



PROVIDER *bulletin*

April 12, 2021

Electronic Claims Submission UPDATED

PAPER CLAIM SUBMISSIONS EXCEPTIONS

There are only **4 exceptions** that will be accepted via paper submission:

1. Any claim requiring the PM330 (Sterilization Consent Form) to be attached. (PM330 must be attached)
2. Any claim where contract requires invoice pricing. (Invoice must be attached)
3. Prior KHS claim submission resulted in an EOB where KHS requested documentation to be provided. (Request from KHS or EOB requesting documentation must be attached)
4. Claims with a California Children's Services (CCS) Notice of Action (NOA) which show CCS has denied the case for coverage by CCS

For the 4 exceptions identified above, claims must be mailed to:

Kern Family Health Care
PO Box 85000
Bakersfield, CA 93380

Any paper claim submissions that do not meet one of the four exceptions above will be rejected and returned to you with instructions to submit electronically. Faxed and or hand delivered claims are not acceptable as well.

To ensure that you are able to continue to submit claims (although in an electronic format) the following is a list of the 4 clearinghouses that have direct relationships with KHS:

<ul style="list-style-type: none">• Office Ally	<ul style="list-style-type: none">• Change Healthcare (Emdeon, Relay Health)
<ul style="list-style-type: none">• SSI	<ul style="list-style-type: none">• Cognizant

These clearinghouses have no additional cost to you. If you need additional information to sign up with one of them, please contact your Provider Relations Representative for assistance.

KHS Payer ID: 77039

Reminders for corrected claims:

- Do use Resubmission code or Frequency code 7 to identify a corrected claim
- Do include the claim number of the claim you are correcting (Original claim or if submitted more than once, the last claim with payments on it.)
- Do include all services that were performed (whether billed or paid previously), as the corrected submission will negate previous claim in its entirety.



PROVIDER *bulletin*

- Do not submit corrected claims as disputes. They will be returned to you. Disputes follow the current process and are required to be mailed to the PO Box indicated above.

If you are unsure how to provide the resubmission/frequency code or original claim number electronically, please contact your clearinghouse and they will direct you. Please find additional information below which identifies where KHS needs to receive the information electronically:

Resubmission frequency code:

Loop 2300, Segment CLM, Data Element 05, Composite 01 (CLM0501)

Reference for original claim number:

Loop 2300, Segment REF, Data Element 01 = F8, Data Element 02 = <Original KHS claim Id or if more than 1 - most recent KHS claim Id where paid>

For COB claims, enter the COB information into the Electronic claim submission. If you are unsure how to enter, the clearinghouse will be able to direct you as to where to place the COB information. Electronic submission of EOBS and other attachments are not necessary and not being accepted at this time.

If you have any questions, please feel free to contact your Provider Relations Representative.

Thank you,

Melissa Lopez
Provider Relations Manager