



# PROVIDER *bulletin*

March 1, 2018

Dear Provider:

KHS does not require prior authorization for Medicare covered services under Part A and B when a member has Medicare as their primary insurance.

KHS will coordinate benefits for claims payment. An explanation of Benefits (EOB) MUST accompany all claims submitted for secondary payment considerations. If the service is not a covered Medicare benefit, the Medicare denial MUST be submitted with the claim or prior authorization request.

In the event KHS determines the services were not a medically necessary covered Medi-Cal benefit, KHS may deny payment for such services.

If you have questions please feel free to contact the KHS Provider Relations Department at (661)664-5146.

Sincerely,

Jake Hall  
Provider Relations Supervisor

