



## MOU Quarterly Report Summary

Kern Family Health Care (KFHC) is responsible for coordinating care for Members provided by KFHC’s Network Providers and other providers of carveout programs, services, and benefits as well as authorizing Medically Necessary Covered Services as outlined in DHCS All-Plan Letter (“APL”) 23-010 or any subsequent version of the APL. KFHC must comply with all requirements set forth in APL 23-023 or any subsequent version of the APL.

KFHC is committed to working collaboratively and jointly with regional partners to hold quarterly meetings to discuss and address care coordination and MOU-related issues. In good faith efforts, we are publicly sharing the date and time the quarterly meeting occurred to remain compliant with DHCS regulatory requirements.

[MOU Quarterly Meeting Report](#)