clinics, physicians and other health care providers to help them provide services to you.
- **Payment.** KFHC uses and shares your health information to pay for health services you receive. For example, we tell providers that you are a member of KFHC and tell them about your benefits.
- **Health Care Operations.** KFHC uses and shares your health information, when needed, to help us run our health plan. For example, we use our members' claims data for our internal accounting activities, and for quality purposes.
- **Contractors and Agents.** We share health information with our contractors and agents who help us in the tasks listed above. We do obtain confidentiality agreements before we share information for payment or business purposes. For example, companies that provide or maintain our computer services may have access to computerized health information when providing services to us.
- **Contacting You.** We may contact you to provide appointment reminders or information about treatments open to you. We may also contact you about other health-related services.

Can others involved in my care get information about me?

Yes, if we feel it is needed, we may release medical information to a friend or family member who is involved in your care and has legal permission to receive your health information. This includes responding to phone calls about eligibility and claim status. KFHC will only share your information to an individual involved in your health care.

- When you tell us we can either verbally or in writing,
- When the individual has provided us with proof that they are legally allowed to receive your health information such as a power of attorney, or guardianship,
- If you are unable to give us permission, for example if you are unconscious, we may share your information if we believe it is in your best interest,
- Or if it is in your best interest to lessen a serious and imminent threat to your health.

Can my health information ever be released without my permission?

Yes, we may share health information without your consent. In addition to the reasons already listed, health information can be shared with government agencies and others at times where we are required or authorized by law. The following is a list of instances when



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Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

we may be required or allowed to share health information without your consent:

- Disclosures that are required by State or federal law
- To agencies responsible for governing the health care system, for audits, inspections or investigations
- Upon receipt of a court order or to a court, investigator, or lawyer for cases about the operation of Medi-Cal. This may involve fraud or actions to recover money from others when Medi-Cal has paid your medical claims.

Are there any times when my PHI is not released?

Your health information may be covered under laws that may limit or prevent some uses or disclosures. For example, there are limitations on the sharing of health information relating to:

- HIV/AIDS status,
- Mental health treatment,
- Psychotherapy notes,
- Developmental disabilities, and
- Drug and alcohol abuse treatment.

We comply with these limits in our use of your health information.

We will not allow the sale of PHI or other sharing or uses of your health information without your written consent.

What rights do I have as a KFHC member?

As a member you have the following rights:

- You have the right to be notified in case of a breach of unsecured PHI.
- You have the right to ask us to limit certain sharing and uses of your health information. However, KFHC is not required to agree to any restrictions requested by its members.
- You have the right to request that your health information be used or shared other than as described here and you have the right to change your mind at any time by providing us with your permission in writing.
- You have the right to request that your health information be shared with your family, close friends, or others involved in the payment of your care.
- You have the right to share your health information in a disaster relief situation.
- You have the right to tell us to contact you for fundraising efforts.
- You have the right to ask us to contact you only in writing or at a different address, post office box, or by telephone. We will accept reasonable request when necessary to protect your privacy.
- You have the right to see and copy your health records that KFHC holds. We must receive your request in writing. We will answer your request within 30 days. If your records are stored in another location, please allow 60 days for us to respond. We may charge a fee to cover the cost of copying your records. KFHC may deny your request. If your request is denied, we will tell you the reason why in writing. You have



Call Member Services at 1-800-391-2000 (TTY/TDD 711).

KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

the right to appeal the denial.

- If you believe the information in our records is wrong, you have the right to ask us to change it. We may deny your request. If your request is denied, you have the right to submit a statement to be placed in the record.
- You have the right to get a report of non-routine sharing of your health information that we have made. Your request may be up to six years prior from the date of your request. There are some limitations. For example, we do not have records of:
 - Information shared with your consent;
 - Information shared for the purposes of health care treatment, checking payment for health services, or conducting the health plan operations of KFHC;
 - Information shared with you; and certain other disclosures.

How do I exercise these rights?

You can practice any of your rights by sending a written letter to our Privacy Official at the address listed below. To assist with the processing of your request, call us at the phone number listed below as well.

How do I file a grievance if my privacy rights are violated?

You have the right to file a grievance with our Privacy Officer. You may also file a complaint with the Secretary of Health and Human Services.

KFHC will not hold anything against you in any way for filing a grievance. Filing a grievance will not affect the quality health services you receive as a KFHC member.

Contact KFHC at:

Privacy Officer, Kern Family Health Care

Mailing address: 2900 Buck Owens Blvd, Bakersfield, CA 93308

Telephone Number: (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield)

Contact the DHCS at:

DHCS Privacy Officer

1501 Capitol Avenue, MS0010,

PO Box 997413, Sacramento, CA 95899-7413

Telephone: 916-445-4646

Toll Free: 1-866-866-0602

Email: DHCSprivacyofficer@dhcs.ca.gov

Contact the Secretary of Health and Human Services at:

Secretary of Health and Human Services, Office for Civil Rights

200 Independence Avenue SW

Room 509F, HHH Building

Washington, DC 20201



Call Member Services at 1-800-391-2000 (TTY/TDD 711).

KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

Notice about laws

Many laws apply to this Member Handbook. These laws may affect your rights and responsibilities even if the laws are not included or explained in this handbook. The main laws that apply to this handbook are state and federal laws about the Medi-Cal program. Other federal and state laws may apply too.

Notice about Medi-Cal as a payer of last resort

Sometimes someone else has to pay first for the services KFHC provides you. For example, if you are in a car accident or if you are injured at work, insurance or Workers Compensation has to pay first.

DHCS has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer. If you are injured, and someone else is liable for your injury, you or your legal representative must notify DHCS within 30 days of filing a legal action or a claim. Submit your notification online:

- Personal Injury Program at <http://dhcs.ca.gov/PI>
- Workers Compensation Recovery Program at <http://dhcs.ca.gov/WC>

To learn more, call 1-916-445-9891.

The Medi-Cal program complies with state and federal laws and regulations relating to the legal liability of third parties for health care services to members. KFHC will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

Medi-Cal members may also have other health coverage (OHC) provided to them at no cost. By law, members are required to exhaust all services provided by the OHC before using services through the MCP. If you do not apply for or keep no-cost or state-paid OHC, your Medi-Cal benefits and/or eligibility will be denied or stopped. Federal and state laws require Medi-Cal members to report private health insurance. To report or change private health insurance, go to <http://dhcs.ca.gov/mymedi-cal>. Or go through your health plan. Or call 1-800-541-5555 (TTY/TDD 1-800-430-7077 or 711). Outside of California, call 1-916-636-1980. If you do not report changes to your OHC promptly, and because of this, get Medi-Cal benefits that you are not eligible for, you may have to repay DHCS.

Notice about estate recovery

The Medi-Cal program must seek repayment from the estates of certain deceased Medi-Cal members from payments made, including managed care premiums for nursing facility services, home and community-based services, and related hospital and prescription drug services provided to the deceased Medi-Cal member on or after the member's 55th birthday. If a deceased member does not leave an estate or owns nothing when they die, nothing will be owed.



Call Member Services at 1-800-391-2000 (TTY/TDD 711).
KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.
Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

To learn more about the estate recovery, go to <http://dhcs.ca.gov/er>. Or call 1-916-650-0490 or get legal advice.

Notice of Action

KFHC will send you a Notice of Action (NOA) letter any time KFHC denies, delays, terminates or modifies a request for health care services. If you disagree with the plan's decision, you can always file an appeal with KFHC. See the Appeals section below for important information on filing your Appeal. When KFHC sends you a NOA it will inform you of all rights you have if you disagree with a decision we made.



Call Member Services at 1-800-391-2000 (TTY/TDD 711).
KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.
Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

6. Reporting and Solving Problems

There are two kinds of problems that you may have with KFHC:

- A **complaint** (or **grievance**) is when you have a problem with KFHC or a provider, or with the health care or treatment you got from a provider
- An **appeal** is when you don't agree with KFHC's decision not to cover or change your services

You have the right to file grievances and appeals with KFHC to let us know about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

You should always contact KFHC first to let us know about your problem. Call us between 8:00 am and 5:00 pm, Monday through Friday at (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). Tell us about your problem.

If your grievance or appeal is still not resolved, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC) and ask them to review your complaint or conduct an Independent Medical Review. You can call the DMHC at **1-888-466-2219 (TTY/TDD 1-877-688-9891 or 711)** or visit the DMHC website for more information: www.dmhc.ca.gov.

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman can also help. They can help if you have problems joining, changing or leaving a health plan. They can also help if you moved and are having trouble getting your Medi-Cal transferred to your new county. You can call the Ombudsman Monday through Friday, between 8:00 a.m. and 5:00 p.m. at 1-888-452-8609.

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

To report incorrect information about your additional health insurance, please call Medi-Cal Monday through Friday, between 8:00 a.m. and 5:00 p.m. at 1-800-541-5555.

Complaints

A complaint (or grievance) is when you have a problem or are unhappy with the services you are receiving from KFHC or a provider. There is no time limit to file a complaint. You can



Call Member Services at 1-800-391-2000 (TTY/TDD 711).

KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

file a complaint with KFHC at any time by phone, in writing or online.

- **By phone:** Call KFHC at (661)632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711) between 8:00 am to 5:00 pm, Monday through Friday. Give your health plan ID number, your name and the reason for your complaint.
- **By mail:** Call KFHC at (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the reason for your complaint. Tell us what happened and how we can help you.

Mail the form to:
 Grievance Coordinator
 Kern Family Health Care
 2900 Buck Owens Blvd.
 Bakersfield, CA 93308

Your doctor's office will have complaint forms available.

- **Online:** Visit the KFHC website. Go to www.kernfamilyhealthcare.com or log into your Member Portal account.

If you need help filing your complaint, we can help you. We can give you free language services. Call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

Within 5 days of getting your complaint, we will send you a letter letting you know we got it. Within 30 days, we will send you another letter that tells you how we resolved your problem. If you call KFHC about a grievance that is not about health care coverage, medical necessity, or experimental or investigational treatment, and your grievance is resolved by the end of the next business day, you may not get a letter.

If you want us to make a fast decision because the time it takes to resolve your complaint would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call us at (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711) and we will make a decision within 72 hours of receiving your complaint.

Appeals

An appeal is different from a complaint. An appeal is a request for KFHC to review and change a decision we made about coverage for a requested service. If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing or ending a service, and you do not agree with our decision, you can file an appeal. Your PCP or other provider can also file an appeal for you with your written permission.



Call Member Services at 1-800-391-2000 (TTY/TDD 711).

KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

You must file an appeal within 60 calendar days from the date on the NOA you got from KFHC. If you are currently getting treatment and you want to continue getting treatment, then you must ask KFHC for an appeal within 10 calendar days from the date the NOA was delivered to you, or before the date KFHC says services will stop. When you request an appeal under these circumstances, treatment will continue upon your request. We may require you to pay for the cost of services if the final decision denies or changes a service.

You can file an appeal by phone, in writing or online:

- **By phone:** Call KFHC at (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711) between 8:00 am and 5:00 pm, Monday through Friday. Give your name, health plan ID number and the service you are appealing.
- **By mail:** Call KFHC at (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the service you are appealing.

Mail the form to:
Grievance Coordinator
Kern Family Health Care
2900 Buck Owens Blvd.
Bakersfield, CA 93308

Your doctor's office will have appeal forms available.

- **Online:** Visit the KFHC website. Go to www.kernfamilyhealthcare.com.

If you need help filing your appeal, we can help you. We can give you free language services. Call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

Within 5 days of getting your appeal, we will send you a letter letting you know we got it. Within 30 days, we will tell you our appeal decision. If KFHC does not tell you its appeal decision within 30 days you can request a State Hearing and an Independent Medical Review. But if you ask for a State Hearing first, and the hearing has already happened, you cannot ask for an IMR. In this case, the State Hearing has final say.

If you or your doctor wants us to make a fast decision because the time it takes to resolve your appeal would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711). We will make a decision within 72 hours of receiving your appeal about whether we will expedite your appeal.



Call Member Services at 1-800-391-2000 (TTY/TDD 711).
KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.
Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

What to do if you do not agree with an appeal decision

If you filed an appeal and received a letter from KFHC telling you that we did not change our decision, or you never received a letter telling you of our decision and it has been past 30 days, you can:

- Ask for a **State Hearing** from the California Department of Social Services (CDSS), and a judge will review your case.
- File an Independent Medical Review/Complaint form with the Department of Managed Health Care (DMHC) to have KFHC's decision reviewed or ask for an **Independent Medical Review (IMR)** from the DMHC. During DMHC's IMR and an outside doctor who is not part of KFHC will review your case. DMHC's toll-free telephone number is 1-888-466-2219 and the TDD line is 1-877-688-9891. You can find the Independent Medical Review/Complaint form and instructions online at the DMHC's website: www.dmhc.ca.gov.

You will not have to pay for a State Hearing or an IMR.

You are entitled to both a State Hearing and an IMR. But if you ask for a State Hearing first, and the hearing has already happened, you cannot ask for an IMR. In this case, the State Hearing has the final say.

The sections below have more information on how to ask for a State Hearing and an IMR.

Complaints and Independent Medical Reviews (IMR) with the Department of Managed Health Care

An IMR is when an outside doctor who is not related to your health plan reviews your case. If you want an IMR, you must first file an appeal with KFHC. If you do not hear from your health plan within 30 calendar days, or if you are unhappy with your health plan's decision, then you may request an IMR. You must ask for an IMR within 6 months from the date on the notice telling you of the appeal decision but you only have 120 days to request a State Hearing so if you want an IMR and a State hearing file your complaint as soon as you can. Remember, if you ask for a State Hearing first, and the hearing has already happened, you cannot ask for an IMR. In this case, the State Hearing has the final say.

You may be able to get an IMR right away without filing an appeal first. This is in cases where your health problem is urgent.

If your complaint to DMHC does not qualify for an IMR, DMHC will still review your complaint to make sure KFHC made the correct decision when you appealed its denial of services. KFHC has to comply with DMHC's IMR and review decisions.

Here is how to ask for an IMR. The term "grievance" is for "complaints" and "appeals":

The California Department of Managed Health Care is responsible for regulating health



Call Member Services at 1-800-391-2000 (TTY/TDD 711).

KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **(661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711)** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's internet website <http://www.dmhc.ca.gov> has complaint forms, IMR application forms and instructions online.

State Hearings

A State Hearing is a meeting with people from the California Department of Social Services (CDSS). A judge will help to resolve your problem or tell you that KFHC made the correct decision. You have the right to ask for a State Hearing if you have already filed an appeal with KFHC and you are still not happy with the decision or if you did not get a decision on your appeal after 30 days.

You must ask for a State Hearing within 120 days from the date on KFHC's notice telling you of the appeal decision. Your PCP can ask for a State Hearing for you with your written permission.

You can ask for a State Hearing by phone or mail.

- **By phone:** Call the CDSS Public Response Unit at 1-800-952-5253 (TTY/TDD 1-800-952-8349 or 711).
- **By mail:** Fill out the form provided with your appeals resolution notice. Send it to:
California Department of Social Services
State Hearings Division
P.O. Box 944243, MS 09-17-37
Sacramento, CA 94244-2430

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711).

At the hearing, you will give your side. We will give our side. It could take up to 90 days for the judge to decide your case. KFHC must follow what the judge decides.



Call Member Services at 1-800-391-2000 (TTY/TDD 711).
KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.
Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

If you want the CDSS to make a fast decision because the time it takes to have a State Hearing would put your life, health or ability to function fully in danger, you or your PCP can contact the CDSS and ask for an expedited (fast) State Hearing. CDSS must make a decision no later than 3 business days after it gets your complete case file from KFHC.

Fraud, waste and abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste or abuse, it is your right to report it by calling the confidential toll-free number 1-800-822-6222 or submitting a complaint online at www.dhcs.ca.gov/.

Provider fraud, waste and abuse includes:

- Falsifying medical records
- Prescribing more medication than is medically necessary
- Giving more health care services than medically necessary
- Billing for services that were not given
- Billing for professional services when the professional did not perform the service
- Offering free or discounted items and services to members in an effort to influence which provider is selected by the member
- Changing member's primary care physician without the knowledge of the member

Fraud, waste and abuse by a person who gets benefits includes:

- Lending, selling or giving a health plan ID card or Medi-Cal Benefits Identification Card (BIC) to someone else
- Getting similar or the same treatments or medicines from more than one provider
- Going to an emergency room when it is not an emergency
- Using someone else's Social Security number or health plan ID number

To report fraud, waste and abuse, write down the name, address and ID number of the person who committed the fraud, waste or abuse. Give as much information as you can about the person, such as the phone number or the specialty if it is a provider. Give the dates of the events and a summary of exactly what happened.

Send your report to:

Kern Family Health Care
2900 Buck Owens Blvd.
Bakersfield, CA 93308
Attention: Compliance Department



Call Member Services at 1-800-391-2000 (TTY/TDD 711).

KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

7. Important Numbers and Words to Know

Important phone numbers

- KFHC member services (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) (TTY/TDD 711)
 - Vision Service Plan (VSP): 1-800-877-7195
 - Denti-Cal: 1-800-322-6384
 - Kern Behavioral Health: (661) 868-8080
 - Crisis Line: 1-800-991-5272
-

Words to know

Active labor: The period of time when a woman is in the three stages of giving birth and either cannot be safely transferred in time to another hospital before delivery or a transfer may harm the health and safety of the woman or unborn child.

Acute: A medical condition that is sudden, requires fast medical attention and does not last a long time.

American Indian: An individual, defined at title 25 of the U.S.C. sections 1603(c), 1603(f), 1679(b) or who has been determined eligible, as an Indian, pursuant to 42 C.F.R. 136.12 or Title V of the Indian Health Care Improvement Act, to receive health care services from Indian health care providers (Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization–I/T/U) or through referral under Contract Health Services.

Appeal: A member's request for KFHC to review and change a decision made about coverage for a requested service.

Benefits: Health care services covered under this health plan.

California Children's Services (CCS): A Medi-Cal program that provides services for children up to age 21 with certain diseases and health problems.

California Health and Disability Prevention (CHDP): A public health program that reimburses public and private health care providers for early health assessments to detect or prevent disease and disabilities in children and youth. The program helps children and youth access regular health care. Your PCP can provide CHDP services.

Case manager: Registered nurses or social workers who can help you understand major health problems and arrange care with your providers.



Call Member Services at 1-800-391-2000 (TTY/TDD 711).
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Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

Certified Nurse Midwife (CNM): An individual licensed as a Registered Nurse and certified as a nurse midwife by the California Board of Registered Nursing. A certified nurse midwife is permitted to attend cases of normal childbirth.

Chiropractor: A provider who treats the spine by means of manual manipulation.

Chronic condition: A disease or other medical problem that cannot be completely cured or that gets worse over time or that must be treated so you do not get worse.

Clinic: A facility that members can select as a primary care provider (PCP). It can be either a Federally Qualified Health Center (FQHC), community clinic, Rural Health Clinic (RHC), Indian Health Clinic (IHC) or other primary care facility.

Community-based adult services (CBAS): Outpatient, facility-based services for skilled nursing care, social services, therapies, personal care, family and caregiver training and support, nutrition services, transportation, and other services for members who qualify.

Complaint: A member’s verbal or written expression of dissatisfaction about KFHC, a provider, or the quality of services provided. A complaint is the same as a grievance.

Continuity of care: The ability of a plan member to keep getting Medi-Cal services from their existing provider for up to 12 months, if the provider and KFHC agree.

Coordination of Benefits (COB): The process of determining which insurance coverage (Medi-Cal, Medicare, commercial insurance or other) has primary treatment and payment responsibilities for members with more than one type of health insurance coverage.

Copayment: A payment you make, generally at the time of service, in addition to the insurer’s payment.

Coverage (covered services): The health care services provided to members of KFHC, subject to the terms, conditions, limitations and exclusions of the Medi-Cal contract and as listed in this Evidence of Coverage (EOC) and any amendments.

DHCS: The California Department of Health Care Services. This is the State office that oversees the Medi-Cal program.

Disenroll: To stop using this health plan because you no longer qualify or change to a new health plan. You must sign a form that says you no longer want to use this health plan or call HCO and disenroll by phone.

DMHC: The California Department of Managed Health Care. This is the State office that oversees managed care health plans.



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Durable medical equipment (DME): Equipment that is medically necessary and ordered by your doctor or other provider. KFHC decides whether to rent or buy DME. Rental costs must not be more than the cost to buy. Repair of medical equipment is covered.

Early and periodic screening, diagnosis and treatment (EPSDT): EPSDT services are a benefit for Medi-Cal members under the age of 21 to help keep them healthy. Members must get the right health check-ups for their age and appropriate screenings to find health problems and treat illnesses early.

Emergency medical condition: A medical or mental condition with such severe symptoms, such as active labor (see definition above) or severe pain, that someone with a prudent layperson's knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Place your health or the health of your unborn baby in serious danger
- Cause impairment to a body function
- Cause a body part or organ to not work right

Emergency room care: An exam performed by a doctor (or staff under direction of a doctor as allowed by law) to find out if an emergency medical condition exists. Medically necessary services needed to make you clinically stable within the capabilities of the facility.

Emergency medical transportation: Transportation in an ambulance or emergency vehicle to an emergency room to get emergency medical care.

Enrollee: A person who is a member of a health plan and gets services through the plan.

Excluded services: Services that are not covered by the California Medi-Cal Program.

Family planning services: Services to prevent or delay pregnancy.

Federally Qualified Health Center (FQHC): A health center in an area that does not have many health care providers. You can get primary and preventive care at an FQHC.

Fee-For-Service (FFS): This means you are not enrolled in a managed care health plan. Under FFS, your doctor must accept "straight" Medi-Cal and bill Medi-Cal directly for the service you got.

Follow-up care: Regular doctor care to check a patient's progress after a hospitalization or during a course of treatment.

Formulary: A list of drugs or items that meet certain criteria and are approved for members.



Call Member Services at 1-800-391-2000 (TTY/TDD 711).

KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.kernfamilyhealthcare.com.

Fraud: An intentional act to deceive or misrepresent by a person who knows the deception could result in some unauthorized benefit for the person or someone else.

Freestanding Birth Centers (FBCs): Health facilities where childbirth is planned to occur away from the pregnant woman’s residence that are licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan. These facilities are not hospitals.

Grievance: A member’s verbal or written expression of dissatisfaction about KFHC, a provider, or the services provided. A complaint is the same as a grievance.

Habilitation services and devices: Health care services that help you keep, learn or improve skills and functioning for daily living.

Health Care Options (HCO): The program that can enroll you in or disenroll you from the health plan.

Health care providers: Doctors and specialists such as surgeons, doctors who treat cancer or doctors who treat special parts of the body, and who work with KFHC or are in the KFHC network. KFHC network providers must have a license to practice in California and give you a service KFHC covers.

You usually need a referral from your PCP to see a specialist. Your PCP must get pre-approval from KFHC before you get care from the specialist.

You do **not** need a referral from your PCP for some types of service, such as family planning, emergency care, ob/gyn care or sensitive services.

Types of health care providers include, but are not limited to:

- Audiologist is a provider who tests hearing.
- Certified nurse midwife is a nurse who cares for you during pregnancy and childbirth.
- Family practitioner is a doctor who treats common medical issues for people of all ages.
- General practitioner is a doctor who treats common medical issues.
- Internist is a doctor who treats common medical issues in adults.
- Licensed vocational nurse is a licensed nurse who works with your doctor.
- A counselor is a person who helps you with family problems.
- Medical assistant or certified medical assistant is a non-licensed person who helps your doctors give you medical care.
- Mid-level practitioner is a name used for health care providers, such as nurse-midwives, physician assistants or nurse practitioners.
- Nurse anesthetist is a nurse who gives you anesthesia.
- Nurse practitioner or physician assistant is a person who works in a clinic or doctor’s office who diagnoses, treats and cares for you, within limits.



Call Member Services at 1-800-391-2000 (TTY/TDD 711).
 KFHC is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.
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Important Numbers and Words to Know

- Obstetrician/gynecologist (ob/gyn) is a doctor who takes care of a woman's health, including during pregnancy and birth.
- Occupational therapist is a provider who helps you regain daily skills and activities after an illness or injury.
- Pediatrician is a doctor who treats children from birth through the teen years.
- Physical therapist is a provider who helps you build your body's strength after an illness or injury.
- Podiatrist is a doctor who takes care of your feet.
- Psychologist is a person who treats mental health issues but does not prescribe drugs.
- Registered nurse is a nurse with more training than a licensed vocational nurse and who has a license to do certain tasks with your doctor.
- Respiratory therapist is a provider who helps you with your breathing.
- Speech pathologist is a provider who helps you with your speech.

Health insurance: Insurance coverage that pays for medical and surgical expenses by repaying the insured for expenses from illness or injury or paying the care provider directly.

Home health care: Skilled nursing care and other services given at home.

Home health care providers: Providers who give you skilled nursing care and other services at home.

Hospice: Care to reduce physical, emotional, social and spiritual discomforts for a member with a terminal illness. Hospice care is available when the member has a life expectancy of 6 months or less

Hospital: A place where you get inpatient and outpatient care from doctors and nurses.

Hospitalization: Admission to a hospital for treatment as an inpatient.

Hospital outpatient care: Medical or surgical care performed at a hospital without admission as an inpatient.

Indian Health Clinic (IHC): A health clinic operated by the Indian Health Service (IHS) or by an Indian Tribe, Tribal Organization, or Urban Indian Organization.

Inpatient care: When you have to stay the night in a hospital or other place for the medical care you need.

Long-term care: Care in a facility for longer than the month of admission.

Managed care plan: A Medi-Cal plan that uses only certain doctors, specialists, clinics and hospitals for Medi-Cal recipients enrolled in that plan. KFHC is a managed care plan.



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Medical home: A model of care that will provide better health care quality, improve self-management by members of their own care and reduce avoidable costs over time.

Medically necessary (or medical necessity): Medically necessary care are important services that are reasonable and protect life. This care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by treating the disease, illness or injury. For members under the age of 21, Medi-Cal services includes care that is medically necessary to fix or help a physical or mental illness or condition, including substance use disorders, as set forth in Section 1396d(r) of Title 42 of the United States Code.

Medicare: The federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant, sometimes called ESRD).

Member: Any eligible Medi-Cal member enrolled with KFHC who is entitled to get covered services.

Mental health services provider: Licensed individuals who provide mental health and behavioral health services to patients.

Midwifery services: Prenatal, intrapartum, and postpartum care, including family planning care for the mother and immediate care for the newborn, provided by certified nurse midwives (CNM) and licensed midwives (LM).

Network: A group of doctors, clinics, hospitals and other providers contracted with KFHC to provide care.

Network provider (or in-network provider): Go to “Participating provider” .

Non-covered service: A service that KFHC does not cover.

Non-emergency medical transportation (NEMT): Transportation when you cannot get to a covered medical appointment and/or to pick up prescriptions by car, bus, train, or taxi. KFHC pays for the lowest cost NEMT for your medical needs when you need a ride to your appointment.

Non-formulary drug: A drug not listed in the drug formulary.

Non-medical transportation: Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by your provider and when picking up prescriptions and medical supplies.

Non-participating provider: A provider not in the KFHC network.



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Other health coverage (OHC): Other health coverage (OHC) refers to private health insurance and service payers other than Medi-Cal. Services may include medical, dental, vision, pharmacy and/or Medicare supplemental plans (Part C & D).

Orthotic device: A device used as a support or brace affixed externally to the body to support or correct an acutely injured or diseased body part and that is medically necessary for the medical recovery of the member.

Out-of-area services: Services while a member is anywhere outside of the service area.

Out-of-network provider: A provider who is not part of the KFHC network.

Outpatient care: When you do not have to stay the night in a hospital or other place for the medical care you need.

Outpatient mental health services: Outpatient services for members with mild to moderate mental health conditions including:

- Individual or group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring medication therapy
- Psychiatric consultation
- Outpatient laboratory, supplies and supplements

Palliative care: Care to reduce physical, emotional, social and spiritual discomforts for a member with a serious illness.

Participating hospital: A licensed hospital that has a contract with KFHC to provide services to members at the time a member gets care. The covered services that some participating hospitals may offer to members are limited by KFHC's utilization review and quality assurance policies or KFHC's contract with the hospital.

Participating provider (or participating doctor): A doctor, hospital or other licensed health care professional or licensed health facility, including sub-acute facilities that have a contract with KFHC to offer covered services to members at the time a member gets care.

Physician services: Services given by a person licensed under state law to practice medicine or osteopathy, not including services offered by doctors while you are admitted in a hospital that are charged in the hospital bill.

Plan: Go to "Managed care plan."

Post-stabilization services: Covered services related to an emergency medical condition that are provided after a member is stabilized to maintain the stabilized condition. Post-stabilization care services are covered and paid for.



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Pre-approval (or prior-authorization): Your PCP or other providers must get approval from KFHC before you get certain services. KFHC will only approve the services you need. KFHC will not approve services by non-participating providers if KFHC believes you can get comparable or more appropriate services through KFHC providers. A referral is not an approval. You must get approval from KFHC.

Prescription drug coverage: Coverage for medications prescribed by a provider.

Prescription drugs: A drug that legally requires an order from a licensed provider to be dispensed, unlike over-the-counter (OTC) drugs that do not require a prescription.

Primary care: Go to “Routine care.”

Primary care provider (PCP): The licensed provider you have for most of your health care. Your PCP helps you get the care you need. Some care needs to be approved first, unless:

- You have an emergency.
- You need Ob/gyn care.
- You need sensitive services.
- You need family planning services/birth control.

Your PCP can be a:

- General practitioner
- Internist
- Pediatrician
- Family practitioner
- Ob/gyn
- Indian Health Clinic (IHC)
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Nurse practitioner
- Physician assistant
- Clinic

Prior authorization (pre-approval): A formal process requiring a health care provider to get approval to provide specific services or procedures.

Prosthetic device: An artificial device attached to the body to replace a missing body part.

Provider Directory: A list of providers in the KFHC network.

Psychiatric emergency medical condition: A mental disorder in which the symptoms are serious or severe enough to cause an immediate danger to yourself or others or you are immediately unable to provide for or use food, shelter or clothing due to the mental disorder.



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Public health services: Health services targeted at the population as a whole. These include, among others, health situation analysis, health surveillance, health promotion, prevention services, infectious disease control, environmental protection and sanitation, disaster preparedness and response, and occupational health.

Qualified provider: Doctor qualified in the area of practice appropriate to treat your condition.

Reconstructive surgery: Surgery to correct or repair abnormal structures of the body to improve function or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by a congenital defect, developmental abnormalities, trauma, infection, tumors, or disease.

Referral: When your PCP says you can get care from another provider. Some covered care services require a referral and pre-approval (prior authorization).

Rehabilitative and habilitative therapy services and devices: Services and devices to help people with injuries, disabilities, or chronic conditions to gain or recover mental and physical skills.

Routine care: Medically necessary services and preventive care, well child visits, or care such as routine follow-up care. The goal of routine care is to prevent health problems.

Rural Health Clinic (RHC): A health center in an area that does not have many health care providers. You can get primary and preventive care at an RHC.

Sensitive services: Services for family planning, sexually transmitted infections (STIs), HIV/AIDS, sexual assault and abortions.

Serious illness: A disease or condition that must be treated and could result in death.

Service area: The geographic area KFHC serves. This includes the counties of Kern County with the exception of Ridgecrest.

Skilled nursing care: Covered services provided by licensed nurses, technicians and/or therapists during a stay in a Skilled Nursing Facility or in a member's home.

Skilled nursing facility: A place that gives 24-hour-a-day nursing care that only trained health professionals may give.

Specialist (or specialty doctor): A doctor who treats certain types of health care problems. For example, an orthopedic surgeon treats broken bones; an allergist treats allergies; and a cardiologist treats heart problems. In most cases, you will need a referral from your PCP to go to a specialist.



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Specialty mental health services: Services for members who have mental health services needs that are a higher level of impairment than mild to moderate.

Terminal illness: A medical condition that cannot be reversed and will most likely cause death within one year or less if the disease follows its natural course.

Triage (or screening): The evaluation of your health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of your need for care.

Urgent care (or urgent services): Services provided to treat a non-emergency illness, injury or condition that requires medical care. You can get urgent care from an out-of-network provider, if network providers are temporarily not available or accessible.



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Service Area/Área de Servicio

Alta Sierra **Arvin** **Bakersfield**
Bear Valley Springs **Bodfish** *Boron*
Buttonwillow Caliente **California City**
Delano **Di Giorgio** *Edison*
Edwards AFB *Fellows* Frazier Park
Glennville Havilah **Keene** **Kernville**
Lake Isabella **Lamont** Lancaster*
Lebec Loraine **Lost Hills** **Maricopa**
McFarland McKittrick Mettler
Miracle Hot Springs Mojave **Monolith**
Oildale Onyx **Palmdale***
Pine Mountain Pond **Posey**
Ridgecrest* **Rosamond** Shafter **Taft**
Tehachapi Tupman **Twin Oaks**
Walker Basin **Wasco** Weldon
Wheeler Ridge **Wofford Heights** Woody

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Health Care enrollment.*

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Health Care.*



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información en español,
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